

TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

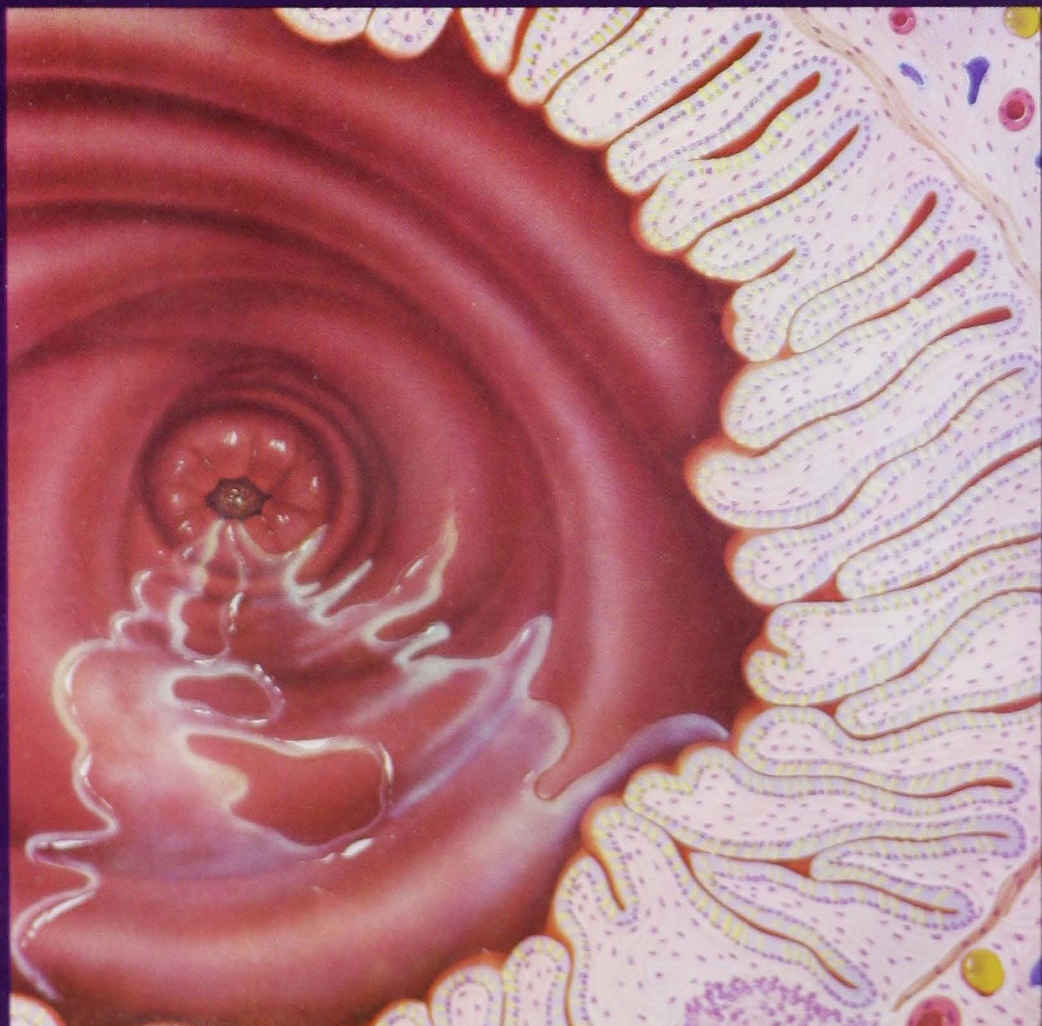
January 1976



TOMA to Invade Galveston Island April 8-10

Presenting Gastrointestinal Complaints

**Pain and bloating
with diarrhea
and/or constipation
may indicate irritable
bowel syndrome**



Recurrent episodes of acute G.I. discomfort, associated with constipation, diarrhea or abdominal pain ranging from dull gnawing to sharp cramping sensations, may suggest irritable bowel syndrome and warrant further investigation. If this tentative diagnosis is confirmed, medical relief of the acute episode may be only the starting point of appropriate long-term management. Such patients often have an extended history of dietary reactions and laxative misuse with a tendency, when under severe emotional strain or fatigue, to experience a colonic "protest."

Indeed, careful questioning will usually uncover a significant relationship between periods of undue anxiety or emotional tension and the exacerbation of G.I. symptoms. This type of patient will probably need your counseling and reassurance to assist him in making beneficial modifications in his life style and attitudes.

If it's irritable bowel syndrome, consider Librax as adjunctive therapy In most instances, the patient with irritable bowel syndrome derives maximum long-term benefits from a comprehensive medical regimen directed at both the somatic and emotional aspects of this functional disorder. The dual action of Librax has proved to be highly effective not only in relieving the distressing symptoms of irritable bowel syndrome but also in maintaining patient gains.

A distinctive antianxiety-anticholinergic agent

1 Only Librax combines the specific antianxiety action of Librium® (chlor-diazepoxide HCl) with the dependable antisecretory-antispasmodic action of Quarzan® (clidinium Br)—both products of original Roche research.

2 The calming action of Librium—seldom interfering with mental acuity or performance—makes Librax a distinctive agent for the adjunctive treatment of certain gastrointestinal disorders. As with all CNS-acting drugs, patients receiving Librax should be cautioned against hazardous occupations requiring complete mental alertness.

3 Librax has a flexible dosage schedule to meet your patient's individual needs—1 or 2 capsules three or four times daily, before meals and at bedtime.

**helps relieve
anxiety and associated symptoms
of irritable bowel syndrome**

Librax®

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

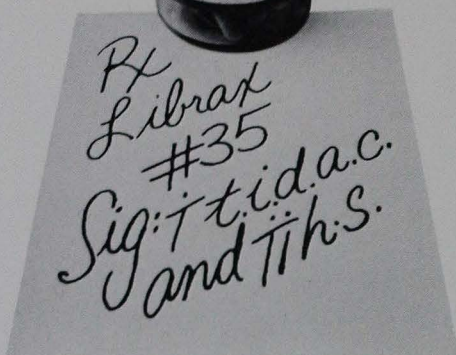


Please see following page for summary of product information.

Dual-action
adjunctive

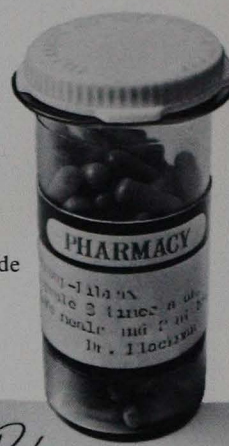
Librax®

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



Initial Rx

The initial prescription allows evaluation of patient response to therapy.



Follow-up

Follow-up therapy, with a prescription for 2 to 3 weeks' medication, usually helps to maintain patient gains.

helps relieve anxiety-linked symptoms of irritable bowel syndrome · duodenal ulcer · functional upper G.I. disorders

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

Indications: Symptomatic relief of hypersecretion, hypermotility and anxiety and tension states associated with organic or functional gastrointestinal disorders; and as adjunctive therapy in the management of peptic ulcer, gastritis, duodenitis, irritable bowel syndrome, spastic colitis, and mild ulcerative colitis.

Contraindications: Patients with glaucoma; prostatic hypertrophy and benign bladder neck obstruction; known hypersensitivity to chlordiazepoxide hydrochloride and/or clidinium bromide.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering Librium (chlordiazepoxide hydrochloride) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards. As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal

tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

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

Dosage: Individualize for maximum beneficial effects. Usual maintenance dose is 1 or 2 capsules, 3 or 4 times a day, before meals and at bedtime. Geriatric patients—see Precautions.

How Supplied: Librax® Capsules, each containing 5 mg chlordiazepoxide hydrochloride (Librium®) and 2.5 mg clidinium bromide (Quarzan®)—bottles of 100 and 500; Prescription Paks of 50, available singly and in trays of 10.

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

JCA

CALENDAR OF EVENTS



TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

JANUARY

TOMA Governmental Operations Seminar
January 23-25, 1976
Lakeway Inn
Austin

FEBRUARY

Emergency Medicine Seminar
February 7-8, 1976
Whitehall Hotel
Houston

Public Health Seminar
February 14-15, 1976
Statler Hilton Hotel
Dallas

ACCOG 43rd Annual Convention
February 17-20, 1976
Fairmont Hotel
Dallas

APRIL

TOMA 77th Annual Convention
April 8-10, 1976
Moody Civic Center
Galveston

JUNE

TAOMA State Convention
June 25-27, 1976
Dallas

Page

What's up, Doc?	6
<i>77th Annual Convention Planned for 19 CME Credit Hours</i>	
TOMA's Second Governmental Operations Seminar Slated for January 23-25	10
<i>9 CME Credit Hours to be applied for</i>	
Auxiliary members urged to become involved in political and legislative action	11
NTSU Board of Regents Approves TCOM Property Acquisition	12
Texas Ticker Tape	13
Public Health Seminar to be held February 14, 15	15
AOHA Presents Position Paper to House Ways and Means Subcommittee	16
We're Doing Something News of the Districts	18
ATOMA News	23
IRS to step up audits of tax-exempt hospitals	23
Make Your Move Opportunities for D.O.s in Texas	26
TCOM Students in Who's Who	27
Claude Rainey Named Fellow in ACOHA	27
Prior Records Broken at FWOH Blood Donor Day	28
Freedom of Choice of Physician Emphasized in Workman's Comp Case	31

Published by
TEXAS OSTEOPATHIC MEDICAL ASSOCIATION
Volume XXXIII—No. 1—January 1976
Publication Office — 512 Bailey, Fort Worth, Texas 76107
Phone — 817-336-0549
Copy Deadline — 10th of month preceding publication

Mr. Tex Roberts, Editor

What's up, Doc?

77th Annual Convention Program Planned for 19 CME Credit Hours

More than a hundred years ago, Andrew Taylor Still began a fight to practice a type of medicine that was distinctive and unique. His spirit continues to pervade the osteopathic profession.

What Dr. Still began has probably been carried to much further lengths than even he envisioned. His main interest was in healing the sick, and his methods have stood the test of time.

But something else that has been instilled into those who followed him has not only been the daring of the majority to be different, but to be distinctive individually.

Example: Several months ago members of TOMA were asked what their "Big Ideas" were concerning the annual convention and scientific seminar. From the replies received, one might wonder if they were all members of the same profession!

Not that they didn't all want more medical information, or to update their knowledge about a particular subject; they all wanted information on different topics. Obviously, not all of these could be covered in a three-day seminar—even with concurrent sessions, but your

Annual Meeting Committee, chaired by Dr. Franklin O. Herren of El Paso, has come up with a total of 33 topics—some of which are inter-related—and has invited 28 top-notch speakers to participate. As this *Journal* goes to press, nearly all the speakers have accepted.

Realizing that there is a wealth of knowledge and talent within the ranks of TOMA members, about half the lecturers have been chosen from them. In addition, there will be a half dozen D.O.s from around the country, one M.D., a Ph.D., and several lay people who are particularly knowledgeable in the field of government, education, law and medical malpractice.

Because there will be concurrent sessions conducted for most of the three days, each registrant will have a variety of choices and is bound to find something going on each hour that is of particular interest to him.

It has been said, "When you're thirsty, it's too late to think about digging a well." Translated into medical terms, that means *Emergency!* If a doctor doesn't come up against an emergency in his practice every few days, he must be on

vacation, because they occur in a radiologist's or pathologist's lab as well as in the office or hospital.

Because several members *did* agree on the need to go into this aspect of practice, one segment of the program will deal with different types of emergencies.

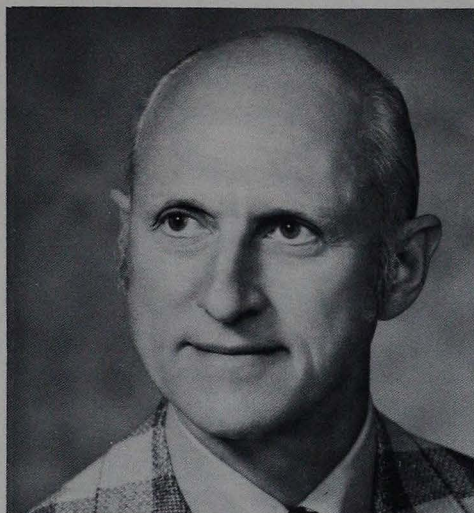
~~~~~



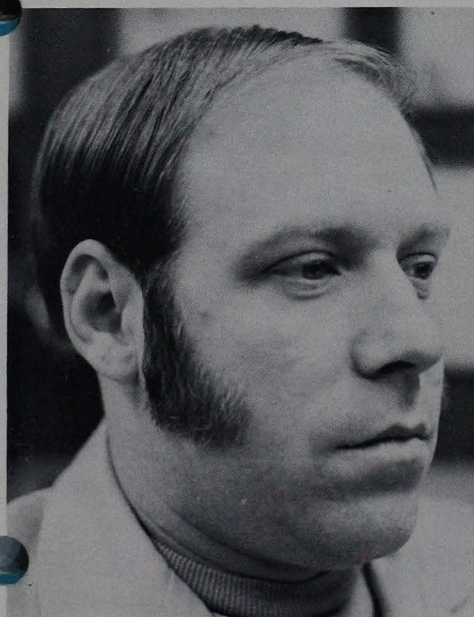
Thomas R. Turner, D.O., of Fort Worth, who has served as chairman of the TOMA Disaster Medicine Committee for several years, has taken his job seriously and believes you should hope for the best, but be prepared for the worst. He likes the Boy Scout motto, "Be prepared," and will speak on the subject of being prepared for disaster that will continue to occur, no mat-



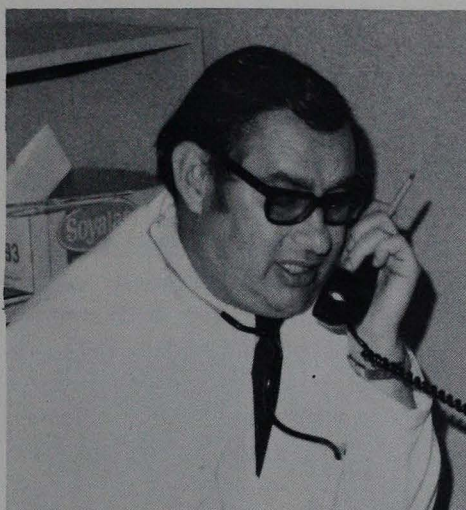
er how far medical science progresses.



Both the G.P. and the specialist see many emergencies in the field of OB-GYN. How to deal with some of them will be discussed by James Matthews, D.O., now of Grand Prairie, but recently from Ohio.



The subject that naturally follows this is emergencies in pediatrics. K. Pat McCaffery, D.O., a former Texan, but now on the teaching staff at KCCOM, is a specialist in pediatrics and is certainly well qualified as a lecturer on a continuing medical education program.



Since a good percentage of TOMA members practice in small or rural communities, Richard M. Hall, D.O., of Eden, will talk on emergencies that may be encountered in a practice where ready access to a hospital may or may not be available. Dr. Hall has practiced in such areas during his entire professional career, and is regarded as a highly able diagnostician, as well as a generalist.

Some segments of the program, although not on strictly medical subjects, will certainly add to the doctor's continuing medical education.

Since the public press has had much to say in recent months on enforcement of drug laws, this topic will be covered extensively. The Committee believes that most doctors will be interested in gaining a better understanding of just what these laws entail, as well as the DEA's methods of enforcing them.

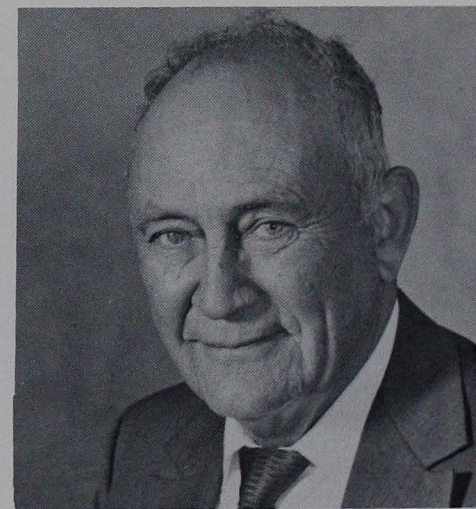
To present this topic, Mr. John H. Sortore, Investigator in Charge for the Texas State Board of Medical Examiners, will be moderator of a panel entitled, "Discussion of Federal and State Drug Laws Affecting the Physician." Joining him on the panel will be Mr. Joe Arnette,

secretary of the Texas State Board of Pharmacy, and Mr. James Flewellen, Compliance Supervisor of the Federal Drug Enforcement Administration.

There was some semblance of agreement among the numbers on presenting a program on sports medicine, so that also is included. The speakers—all D.O.s—have had considerable experience in this field.

Samuel S. Morgan, D.O., of Dallas, is the team physician for Southern Methodist University and has devoted much of his practice to sports injuries.

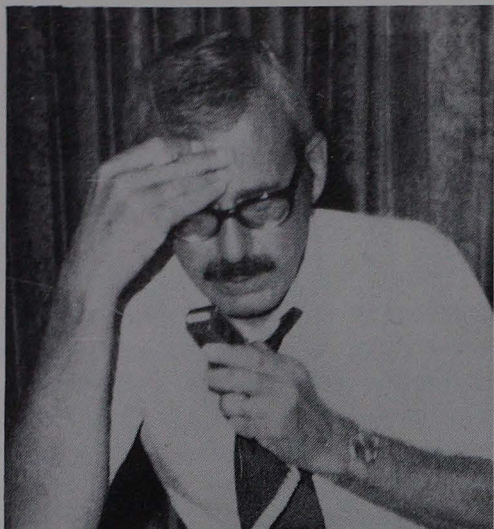
Team physician for the Kansas City Chiefs is Albert R. Miller, D.O. He will speak on preparing the players for the game, and on common injuries in high school football.



The reputation of Jack Wilhelm, D.O., of San Angelo, is well-known to many TOMA members. He has had considerable success in treating sports injuries with osteopathic manipulative therapy and will share some of his theories and methods

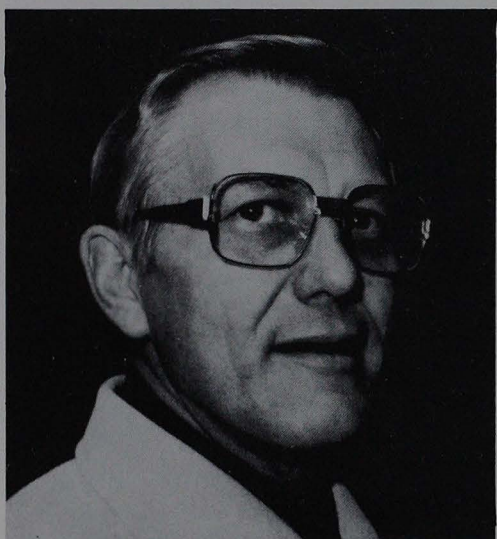
How do you keep your patients from abusing their own bodies? One morning segment will be devoted to medical answers to personal abuse.





Joseph E. Wolpmann, D.O., of Houston, has done considerable research on drug abuse, and for the last several years has devoted much of his practice to working with young people who have a drug problem. Although drug abuse is not new, the increasing incidence of it—particularly among young people—makes it a timely topic for review and discussion.

~~~~~



One of the most powerful drugs on the market needs no prescription, but can be bought over the counter by anyone who appears to be an adult. In present day society, alcohol is seldom thought of as a drug, but its over-use is often as addictive as the drugs that are more often considered medical. Even though it is a potent drug, the use and misuse of alcohol will be considered

separately. Richard L. Stratton, D.O., of Arlington, has spoken to numerous groups on this subject and will present the results of his research into it, as well as his practical knowledge in caring for alcohol-addicted patients.

~~~~~

Regardless of their financial status, probably the majority of the population abuse their bodies nutritionally. Stephen Cordas, D.O., internist of Arlington, will include in his lecture on this subject, obesity, malnutrition, and diet deficiencies.

~~~~~

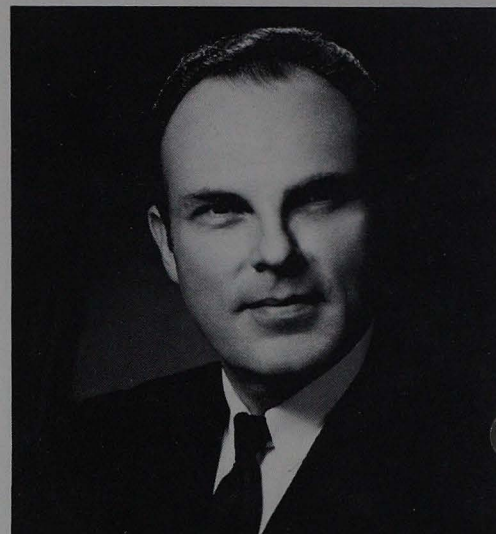


Self abuse can quite often lead to family abuse. Whether or not it takes the form of physical abuse, it usually causes considerable concern and mental stress for the patient's family, as well as his friends and associates. T. Robert Sharp, D.O., of Mesquite, will discuss methods of counseling the family of a self-abusive member, since the family can often be as much help as the physician if they understand the problem and ways to deal with it.

The physician's continuing education goes much further than updating his medical knowledge. With the growing participation of third parties in the health field, the doctor must keep abreast of what plans the government is making for him. One segment of the program will con-

cern such topics as the new Health Services Agencies and Physician Office Systems (developed by TMF). In addition Mr. Caleb Belove of Kansas City, president of Professional Mutual Insurance Company, will bring members up-to-date on what to expect in the malpractice insurance field.

~~~~~



When Mr. Alexander Tobin spoke at the 1972 convention in Fort Worth, he left a lasting impression on his listeners. His lecture probably drew more interest and comment than any of the others. He has been fighting for the osteopathic profession in California for nearly a decade and is certainly knowledgeable of present and future dangers to the profession (not only in California, but nationally) and will speak on that subject Friday morning, April 9.

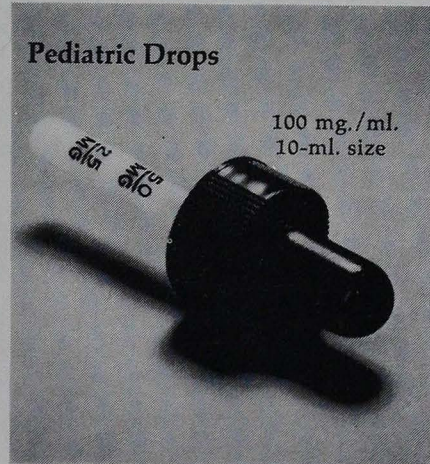
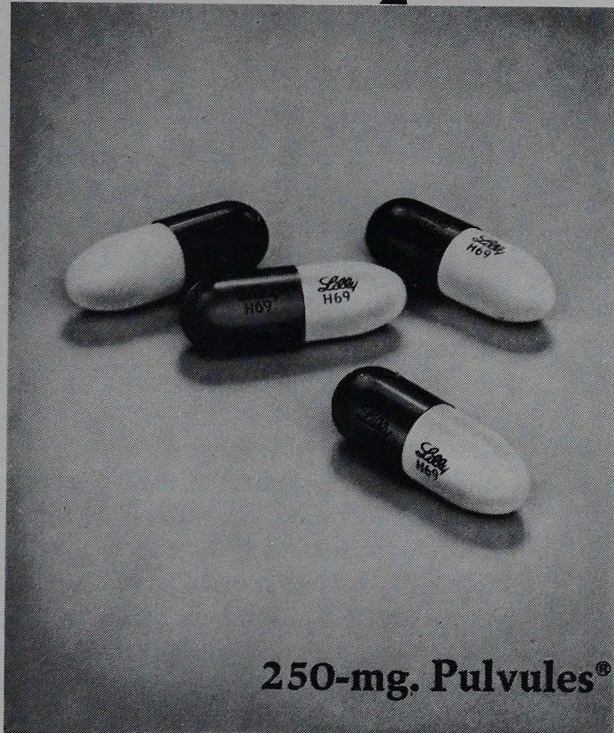
Mr. Tobin will speak again Saturday afternoon on a most controversial subject.

So leaving you with that cliff hanger, we urge you to read the February *Journal* for information on the rest of the seminar program since space prohibits publishing information on all of the 33 topics and 28 lecturers in one issue.

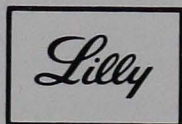
If the topic in which you are particularly interested has not been listed in this article, perhaps you'll find it next month. ▲



# easy to take



**Keflex®**  
cephalexin



500738

*Additional information available to the profession on request.*  
Eli Lilly and Company  
Indianapolis, Indiana 46206



# *TOMA's Second Governmental Operations Seminar Slated for January 23-25*

9 CME Credit Hours to be applied for

The increasingly broad and direct impact of government on the practice of medicine impels TOMA to call its second Governmental Operations Seminar at Lakeway Inn, northwest of Austin, January 23, 24 and 25.

Leading Texas legislators and agency officials, as well as lawyers and others who are wise in the ways of government, will be included on the faculty.

Nine CME hours were granted for the first TOMA Governmental Operations Seminar held last January, and nine CME hours for this seminar are applied for.

During 1975, a plethora of legislation and regulation has been dropped on the health care industry; and the intensity of these actions are reaching into the office of every doctor and dictate how the doctor treats his patients, how long he hospitalizes the sick and established other parameters of care formerly left to the judgment of practicing physicians.

The individual D.O.'s role in government and his professional stake in non-participation will be one of the principal themes of this year's seminar.

The wives of D.O.s, and Auxiliary members, are urged to attend and participate. Costs of the seminar are partially underwritten by Smith Kline & French and by the participants themselves, who will pay a \$15.00 per person registration fee.

Headliners on the faculty include State Senator Tom Creighton of Mineral Wells and State Representative Gib Lewis of Fort Worth. Another is Michael R. Sharp, general counsel for the Texas Health Facilities Commission, which administers the certificate of need program that will have broad, long-range impact on health facilities and services in Texas.

Also accepting faculty assignment is Royce Ashcraft, head of the Hospital Licensing Division of the Board of Health Resources.

A popular member of last year's faculty, Walter Richter of Austin, will appear again, along with Ron Godbey, Fort Worth attorney, who is active in the Trial Lawyers Association.

Wives—and the doctors—will be particularly interested in what Representative Sarah Weddington of Austin has to say on the increasingly important part women now have in government, and the importance of all women becoming informed and involved in it.

Upon confirmation of the SKF grant to underwrite a portion of the cost of the seminar, the TOMA executive committee, through President Michael A. Calbrese, D.O., asked the Governmental Relations Committee, chaired by Bobby G. Smith, D.O., to proceed at once with the January 23-25 Governmental Operations Seminar repeat performance.

A drive to intensify Auxiliary participation in the seminar is being spearheaded by Mrs. David R. Armbruster of Pearland, immediate past president of ATOMA, and currently chairman of the Auxiliary to the AOA committee on public education. Her committee is addressing itself to legislative and political action on behalf of the profession (see accompanying article).

In the past few weeks, TOMA has authorized implementation of the Texas Osteopathic Political Action Committee (TOPAC); and in addition to the Governmental Operations Seminar, is moving into a statewide political action effort.

Some of the questions and answers sought at Lakeway will be:

Your individual role in government.

Your professional stake in non-participation.

What happens when a governmental agency drops the hammer?

Are legislators and congressmen listening?

Does the bureaucracy operate its own steamroller?

Can any measure of freedom of choice and quality of care survive a government-mandated health delivery system?



Legislation finalized by the middle of 1975 and implemented before the summer was over is having, in some cases, traumatic effect upon the health care delivery system. New regulations are hitting every day, and 1976 will be the year the battle lines will be drawn for the 1977 session of the Texas legislature.

D.O.s and their wives, are urged to attend the seminar and talk firsthand with legislators and agency people and, thereby, gain a better personal and working relationship with government.

Room rates for the seminar at Lakeway Inn are \$24.00 single, \$30.00 double; and VIP rooms are priced \$32.00 single or \$38.00 double. The \$15.00 registration fee pays for a reception and dinner on Friday night, January 23, and a portion of other expenses of the seminar.

For those who fly their own planes, there is an excellent landing strip at Lakeway Inn.

Room reservations must be in early in January, and advance registration will allow for making up badges and seminar kits in advance—to save you time in registering.

If you can afford to be in practice, you can't afford to miss the Lakeway Governmental Operations Seminar!

## REGISTRATION

### SECOND ANNUAL GOVERNMENTAL OPERATIONS SEMINAR Lakeway Inn January 23-25, 1976

I will attend the Governmental Operations Seminar and plan to arrive at Lakeway

(date) (time)  
My wife will ☐ will not ☐ accompany me

Please reserve the following accommodations:

Single — \$24 ☐ Double — \$30 ☐  
VIP Single — \$32 ☐ VIP Double — \$38 ☐

Enclosed is my check for the registration fee for \_\_\_\_\_ persons in the amount of \$ \_\_\_\_\_  
(\$15 per person)

Please print name in full  
(and give us first names for badges)

## *Auxiliary members urged to become involved*

by Mrs. David R. Armbruster

If you missed TOMA's Governmental Operations Seminar last year, you have another chance. Make plans now to attend the second annual seminar January 23-25 at Lakeway Inn near Austin.

During my year as ATOMA president, I was continually searching for new areas in which the Auxiliary could become involved in helping to further the osteopathic medical profession and, in attending last year's seminar, I discovered that involvement in political and legislative action was an exciting avenue to pursue, and one that was open to wives of all osteopathic physicians, collectively as a part of Auxiliary activities, and individually.

My experience with politics had been very limited, but this seminar was so interesting and the ideas presented so practical, that I discovered each Auxiliary member had something to contribute; that it was up to us to become active in and knowledgeable about the operations of our government.

After the seminar last year, I was asked to write an article for this *Journal* concerning my impressions of In that article, I posed several questions and the editor answered them briefly.

A year ago, TOMA had a rather informal political action group called TOPS (Texas Osteopathic Political Society), but recent legislation has made it necessary to form a political action committee that is separate from TOMA, one that has its own executive committee and treasurer, and is recorded with the secretary of state, and must report its activities to the state.

This has now been accomplished by action of the TOMA Board of Trustees, and TOPAC (Texas Osteopathic Political Action Committee) has been registered in Austin. By such action, it can now receive contributions from individuals—D.O.s, their wives, lay people and anyone else interested in furthering the cause of osteopathic medicine. However, such contributions must be from individuals. No checks from corporations may be accepted.

After last year's seminar, some of my conclusions were:

*"First, we must have an active mechanism to keep our membership informed on what bills are in the formative stage and what our profession's position is."*



I understand that this is handled by TOMA, particularly during the next session of the Texas Legislature in 1977.

*"Then, the TOMA plan of action must be implemented to get the input we need to inform our senators and legislators. This can be accomplished by phone calls, personal visits, letters, telegrams and informing patients and friends."*

This is where the individual physician and his wife can be particularly effective on their own. TOMA and TOPAC will keep us all up-to-date on upcoming legislation, but it is then up to us to act independently in making our ideas known to those who represent us in Austin.

*"Good candidates must receive our support through campaign efforts and financial backing."* This is where TOPAC applies specifically.

So that it won't be a hit or miss situation, political contributions should be made through TOPAC, since our political support must be handled in an organized and legal manner. The executive committee of TOMA is the executive committee of TOPAC and, with input from individual members, makes the decisions on which candidates can be most effective for us in Austin, and is the final authority on how contributions are dispersed.

Members should become acquainted with legislative candidates in their areas, and join TOPAC. Then we become collectively ready for political action.

To repeat what I said last year, *"We need to work for them (good candidates) through an organized effort."* We now have the organization to do just that.

It is extremely important that we, as wives of osteopathic physicians, become informed and involved in the areas of political and legislative action. We cannot ask a handful of paid employees and a few dedicated physicians to take care of all our problems with government.

Laws have been passed that we cannot change, but through involvement of our total membership, perhaps we can help formulate future legislation.

Our profession is hard at work in this area, but it is urgent that each osteopathic physician, and all those connected with the profession, unite and coordinate their efforts to create a stronger and more effective voice.

Attending the second annual Governmental Operations Seminar is the best way I know to learn more about how we can accomplish this.

I would like to urge all Auxiliary members to accompany their husbands to this most important meeting at Lakeway January 23-25. ▲

## NTSU Board of Regents Approves TCOM Property Acquisition

The sale of \$500,000 in Student Use Fee Bonds and approval of acquisition of property to the east and north of the present Texas College of Osteopathic Medicine on Camp Bowie were approved (Nov. 21) by the North Texas State University Board of Regents in its regular quarterly meeting on the NTSU campus.

Making a brief visit to the regents meeting was Sen. Lloyd Bentsen (D-Tex.), an announced candidate for the Democratic presidential nomination. Sen. Bentsen was on the NTSU campus during a one-day stopover in Denton.

In TCOM action, the regents approved recommendations of the architectural firm of Fisher and Spillman of Dallas concerning future acquisition of property surrounding the present medical school campus.

NTSU President C. C. Nolen told the regents there are no immediate plans and no funds available for acquiring any land other than lots which are directly north of TCOM's present administration building.

Other parcels of land approved for possible acquisition

are in an area bounded by Mattison Avenue, Montgomery Street, Modlin Avenue, and Clifton Street, including the south side of the block bounded by Modlin, Montgomery, West Seventh and Clifton. Also involved is the western half of the block bounded by Camp Bowie, Clifton, Darcy and Boland.

"We are staking out a claim for the future and we don't even know if we want all this land," President Nolen told the regents. All land acquisition plans must be approved in advance by the Coordinating Board, Texas College and University System.

In other action the regents approved: a grievance procedure for non-faculty staff personnel, authorization to collect \$25 application fees and \$250 non-refundable assurance fee deposit from students, authorization of several new administrative positions, fiscal regulations for TCOM, interagency contracts between TCOM and NTSU, guidelines and procedures for the administration of tuition scholarships for TCOM and the Bank of Fort Worth as an additional depository bank.



# Texas Ticker Tape

## **BENTSEN AMENDMENT IN JOINT COMMITTEE**

An amendment by U.S. Senator Bentsen to permit a single statewide PSRO has passed the U.S. Senate finance committee and goes to a House-Senate conference committee. Formal application is being made by TIMA to implement PSRO in Texas. At press time, a federal judge in Austin was still to rule on a TMA suit seeking to prevent multiple PSRO areas in Texas.

## **IF CLAIMS DENIED, LET US KNOW**

Texas State Welfare Department announced in September that it was running out of funds for the care of Medicaid patients. A denial of claims this fall has caused a storm among physicians. Joseph E. Wolpmann, D.O., chairman of TOMA H & I Committee asked doctors to send copies of claims denied, and any irregularities or complaints to the TOMA State Office, in preparation for January conferences with the department and the intermediary.

## **KCCOM RECEIVES AWARD FROM FOUNDATION**

Recently the Arcade General Hospital Foundation, Sacramento, California contributed \$30,000 to the Kansas City College of Osteopathic Medicine announced Dr. Rudolph S. Bremen, Ph.D., president of the college. Dr. C. Stillman Wells, president of the Foundation's Board of Trustees, notified KCCOM of the contribution.

## **DR. NASH ATTENDS AFIP**

Dr. Gerard K. Nash (LTC, MC, USAR) attended the five-day "Seminar in Diagnostic Radiology" for military radiologists at the Armed Forces Institute of Pathology, Washington, D.C., 17-21 November 1975. Dr. Nash is a consulting radiologist for the Armed Forces Examining and Entrance Station in Amarillo.

## **STATE MAKES GRANT TO PCOM**

A state appropriation of \$4,400 per student has been officially granted to Philadelphia College of Osteopathic Medicine by the Governor's signature Nov. 26. S-726 cleared the House July 14 and passed the Senate 165-23 Nov. 18, appropriating a maximum of \$3,511,000 for this school year.

## **45 STATES NOW ACCEPT NATIONAL BOARD CERTIFICATION**

When Illinois approved acceptance of certification by the National Board of Examiners for Osteopathic Physicians and Surgeons, it became the 45th state to do so. National Board certification in lieu of examination is now accepted in all but five states: Arkansas, Nebraska, Pennsylvania, Texas and Washington.



# PROFESSIONAL LIABILITY INSURANCE

for

## Texas Osteopathic Physicians, Clinics and Hospitals

**WHO?** GUARANTY NATIONAL INSURANCE COMPANY  
(Rated "A" In Best's)

Home Office - Denver, Colorado

**WHAT?** Complete Professional Liability Protection

- \*Basic Professional Coverage
- \*Professional Umbrella (Individual or Corp)
- \*Personal Umbrella
- \*Office Liability
- \*Personal Injury

**WHY?** "...to provide you with the  
*Best possible coverage...*"

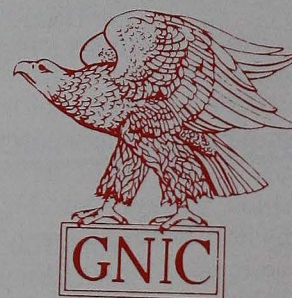
**WHERE?**

Available Through...  
Your Local Agent...  
...Have Him Contact...



- > MYRON F. STEVES & CO.  
Excess and Surplus Lines Agent
- > 1404 FANNIN BANK BUILDING
- > HOUSTON, TEXAS 77025
- > (713) 748-1511
- > Cable: Myste, Telex 762-274

...for details and rates







## Putting out the fires of arthritic pain

Rheumatoid arthritis can sometimes spread like wildfire, with joint after joint going up inflamed. "The usual onset is manifested by spotty joint involvement but an acute onset of symmetrical polyarthritis may be noted."<sup>1</sup>

If aspirin fails, consider Butazolidin alka. Giving one capsule four times a day often provides prompt, pain-relieving, anti-inflammatory action to help restore joint mobility. The results you can get within a week can be maintained on as little as one or two capsules daily.

Serious side effects can occur. Select patients carefully (particularly the elderly) and follow them closely in line with the drug's precautions, warnings, contraindications and adverse reactions. For full details, please read the prescribing information. It's summarized on the back of this page.

### Butazolidin<sup>®</sup> alka

Each capsule contains:

100 mg. phenylbutazone USP

100 mg. dried aluminum hydroxide gel USP

150 mg. magnesium trisilicate USP

If it doesn't work in a week, forget it.



**Fire fighter  
for arthritic  
flare-ups.**

**Butazolidin® alka**

Each capsule contains:  
100 mg. phenylbutazone USP  
100 mg. dried aluminum hydroxide gel USP  
150 mg. magnesium trisilicate USP

**If it doesn't work in a week, forget it.**

®Ragan, C.: The Clinical Picture of Rheumatoid Arthritis, in Arthritis, ed. 8, edited by J. L. Hollander and D. J. McCarty, Jr., Philadelphia, Lea & Febiger, 1972, chap. 21, p. 335.

**Geigy**

**Important Note:** This drug is not a simple analgesic. Do not administer casually. Carefully evaluate patients before starting treatment and keep them under close supervision. Obtain a detailed history, and complete physical and laboratory examination (complete hemogram, urinalysis, etc.) before prescribing and at frequent intervals thereafter. Carefully select patients, avoiding those responsive to routine measures, contraindicated patients or those who cannot be observed frequently. Warn patients not to exceed recommended dosage. Short-term relief of severe symptoms with the smallest possible dosage is the goal of therapy. Dosage should be taken with meals or a full glass of milk. Substitute alka capsules for tablets if dyspeptic symptoms occur. Patients should discontinue the drug and report immediately any sign of: fever, sore throat, oral lesions (symptoms of blood dyscrasia); dyspepsia, epigastric pain, symptoms of anemia, black or tarry stools or other evidence of intestinal ulceration or hemorrhage, skin reactions, significant weight gain or edema. A one-week trial period is adequate. Discontinue in the absence of a favorable response. Restrict treatment periods to one week in patients over sixty.

**Indications:** Rheumatoid arthritis, osteoarthritis, bursitis, acute gouty arthritis and rheumatoid spondylitis.

**Contraindications:** Children 14 years or less; senile patients; history or symptoms of G.I. inflammation or ulceration including severe, recurrent or persistent dyspepsia; history or presence of drug allergy; blood dyscrasias; renal, hepatic or cardiac dysfunction; hypertension; thyroid disease; systemic edema; stomatitis and salivary gland enlargement due to the drug; polymyalgia rheumatica and temporal arteritis; patients receiving other potent chemotherapeutic agents, or long-term anticoagulant therapy.

**Warnings:** Age, weight, dosage, duration of therapy, existence of concomitant diseases, and concurrent potent chemotherapy affect incidence of toxic reactions. Carefully instruct and observe the individual patient, especially the aging (forty years and over) who have increased susceptibility to the toxicity of the drug. Use lowest effective dosage. Weigh initially unpre-

dictable benefits against potential risk of severe, even fatal, reactions. The disease condition itself is unaltered by the drug. Use with caution in first trimester of pregnancy and in nursing mothers. Drug may appear in cord blood and breast milk. Serious, even fatal, blood dyscrasias, including aplastic anemia, may occur suddenly despite regular hemograms, and may become manifest days or weeks after cessation of drug. Any significant change in total white count, relative decrease in granulocytes, appearance of immature forms, or fall in hematocrit should signal immediate cessation of therapy and complete hematologic investigation. Unexplained bleeding involving CNS, adrenals, and G.I. tract has occurred. The drug may potentiate action of insulin, sulfonyleurea, and sulfonamide-type agents. Carefully observe patients taking these agents. Nontoxic and toxic goiters and myxedema have been reported (the drug reduces iodine uptake by the thyroid). Blurred vision can be a significant toxic symptom worthy of a complete ophthalmological examination. Swelling of ankles or face in patients under sixty may be prevented by reducing dosage. If edema occurs in patients over sixty, discontinue drug.

**Precautions:** The following should be accomplished at regular intervals: Careful detailed history for disease being treated and detection of earliest signs of adverse reactions; complete physical examination including check of patient's weight; complete weekly (especially for the aging) or an every two week blood check; pertinent laboratory studies. Caution patients about participating in activity requiring alertness and coordination, as driving a car, etc. Cases of leukemia have been reported in patients with a history of short- and long-term therapy. The majority of these patients were over forty. Remember that arthritic-type pains can be the presenting symptom of leukemia.

**Adverse Reactions:** This is a potent drug; its misuse can lead to serious results. Review detailed information before beginning therapy. Ulcerative esophagitis, acute and reactivated gastric and duodenal ulcer with perforation and hemorrhage, ulceration and perforation of large bowel, occult G.I. bleeding with anemia, gastritis, epigastric pain, hematemesis, dys-

pepsia, nausea, vomiting and diarrhea, abdominal distention, agranulocytosis, aplastic anemia, hemolytic anemia, anemia due to blood loss including occult G.I. bleeding, thrombocytopenia, pancytopenia, leukemia, leukopenia, bone marrow depression, sodium and chloride retention, water retention and edema, plasma dilution, respiratory alkalosis, metabolic acidosis, fatal and nonfatal hepatitis (cholestasis may or may not be prominent), petechiae, purpura without thrombocytopenia, toxic pruritus, erythema nodosum, erythema multiforme, Stevens-Johnson syndrome, Lyell's syndrome (toxic necrotizing epidermolysis), exfoliative dermatitis, serum sickness, hypersensitivity angitis (polyarteritis), anaphylactic shock, urticaria, arthralgia, fever, rashes (all allergic reactions require prompt and permanent withdrawal of the drug), proteinuria, hematuria, oliguria, anuria, renal failure with azotemia, glomerulonephritis, acute tubular necrosis, nephrotic syndrome, bilateral renal cortical necrosis, renal stones, ureteral obstruction with uric acid crystals due to uricosuric action of drug, impaired renal function, cardiac decompensation, hypertension, pericarditis, diffuse interstitial myocarditis with muscle necrosis, perivascular granulomata, aggravation of temporal arteritis in patients with polymyalgia rheumatica, optic neuritis, blurred vision, retinal hemorrhage, toxic amblyopia, retinal detachment, hearing loss, hyperglycemia, thyroid hyperplasia, toxic goiter, association of hyperthyroidism and hypothyroidism (causal relationship not established), agitation, confusional states, lethargy; CNS reactions associated with overdosage, including convulsions, euphoria, psychosis, depression, headaches, hallucinations, giddiness, vertigo, coma, hyperventilation, insomnia; ulcerative stomatitis, salivary gland enlargement.

(B)98-146-070-J (10/71)

For complete details, including dosage, please see full prescribing information.

GEIGY Pharmaceuticals  
Division of CIBA-GEIGY Corporation  
Ardley, New York 10502

BU 10259



# Public Health Seminar

## to be held February 14, 15

The annual Public Health Seminar, sponsored by TOMA and the Texas Department of Health Resources, will be held at the Statler Hilton, Dallas, February 14 and 15.

The program chairman is Dr. H. Eugene Brown, past president of TOMA and a member of the Board of the Texas Department of Health Resources. His faculty includes a surgeon from CCOM, a radiologist from Des Moines, an OB-GYN specialist from PCOM, and a clinical professor of osteopathic principles and

practice at TCOM.

The topics to be covered are being presented in a different form this year in that, in some cases, the patient's chief complaint is stated as the subject that will be covered. Listed below are members of the faculty.

In cases where the topic is named by the patient's chief complaint, quotation marks are used, followed by the lecturer's approach and subject matter to be covered.

---

John H. Harakal, Jr., D.O. — Clinical Professor of Osteopathic Principles and Practice, TCOM

- *"It hurts too much to pop it."*

History, palpatory exam, (X-ray), muscle energy technique.

- *"My neck hurts."*

History, range of motion, palpatory diagnosis.

- *"My back feels better after you treat me, but it gets bad again."*

Reevaluation utilizing anatomic and functional basis, OMT as indicated.

---

F. L. Denlinger, D.O. — Chairman, OB-GYN Department, PCOM.

- *"My baby is due in a few months, and I am bleeding."*

Exam, treatment, complications, contributing factors.

- *"My bottom is itching."*

Treatment of vaginal trichomonas monilia; causes of pruritic vagina.

- *"I don't want any more children."*

Review of methods of contraception; indications and contraindications.

---

Harvey R. Bridenstine, D.O. — Chairman, Department of Radiology, Des Moines General Hospital

- *"I need an X-ray."*

Office radiology, patterns for reading, common sites for injury and disease: chest, skull, sinus, extremities. (Subject will be presented in three parts.)

---

Richard T. Caleel, D.O. — Senior Consulting Surgeon, Chicago Osteopathic Hospital, Associate Professor of Surgery, CCOM

- *Lataroscopy; its indications and contraindications.*

- *"I need a vasectomy. Do I need to go to the hospital?"*

A review of 4,000 outpatient procedures

- *Surgery for non-malignant pancreatic disease, indications and results*



# AOHA Presents Position Paper to House Ways and Means Subcommittee

Last November Michael F. Doody, president of the American Osteopathic Hospital Association, presented a 16-page position paper before the House Ways and Means Subcommittee on Health.

In its efforts to report on this 16-page statement in two paragraphs in the *AOA Newsbriefs*, I (and no doubt others) was misled regarding the AOHA's stand on the government's involvement in the health care picture.

I wrote Mr. Doody in part, "I think you are way off base in telling the U.S. House Ways and Means Committee that a segment of the osteopathic health care field is in favor of total federalization of the industry.

"The osteopathic physicians and hospitals that we represent are spending a lot of money in association dues and political contributions in their attempts to stem the tide of repressive, sometimes brainless and always costly regulations coming out of Washington and weighing down on the health care delivery system. . . .

"If I have misread or misinterpreted what you told the Committee, please clue me in."

Mr. Doody replied, "While I respect your right to disagree with our position, I do not believe that this Association is 'way off base' relative to our testimony on a national health insurance program. . . .

". . . . It should be understood that we do not believe we need a national *health insurance* program. We are cognizant of and agree with you on the confusing, restrictive and illogical—not to say illegal—regulations being developed and implemented by HEW. Our position is one which does not call for full tax support of the delivery of health benefits to all of the population. We do support, however, a national health program to bring about more rationalization of the entire health system and an appropriate role of government. . . .

". . . . I think it is important to recognize—and I am sure you do—that whether we like it or not it appears as though this country is in the process of implementing, on a piece-meal basis, a national health program. It is the belief of our Association that given these trends, it is important that we participate in the debate and discussion surrounding the enactment of major national health policy," Mr. Doody concluded.

Although the statement is well thought out and well written, the AOA could not reprint the AOHA's entire paper for lack of space. Neither can we. But we would like to share excerpts from it with our readers since we agree with Mr. Doody that "it is important that we participate in the debate and discussion surrounding the enactment of major national health policy" — *Tex Roberts*

## Mr. Doody's statement in part

This statement is made on behalf of all osteopathic hospitals in the nation. In 1974, osteopathic hospitals provided service to 9.5 million patients in 27 states. These are people who choose to be served by an osteopathic physician. As individuals they make that choice and as Americans they are entitled to the freedom of that choice. To interfere in any way with that choice would be unthinkable.

It has been estimated that osteopathic physicians and osteopathic hospitals, which represent less than 5% of the total number of physicians and less than 4% of the total community hospital component in this country, deliver primary health care to 10% of the population. In many areas in the 27 states in which there is an osteopathic hospital, it is the only hospital in a wide geographic region, indicating that osteopathic hospitals and physicians are located in rural and semi-rural areas.

We have chosen to view the total health picture in the nation rather than the isolated segment of a national health insurance plan. Our view should not be construed as minimizing the importance of health care services for all, but today we are concerned with the context in which such a plan is considered and developed.

Our Association strongly believes that the problems and crises in our health programs cannot be attacked individually for they are in fact interrelated and inter-involved. The quick and easy solution in one area may well cause problems elsewhere in the total picture, and consequently it has been our feeling that although national health insurance in itself may solve problems it may well create others.



Importantly, the national health program should be written and enacted with a minimum amount of regulatory provisions to allow the private sector, in openmarket spirit, to develop the kinds of programs and delivery system to most adequately meet the needs of Americans as assured under the program. Specifically the national program should dictate separate consideration for osteopathic facilities in certificate-of-needs provisions.

■ ■ ■ ■ ■

No national health program should mandate or in any way force an individual to seek health care from a provider other than one of his individual choice. By the same token, the program should assure a provider of health the explicit right to practice his profession in any manner or form consistent with his training.

■ ■ ■ ■ ■

We believe that comprehensive benefits in a national health program can be established through a mandated insurance program whereby employers and employees share the cost. The burden of cost of such a program should not be borne totally through any form of tax, but rather, through a sharing by the employee and employer of the cost of an insurance plan.

■ ■ ■ ■ ■

The unemployed, the handicapped and the unemployable pose a problem that can be solved best through the federal government making direct purchase of coverage for these population segments just as an employer would do for his employees. It is necessary for us to add the point that we believe is essential here, i.e., an employed person may elect not to purchase coverage for his benefits; this should be permitted.

■ ■ ■ ■ ■

The AOHA is vitally interested in the implementation of P.L. 93-641, the National Health Planning and Resource Development Act and its relationship to a national health program.

■ ■ ■ ■ ■

Sound planning will assure high quality services as well as their availability, accessibility and viability. Planning that meets that objective needs to take into full account the individual's right to seek care from a provider of health services that he chooses as well as the right of that provider to seek to practice in the manner and location of his choice.

■ ■ ■ ■ ■

The AOHA is concerned with the distinct identification of osteopathic facilities and services in the planning process. Osteopathic services should, by their very nature, be categorized separately in the total evaluation of health services with consideration of the distinct services in the osteopathic hospital that are not available from other facilities.

■ ■ ■ ■ ■

Although we believe conceptually in certificate-of-need and other health planning mechanisms, our basic concern is that osteopathic facilities be considered separately from allopathic hospitals. Although there may be some maldistribution of hospital beds, the osteopathic bed population and its distribution must viewed separate and apart from the number and distribution of allopathic hospital beds.

■ ■ ■ ■ ■

It should be clearly stated that the AOHA believes there should be little government regulation as possible, and that which is necessary should be in the form of broad standards to allow state and local governments the greatest degree of flexibility.

■ ■ ■ ■ ■

The health care industry is subject to a myriad of fragmented controls and programs at all levels of government — federal, state, and local. Hospitals are faced with this plethora of regulatory agencies and programs and only on rare occasions are these regulatory elements effectively coordinated. A national health program must provide an opportunity for the nation to make some sense from this multitude of overlapping efforts.

■ ■ ■ ■ ■

We share a similar view with other health care groups that view the system of federal rule-making as largely uncoordinated and often arbitrary — often-times creating substantial cost and administrative burdens which can have deleterious effect on the capacity of health care institutions to provide quality health care to citizens.

■ ■ ■ ■ ■

Any national health program must assure the necessary manpower resources to adequately provide the health care benefits promised to American people. The present health care delivery system, including its current complement of personnel, is probably not capable of delivering comprehensive health care benefits to the entire U.S. population.

■ ■ ■ ■ ■

While most national health insurance proposals already introduced in the Congress address the general issue of reorganization of the delivery system, most do not address the question of assuring an adequate number of properly trained health care personnel to deliver that care.

■ ■ ■ ■ ■

Manpower resources account for one of the largest single elements of cost in health care expenditures. To ignore this issue — which is complex and which relates to every other issue involved in the consideration of a national health program — would not be in the best interest of the American people. ▲



# We're doing something

## DISTRICT IV by Wiley B. Rountree, D.O.

District IV, TOMA, met on Sunday, November 2nd at the Abilene Country Club with an excellent attendance, including two new members. Dr. Joe and Janie Alexander were the gracious hosts for the dinner. Joe and Janie had an early start on that day as they were in charge of a breakfast at their church for 105 finance campaign workers. After this important event, they hosted our District, and they were looking forward to hosting 35 young people from their church for food and a program at their home in the evening.

\*\*\*\*\*

Special guests were Dr. and Mrs. Marion Coy who had driven out from Ft. Worth. Dr. Coy presented a program and pictures of the present and planned TCOM development with explanation of arrangements, both building and curricular, with hopes for dates of fruition. A report of enrollment growth, and present distribution of the first class was given. The membership appreciated Dr. Coy's bringing this timely update on TCOM growth.

\*\*\*\*\*

Dr. Jerry and Carol Wasserstein were also able to meet with us. They located in Anson, 23 miles from Abilene, just a few months ago. They have a four-month old baby girl which arrived about the time of practice location. Jerry and Carol are from St. Louis. Jerry was graduated from the Chicago College of Osteopathic Medicine in 1974 and interned at Stevens Park Osteopathic Hospital. He has been busily involved in Anson and we have had good reports on his physician care in his new location. Welcome to the Big Country, Jerry and Carol.

\*\*\*\*\*

The district was also pleased to have Lt. Peter Eaton of Dyess Air Force Base (SAC) Abilene, who has been on duty since July 1974. Dr. Eaton is in charge of the "flyability" of Dyess Flight Personnel—a most important and busy responsibility.

Dr. Eaton is a native of Mobile, Alabama and a graduate of KCOM in 1973. His wife's name is Sydney. We regret that she had the flu, so we missed meeting her.

\*\*\*\*\*

The business meeting was called to order by Dr. Mike Fisher, President. District reports were made. Dr. Wasserstein was voted into District membership. Following this, we had a discussion on the changing medical service picture.

\*\*\*\*\*

Dr. Richard Hall of Eden made a report on his recent visit in Washington with Rep. Omar Burleson, Rep. Krueger and Senator Montoya, relative to the "Burleson" Bill. He reported that the bill, designed to extend relief to small medical facilities, particularly in less populated areas, of registered nurse requirements had been passed out of both House and Senate Committees. He said that Senator Montoya of New Mexico was particularly interested in the bill because his state would be hard hit if the strict nursing requirement were not given this relief. Dr. Hall's work on this bill is very much appreciated.

\*\*\*\*\*

Attending the AOA Convention from the district were: Dr. and Mrs. Joe Alexander, Dr. and Mrs. Jack Wilhelm, Dr. and Mrs. Bill Jagers, Drs. V. Mae and Norman Leopold and Dr. and Mrs. Wiley Rountree. Dr. and Mrs. Rountree added the ACGP and Docare trip to Yucatan after the convention.

\*\*\*\*\*

The district noted the location and opening of practice in Winters, Texas on November 3 of Dr. Robert Holston. Dr. Holston was born in Canyon, grew up in Borger, and was graduated from West Texas State University in Canyon. His wife, Sharon, is a native of Roby.

\*\*\*\*\*

Dr. Holston was in the 1974 TCOM class and interned at Dallas Osteopathic Hospital. Although Robert and Sharon have not been able to meet with us, we welcome them to our District and wish them success in their new location.

## DISTRICT I by Mrs. John Witt

The quarterly meeting of District I was held in Amarillo at the Travel Lodge West on November 30.

Dr. Dan Witt of Kansas City presented a program on "Urological Problems". Dr. Witt is associate professor of surgery and chairman of the urology department at the Kansas City College of Osteopathic Medicine and attending urologist at Lakeside Hospital in Kansas City. At the AOA Convention in Las Vegas recently, he was awarded honorary membership in Sigma Sigma Phi, the national osteopathic honor fraternity.

Dr. Dan and his family spent the Thanksgiving holidays with his parents, the John L. Witts, of Groom. They enjoyed quail hunting and watching younger brother, Jay, play in the winning state quarter finals football game.

\*\*\*\*\*

Dr. E. W. Cain was looking chipper again. He is back in his office after several weeks absence due to open heart surgery.

\*\*\*\*\*



Crystal Pittman gave an interesting report of the AOA meeting in Las Vegas, Nevada, in November. Those attending from District I were Dr. and Mrs. J. Paul Price of Dumas; Dr. and Mrs. Tom Johnson of Canyon; Dr. and Mrs. Steve Davis of Groom; Dr. and Mrs. Harlan Wilson, Dr. and Mrs. William Ballard, Dr. and Mrs. Jerry Parker, Dr. and Mrs. Lewis Pittman and Dr. Richard Chandler, all of Amarillo.

\*\*\*\*\*

Dr. Charles M. Mehegan of Amarillo was accepted into the American College of Osteopathic Anesthesiologists at their convention in Washington, D. C. the first of October.

\*\*\*\*\*

Dr. and Mrs. Earle Mann reported a pleasant ten days visit in Kansas

City with Harriette's brother and wife.

\*\*\*\*\*

The J. L. Prendergasts of the Panhandle have been getting acquainted with a new daughter-in-law. Their son, George, was recently married to Susan Nelson, daughter of Dr. and Mrs. Glenn Nelson of Kerrville.

\*\*\*\*\*

Dr. Glenn R. Scott and Dr. L. V. Cradit are enjoying their retirement since October 31. They were both at the District meeting and were warned that they are not to retire from such meetings, as they are needed very much.

\*\*\*\*\*

Ruby Vick has gone to California to visit her son and family, the George Vicks, until the first of the year.

## Northeast Houston Area Needs Two Doctors

### OFFICE SPACE AVAILABLE INCLUDING:

Waiting Room  
Two Reception Rooms  
Offices for Two Doctors  
Laboratory — X-Ray  
Three Lavatories — Supply Room  
Six Treatment Rooms

\$200 Rent Per Month Per Doctor  
(plus utilities)

### Contact:

JoAnne Beckley or Tom Cestler  
10811 Homestead at Little York  
Houston, Texas 77016  
Phone 713-358-2031 or 713-633-2200

## Doctors - Memorial Hospital Tyler, Texas



1400 Southwest Loop 323

214-561-3771

54 BEDS

Mr. Olie Clem, Administrator

*Open Staff*  
*Osteopathic Hospital*  
*in Beautiful East Texas*

### STAFF:

Ben Beall, D.O.  
William H. Clark, D.O.  
R. E. Cordes, D.O.  
H. G. Grainger, D.O.  
S. E. Jones, D.O.  
E. C. Kinzie, D.O.  
R. A. Lester, D.O.  
C. F. List, D.O.  
L. D. Lynch, D.O.  
Carter McCorkle, D.O.  
D. F. Norris, D.O.

Charles Ogilvie, D.O.  
Neal A. Pock, D.O.  
Kerry Rasberry, D.O.  
K. E. Ross, D.O.  
L. N. Sanders, D.O.  
John Sartori, D.O.  
Allen D. Schmitt, D.O.  
Norman Truitt, D.O.  
M. H. Weaver, D.O.  
Calvin D. Cannon, D.D.S.

## INCOME TAX !!! 1975

### H.R.-10?? OR P.A.??

The Employee Retirement Income Act of 1974 contains many important Liberalizations for you, as a self-employed professional or as an employee of a Professional Association.

For Information on the 1974 Act, without obligation, write or call

**WHD** William H.  
Dean and Associates  
ESTATE ANALYSTS

Suite 245 — University Plaza Building

Fort Worth, Texas 76107

817-335-3214

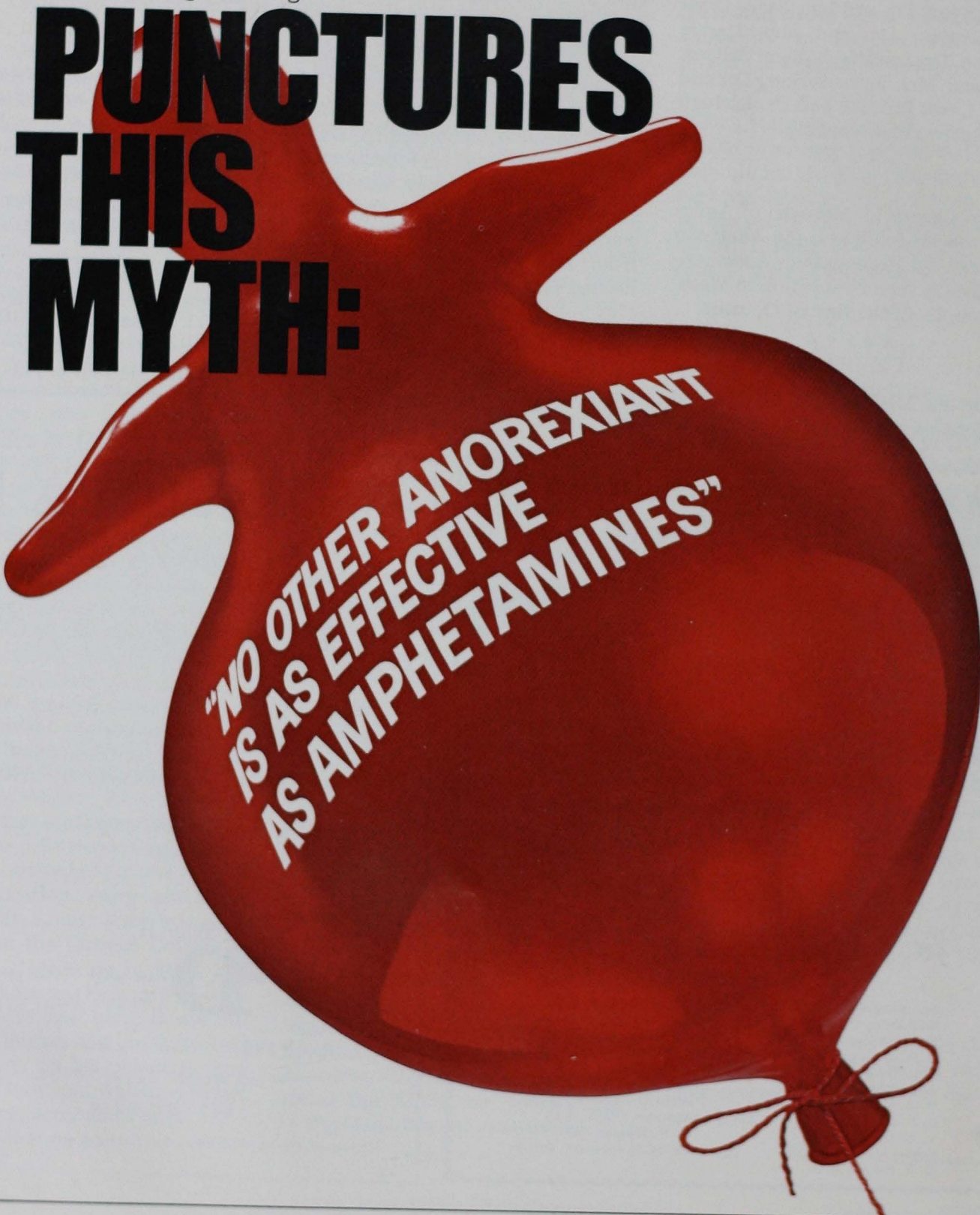
State-wide references furnished on request!



# **SANOREX<sup>®</sup>** **(MAZINDOL)<sup>Ⓜ</sup>**

TABLETS, 1 mg and 2 mg

# **PUNCTURES THIS MYTH:**



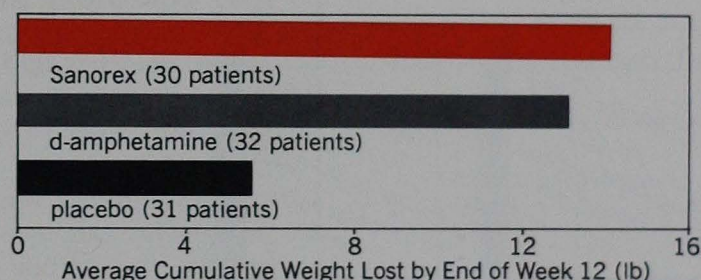
**"NO OTHER ANOREXICANT  
IS AS EFFECTIVE  
AS AMPHETAMINES"**



# SANOREX (MAZINDOL) IS AS EFFECTIVE AS d-AMPHETAMINE

In a double-blind study<sup>1</sup> of 93 obese patients (all of whom completed the study), 30 patients received Sanorex (1 mg t.i.d.), 31 received placebo, and 32 received d-amphetamine (5 mg t.i.d.).

During the 12-week phase of active medication, patients on Sanorex lost an average of 14.1 lb, compared with 13.1 lb for d-amphetamine patients and 6.6 lb for placebo patients. Throughout the active medication phase, 63% of patients on Sanorex lost more than 1 lb/wk, compared with 38% of the d-amphetamine group and 29% of the placebo group.



## SANOREX (MAZINDOL) IS THE ONLY PRESCRIPTION ANOREXIANT NOT CHEMICALLY RELATED TO THE AMPHETAMINES

Although the pharmacologic activity of Sanorex and that of amphetamines are similar in many ways (including central nervous system stimulation in humans and animals, as well as production of stereotyped behavior in animals), animal experiments also suggest that there are differences.\*

### Different Chemical Structure

Sanorex is chemically unrelated to d-amphetamine—or any other “nonamphetamine” anorexiant available—and cannot be converted into an amphetamine-like substance in a biologic system.

### Different Neurochemical Action\*

Animal studies suggest that Sanorex, unlike d-amphetamine, does *not* interfere with norepinephrine synthesis.

### Action of d-Amphetamine\*

In animal studies, d-amphetamine (like food) activates afferent neurons leading to appetite centers in the

hypothalamus. Resulting release of norepinephrine activates the receptor neurons. Unlike food, however, d-amphetamine also suppresses norepinephrine synthesis. Thus, increasingly larger doses of d-amphetamine become necessary to produce an effect.

### Action of Sanorex\*

After intake of food stimulates the release of norepinephrine from afferent neurons, Sanorex blocks its re-uptake without disturbing normal synthesis and release.

### Simplicity and Flexibility of Dosage

Simple one-a-day dosage is facilitated by 2-mg tablets (taken one hour before lunch). New flexibility (for the patient in whom 1 mg t.i.d. is preferred) is now facilitated by new 1-mg tablets (taken one hour before meals).

\*The significance of these differences for humans is uncertain.

For Brief Summary, please see following page.

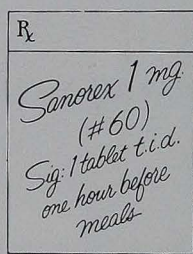
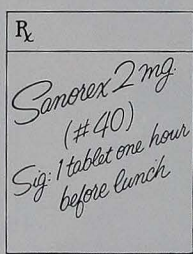
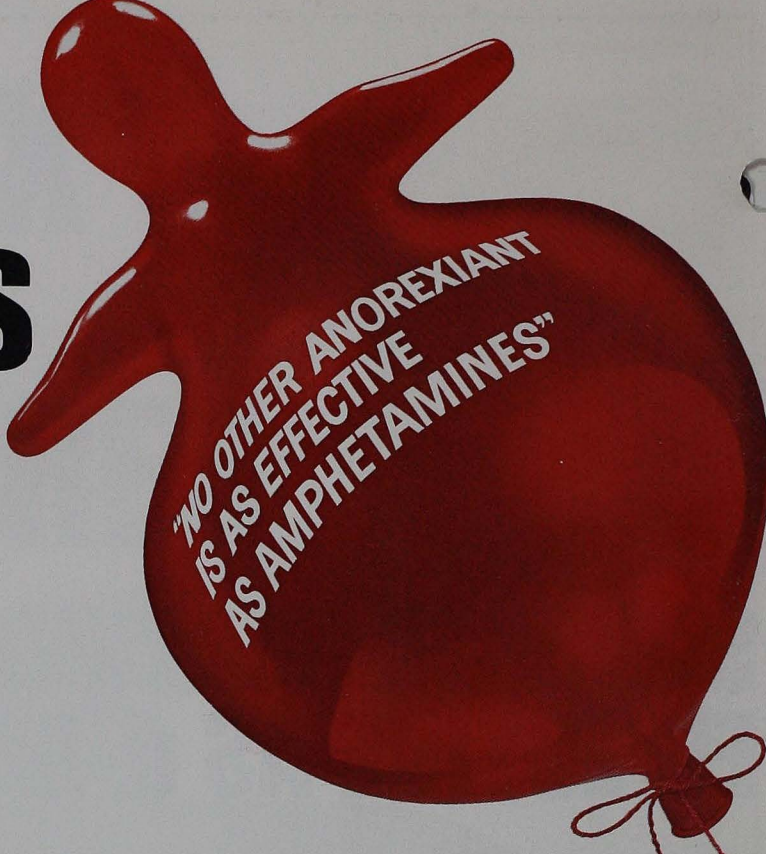




# SANOREX<sup>®</sup> (MAZINDOL)<sup>©</sup>

TABLETS, 1 mg and 2 mg

## PUNCTURES THIS MYTH:



1. Vernace BJ: Practical considerations for managing obese patients: Initial interview and effective treatment in the office. Scientific Exhibit presented at the American Medical Association, 27th Clinical Convention, Anaheim, Calif, Dec 1-4, 1973.

**Indication:** In exogenous obesity, as a short-term (a few weeks) adjunct in a weight-reduction regimen based on caloric restriction. The limited usefulness of agents of this class should be measured against possible risk factors.

**Contraindications:** Glaucoma; hypersensitivity or idiosyncrasy to the drug; agitated states; history of drug abuse; during, or within 14 days following, administration of monoamine oxidase inhibitors (hypertensive crisis may result).

**Warnings:** Tolerance to many anorectic drugs may develop within a few weeks; if this occurs, do not exceed recommended dose, but discontinue drug. May impair ability to engage in potentially hazardous activities, such as operating machinery or driving a motor vehicle, and patient should be cautioned accordingly.

**Drug Interactions:** May decrease the hypotensive effect of guanethidine; patients should be monitored accordingly. May markedly potentiate pressor effect of exogenous catecholamines; if a patient recently taking mazindol must be given pressor amine agents (e.g., levarterenol or isoproterenol) for shock (e.g., from a myocardial infarction), extreme care should be taken in monitoring blood pressure at frequent intervals and initiating pressor therapy with a low initial dose and careful titration.

**Drug Dependence:** Mazindol shares important pharmacologic properties with amphetamines and related stimulant drugs that have been extensively abused and can produce tolerance and severe psychological dependence. Manifestations of chronic overdosage or withdrawal with mazindol have not been deter-

mined in humans. Abstinence effects have been observed in dogs after abrupt cessation for prolonged periods. There was some self-administration of the drug in monkeys. EEG studies and "liking" scores in human subjects yielded equivocal results. While the abuse potential of mazindol has not been further defined, possibility of dependence should be kept in mind when evaluating the desirability of including the drug in a weight-reduction program.

**Usage in Pregnancy:** In rats and rabbits an increase in neonatal mortality and a possible increased incidence of rib anomalies in rats were observed at relatively high doses.

Although these studies have not indicated important adverse effects, the use of mazindol in pregnancy or in women who may become pregnant requires that potential benefit be weighed against possible hazard to mother and infant.

**Usage in Children:** Not recommended for use in children under 12 years of age.

**Precautions:** Insulin requirements in diabetes mellitus may be altered. Smallest amount of mazindol feasible should be prescribed or dispensed at one time to minimize possibility of overdosage. Use cautiously in hypertension, with monitoring of blood pressure; not recommended in severe hypertension or in symptomatic cardiovascular disease including arrhythmias.

**Adverse Reactions:** Most commonly, dry mouth, tachycardia, constipation, nervousness, and insomnia. **Cardiovascular:** Palpitation, tachycardia. **Central Nervous System:** Overstimulation, restlessness, dizziness, insomnia, dysphoria, tremor, headache, depression, drowsiness, weakness. **Gastrointestinal:** Dryness of mouth, unpleasant taste, diarrhea, constipation, nausea, other gastrointestinal disturbances. **Skin:** Rash, excessive sweating, clamminess. **Endocrine:** Impotence, changes in libido have rarely been observed. **Eye:** Long-term treatment with high doses in dogs resulted in some corneal opacities, reversible on cessation of medication; no such effect has been observed in humans.

**Dosage and Administration:** 1 mg three times daily, one hour before meals, or 2 mg per day, taken one hour before lunch in a single dose.

**How Supplied:** Tablets, 1 mg and 2 mg, in packages of 100. Before prescribing or administering, see package circular for Prescribing Information.

SANDOZ PHARMACEUTICALS, EAST HANOVER, N.J. 07936



75-391R2




## DISTRICT VI by Mrs. Jerry Smith


Christie Nutt, daughter of Dr. and Mrs. Clinton Nutt, was a featured performer of the Westchester Wranglerettes at Macy's Thanksgiving Day Parade. She appeared on Howard Cosell's TV program and enjoyed a five-day trip to New York City.

Dr. Cal Lyons and children, Kelly, Mike, Lynn, and Dee Ann are enjoying a new outlook on life these days. They are having fun with their new yacht, a 41-foot Morgan sailboat. "Charlie" is moored at Seabrook.

\* \* \* \*

 Dr. Esther Roehr is vacationing in Mexico.


\* \* \* \*

 Congratulations to Dr. Joe Carpenter and Dr. Bob Ling. They have passed the exam for Board Certification in Family Practice. The exam was given in Las Vegas prior to the AOA convention. Those who have now completed the requirements are Dr. Loren Rohr, Dr. John Johnson and Dr. James Thompson.

\* \* \* \*

The Auxiliary will have a meeting at Mrs. Richard Wiltse's house on January 16th.

\* \* \* \*

 February 2nd is the next date for a dinner meeting with the men of District VI of TOMA.

GEORGE E. MILLER, D.O.  
PATHOLOGIST  
P. O. BOX 64682  
1721 N. GARRETT  
DALLAS, TEXAS 75206

## IRS to step up audits of tax-exempt hospitals

It is reported that the Internal Revenue Service is stepping up the number and scope of its audits of tax-exempt hospitals. The trend is expected to continue for the balance of this year and into the next.

In the years immediately following the passage of the Tax Reform Act of 1969, the IRS was primarily occupied with fulfilling a commitment to Congress to audit private foundations. As a result, public charities such as hospitals, universities and united fund-raising organizations were audited on an infrequent basis, and then usually only after clearance by the IRS national office. The commitment to audit private foundations has been fulfilled, and the IRS is now conducting its compliance program under guidelines that, in part, select organizations for audit based on size, i.e., the amount of assets and gross receipts.

Under the new compliance program, many hospitals, universities, united funds and other exempt organizations with substantial reve-

nues and/or assets can expect in-depth audits within the next twelve months. Until the basic issue of hospitals' charitable exemptions is resolved by the U.S. Supreme Court in a currently pending case, it is unlikely that these audits will result in a challenge to a hospital's tax-exempt status unless there is some evidence of a private benefit. However, careful scrutiny will be given to such matters as proper withholding of employment taxes, unrelated business income, pension programs, contractual and other relationships with the medical staff (particularly hospital-based specialists), shared services, and other activities. ▲

### DALWORTH

Medical Laboratories, Inc.

*Accuracy/Service/Economy*

1410 W. Rosedale  
Fort Worth, Texas 76104  
Phone 817-336-0376

## THE X-RAY SALES & SERVICE CO.

X-Ray Equipment & Supplies  
Burdick EKG -- Intensive Care  
Physiotherapy equipment  
Cuinier G-5 percussive apparatus  
Spinalator Tables

2530 Mansfield Highway  
Fort Worth, Texas 76119

P. O. Box 15344  
817-535-3251

## PROFESSIONAL LIABILITY INSURANCE

*Serving the Profession Nation-Wide Since 1925*

EXCLUSIVELY ENDORSED BY THE A.O.A. IN 1934

Experienced claims handling protects the doctor's professional reputation; broad policy provisions backed by millions in assets protect his financial position—present and future.

### THE NETTLESHIP COMPANY

1200 Wilshire Boulevard

Los Angeles, Calif. 90017



**when pain goes on...  
and on...  
and on—**

the analgesic formula that calms instead of caffeinates

**Phenaphen<sup>®</sup> with**

For the patient with a terminal illness, PAIN past, present, and future can dominate his thoughts until it becomes almost an obsession. The more he is aware of the pain he is now experiencing, the more difficult it is to erase his memory of yesterday's pain, and to allay his fearful anticipation of tomorrow's pain.

Surely the last thing this patient needs is an analgesic containing caffeine to stimulate the senses and heighten pain awareness. A far more logical choice is Phenaphen with Codeine. The sensible formula provides  $\frac{1}{4}$  grain of phenobarbital to take the nervous "edge" off, so the rest of the formula can help control the pain more effectively. Don't you agree, Doctor, that psychic distress is an important factor in most of your terminal and long-term convalescent patients?






# Codeine

Phenaphen with Codeine No. 2, 3, or 4 contains: Phenobarbital ( $\frac{1}{4}$  gr.), 16.2 mg. (warning: may be habit forming); Aspirin ( $2\frac{1}{2}$  gr.), 162.0 mg.; Phenacetin (3 gr.), 194.0 mg.; Codeine phosphate,  $\frac{1}{4}$  gr. (No. 2),  $\frac{1}{2}$  gr. (No. 3) or 1 gr. (No. 4) (warning: may be habit forming).

**Indications:** Provides relief in severe grades of pain, on low codeine dosage, with minimal possibility of side effects. Its use frequently makes unnecessary the use of addicting narcotics.

**Contraindications:** Hypersensitivity to any of the components.

**Precautions:** As with all phenacetin-containing products, excessive or prolonged use should be avoided. **Side effects:** Side effects are uncommon, although nausea, constipation and drowsiness may occur. **Dosage:** Phenaphen No. 2 and No. 3—1 or 2 capsules every 3 to 4 hours as needed; Phenaphen No. 4—1 capsule every 3 to 4 hours as needed. For further details see product literature.

 Phenaphen with Codeine is now classified in Schedule III, Controlled Substances Act of 1970. Available on written or oral prescription and may be refilled 5 times within 6 months, unless restricted by state law.

A. H. Robins Company, Richmond, Va. **A-H-ROBINS**



# greener fields?

## make • your • move

### OPPORTUNITIES FOR OSTEOPATHIC PHYSICIANS IN TEXAS

**PHYSICIAN NEEDED**—General Practitioner, Internist, OB—GYN, Surgeon, or Pediatrician. Wanted to associate with our family practice clinic in Duncanville. Three D.O.s in general practice. Clinic established in Duncanville twelve years. Growing area near Dallas. Financial arrangements open. Contact James L. Hill, D.O., 113 S. Main, Duncanville, 75116 or call (214—298-1447).

**ARANSAS PASS**—Excellent opportunity available for physician desiring to practice in this small Gulf Coast town located near the north Padre Island gateway. D.O. recently moved, leaving large practice behind. Contact C. H. Lewis, D.O., Chief of Staff, Aransas Hospital, Inc., phone 512—776-2571.

**DALLAS SUBURB** — Acute practice available in Dallas suburb 4 miles out of city limits. Practice available free with all charts and x-rays. Purchase modern 2,000 sq. ft. building fully equipped at reasonable price. Annual gross over \$150,000 for ten years and no malpractice suits. Phone collect: Jack Royder, D.O.; Office 214—225-1111 and 225-1112; home 214—227-1005

New D.O. will finish internship at Grand Prairie Community Hospital July 1, 1976. Interested in finding practice location in central or East Texas in association with established D.O. Contact Roger L. Hamilton, D.O., Route 1, Box 1250, Mansfield, Texas 76063. Phone 817—478-0296

**KNOX CITY**—This North Texas community welcomes a D.O. Staff privileges on Knox County Hospital, associateship, excellent gross existing. Contact Glen Rumley, Knox County Hospital, 817—658-3535.

**INTERN**—At Stevens Park seeking G.P. associateship beginning July '76. KCOM graduate '75. Contact Mark A. Heaver, D.O., 1930 Atlantic, Apt. 226, Dallas, 75211.

**FAMILY PHYSICIANS**—solo or associate practice available in north central Texas community serving 35,000. Strong consultative support and exceptional hospital facility available. Relaxed living, outskirts of metroplex. Contact: Palo Pinto Area Foundation, c/o James F. Berg, M.D., 208 N.W. 2nd Street, Mineral Wells, Texas 76067. Phone: 817—325-0741.

**MABANK**—Needs General Practitioner. Two doctor clinic. Guaranteed \$3,000 month salary; expectations much more. For further information contact: Robert L. Hamilton, D.O., Box 267, Mabank, 75-147 or call 214-887-2161.

**ROSEBUD**—Needs Osteopathic G.P. interested in rural medicine. For information contact: Artes McCauley, Executive Director, Rosebud Medical Services, Inc., Box 618, Rosebud 76570.

(For information call or write Mr. Tex Roberts, Executive Director, TOMA Locations Committee, 512 Bailey, Fort Worth, Texas 76107, 817—336-0549.)

**LUBBOCK** — New office space available for two doctors; next door to clinic. You can come in on a percentage basis, hang up your shingle and begin a lucrative practice without any cash outlay except for insurance and auto. Contact Richard M. Mayer, D.O., 3728 34th, Lubbock, 79410. Phone 806—799-4331

**DALLAS**—Well established and financially rewarding practice (primarily manipulative) is available for rent or sale. Office is centrally located five minutes from D.O.H. For further information contact: John H. Harakal, D.O., 3516 Camp Bowie Blvd., Fort Worth, 76107; or call 817—338-9011.

**NEW BOSTON**—Needs D.O. in family practice. Guaranteed income, relocation expenses, office space—and more; new fully accredited 63-bed hospital, strong economic base. Contact: Sam Holtzman, Admin., New Boston General Hospital, New Boston, Texas 75570 or call collect 214—628-5531.

**HOUSTON**—General Practitioners and internists needed in expanding Texas Hospitals. Guaranteed income. Group and solo practices available. No fee. Excellent facilities. Send curriculum vitae to: Director, P. O. Box 2128, Houston, Texas, 77001.

**AUSTIN**— Assistant or partner wanted in large office practice. Salary open. Contact: Joseph L. Love, D.O., 4400 Red River Street, Austin, Texas 78751, Phone: 512-452-7541.



# TCOM Students in Who's Who

Three Texas College of Osteopathic Medicine student-doctors have been named to Who's Who Among Students in American Universities and Colleges.

Receiving the honor are Charles J. Rudolph, Jr., and Rodney D. Pease, both third-year students and Terry Leever of Euless, a fourth-year.

Who's Who is a national program which recognizes outstanding students from over 1,000 schools in all 50 states and the District of Columbia.

Currently president of Sigma Sigma Phi, a scholastic honor society, Leever is a member of the American Osteopathic Assn. (AOA), Student Osteopathic Medical Assn. (SOMA), and has served as a representative to the TCOM curriculum committee. He received the Mosby Book Award for scholarship and a TCOM scholarship during his junior year.

A registered pharmacist, Leever received a bachelor of science degree in pharmacy from the University of Houston and attended the University of Colorado. He is a graduate of Richardson High School and is the son of Mr. and Mrs. John L. Leever of Richardson.

Also a member of the AOA, SOMA and Sigma Sigma Phi, Pease

was on the Dean's List during his first two years, and received the Armed Forces Professional Scholarship and a neurosurgical fellowship. He has served as vice-president of his sophomore class and is currently a representative of the curriculum committee.

Pease received a bachelor of arts degree in economics from Dartmouth College and was graduated from high school in Wilson, New York. He is the son of Mr. and Mrs. Lawrence Pease of Wilson, New York.

Formerly a professor of biochemistry at TCOM, Rudolph has been a special student, both teaching and attending classes. He received a doctorate degree in biochemistry from Oklahoma State University in Stillwater and a bachelor of arts degree in chemistry from Austin College.

A member of the AOA, SOMA, and the International Academy of Preventive Medicine, he serves on the advisory board of the American Academy for Medical Preventics and the Institute for Research in Preventive Medicine. He was named Outstanding Basic Science teacher for 1974-75.

A graduate of Bryan Adams High School, he is the son of Mr. and Mrs. Charles J. Rudolph, Sr. of Dallas.

## Claude Rainey Named Fellow in ACOHA

Fellowship in the American College of Osteopathic Hospital Administrators has been bestowed upon Claude G. Rainey, executive vice-president, Fort Worth Osteopathic Hospital.



At its meeting in November in Scottsdale, Ariz., the College honored 20 administrators, as they were either advanced within the organization or began their advancement in the national group. The College, a professional society of hospital administrators, devotes itself both to the continuing education of hospital officials and to bringing new management techniques to the field.

Fellowship in the College is the highest rank in the 115-member group and is bestowed upon an individual after rigid requirements of writing and experience in the hospital field have been served.

Membership in the College is awarded to those administrators of osteopathic hospitals who have been in the field for a minimum of two years and who have successfully passed written and oral examinations. Osteopathic hospital administrators admitted to the College as Nominees are those who file initially with the College to begin their work in the organization. At the Scottsdale meeting, eight were admitted to Membership and seven were admitted as Nominees. ^

5003 Ross Avenue Dallas, Texas 75206 Telephone (214) 824-3071

## DALLAS OSTEOPATHIC HOSPITAL

### Internal Medicine and Nuclear Medicine

C. D. Brashier, D.O.  
L. T. Cannon, D.O.  
J. R. McLean, D.O.

### Radiology

R. N. Dott, D.O.  
Frank J. Bradley, D.O.

### General Surgery

E. G. Beckstrom, D.O.  
W. R. Russell, D.O.  
Charles H. Bragg, D.O.

### Obstetrics and Gynecologic Surgery

R. L. Fischer, D.O.



### CONSULTANT STAFF

#### Pathology

G. E. Miller, D.O.

#### Medical and Surgical Anesthesiology

H. H. Beckstrom, D.O.  
S. S. Kababjian, D.O.  
Paul A. Stern, D.O.

### Proctology and Urology

K. S. Wolliscroft, D.O.

### Orthopedics

T. R. Turner, D.O.  
J. A. Yeoham, D.O.  
M. L. Glickfeld, D.O.

### Ophthalmology and Otorhinolaryngology

R. M. Connell, D.O.

### Ophthalmology

Hubert M. Scadron, D.O.

### Otorhinolaryngology

Martin E. O'Brien, D.O.



# Prior Records Broken at FWOH Blood Donor Day

by Carol M. White  
Director of Community Relations, FWOH

Community residents, hospital personnel and staff physicians joined together in traditional Christmas spirit to donate an impressive amount of blood at Fort Worth Osteopathic Hospital this December.

FWOH upset all prior records by collecting 192 units of blood during its annual drive. The 172 pints of blood drawn at the hospital and the 20 pints collected at neighboring Texas College of Osteopathic Medicine surpassed the 1974 record of 134 pints by nearly 60.

At the hospital, nearly 50 per cent of its combined employee-physician health care team tried to give blood, as 235 men and women were screened during the drive by the mobile unit sent out by Carter Blood Center. Unlike last year, every hospital area was represented during the 1975 drive with an actual blood donation.

At the close of the hospital drive, two groups—the FWOH medical staff and the Department of Radiology Services—were awarded trophies in recognition of their leadership roles on Blood Donor Day. With 26 pints of blood to its credit, the medical staff again led all other hospital groups in total number of blood donations made. Nursing service, however, was close behind with 25 blood donations made, Radiology, with 69 per cent of its employee membership giving blood, again recaptured the trophy for showing maximum participation within a departmental area.

Hospital areas having fewer than 20 employees were named to the Blood Donor Honor Roll and presented a certificate of recognition commending them for their great spirit of giving. Administration, community relations, credit/collections, engineering, medical education, personnel, physical therapy and volunteer services were awarded this special honor, as each met or exceeded the blood quota issued them at the outset of the drive. In all cases, a blood quota represented 50 per cent of the department's personnel force or one more blood donation than was made by the department in 1974, whichever was greater.

Individual participation was encouraged throughout the drive, and a drawing at the close of the day determined the winners of a \$25 cash award, a \$10 gift certificate to the hospital gift shop and ten hospital meal packets, each good for five free meals.

Each individual able to give blood during the drive was presented a five-inch paper heart reading, "I've Given! Have YOU?" The hearts were worn by the donors and served as a reminder to fellow employees that they also should make a blood donation during the drive.

Everyone able to participate in the drive with an actual blood donation became a member of the FWOH-TCOM Blood Reserve Fund, which assures each donor member that he and his immediate family will always have blood immediately available to them, in case of accident or injury. Only one unit of blood must be given once in every 12 months for an employee to continue receiving the protective benefits of the reserve fund.

***Guaranteed Income  
Relocation Expenses  
Office Space - and More!***

*For a D.O. in Family Practice*

**New Fully Accredited 63-Bed Hospital**

in

***NEW BOSTON***

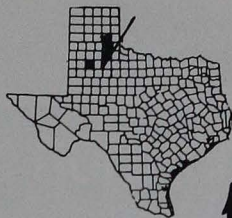
.. WHERE YOU'LL FIND ..

\\ A STRONG ECONOMIC BASE \\  
\\ PROGRESSIVE SCHOOLS \\  
\\ GOOD RECREATIONAL FACILITIES \\  
\\ EASY ACCESS TO METROPOLITAN AREAS \\

For additional information call collect:

Sam Holtzman, Administrator  
New Boston General Hospital  
New Boston, Texas 75570  
Phone 214-628-5531





# Look Up to Lubbock

West Texas' Land of Cotton, Cattle and Constant Growth

ALL IT LACKS IS YOU!

— and we have what you've been looking for —

YOU WANT —

- ✓A nice office✓
- ✓A retirement program✓
- ✓A good practice✓
- ✓A fine hospital to practice in✓
- ✓Coverage in a group practice✓
- With no investment needed!



## MAYER CLINIC OFFERS

### FACILITIES

5,600 square feet of floor space;

Two 1,800 square feet of office space  
available for two doctors;

E.K.G. — Allergy Department — Laboratory  
X-Ray Facilities 300 MA with flouroscopy;

Large Physiotherapy Department

with seven treatment rooms, four Spinalators and two  
cervical tractions with modalities;

Office staff of nine personnel;

Computerized billing and accounting.

Or if you prefer solo practice, office area  
may be rented on a square foot basis.

### COMPENSATION

Based on a percentage of gross work output, we  
estimate your share of net profits will be:

\$33,000 the first year — \$50,000 the second year  
\$55,000 and up — and up — and up thereafter!

### CONTACT:

Richard M. Mayer, D.O., P.A.  
MAYER CLINIC  
3728 34th  
Lubbock, Texas 79410





# Our common cause.

One of the most cherished, yet often unappreciated possessions is good health. Acquiring and maintaining health requires that we all support the principle of seeking quality health care.

Many students are assisted in completing their professional education thereby increasing the number of Osteopathic Physicians and Surgeons. This will improve the delivery of the health care of our nation.

Important Osteopathic research programs are financed through Osteopathic Seals.

Please make checks payable to THE OSTEOPATHIC SEAL PROGRAM

Is there a more worthy common cause than the health of our own world?

**OSTEOPATHIC SEAL PROGRAM • 212 EAST OHIO STREET • CHICAGO, ILLINOIS 60611**



## Freedom of Choice of Physician Emphasized in Workman's Comp Case

TOMA committees, officers and staff are always ready and willing to serve you in many ways. We don't have to make a "federal" case out of every problem, because sometimes the desired results can be accomplished without taking the time of busy physician committee members.

Texas law states very definitely that an injured workman has a free choice of physician. D. J. Truitt, D.O., of Petersburg, wrote in recently giving information on a case that indicated the injured workman's employer was discriminating against the D.O. and denying compensation.

The following letter from Dr. Truitt is a pleasure to receive—in that we lucked out and got a quick solution to a problem.

Dear Mr. Roberts:

The misunderstanding between (injured workman's name deleted) and (company name deleted) has been resolved. The letter which you wrote really turned things around.

I had hesitated to answer until I was sure this would be settled properly. Just last week, they paid her the full compensation and the day they got your letter, they told her to go to the doctor of her choice.

I have not dismissed her but she has almost recovered. I do not foresee any more problems with (company name deleted).

Sincerely yours,  
D. J. Truitt, D.O. ^

## Just Suppose - - -

Suppose every member worked as hard or as little as you do.

Suppose everybody did what you did.

Suppose every member attended with the regularity you do.

Suppose every member served on as many projects as you do.

Suppose every member treated guests as you do.

Suppose every member contacted and brought in prospects as often as you do.

Suppose every member supported ways and means and special events as you do.

Suppose every member were as tactful and understanding as you are.

Suppose every member were as friendly, thoughtful considerate and appreciative as you are.

Suppose every member were as dependable, conscientious, enthusiastic and willing as you are.

Suppose every member had as many, or as few alibis as you do.

Suppose every member followed your example.

What kind of an organization would it be? ^

## New Director of Purchasing for TCOM

Allan Smith, bursar for Tarrant County Junior College South Campus, was named director of purchasing for TCOM, by the North Texas State University Board of Regents at its November 21 meeting.

Smith, who has worked with the state purchasing system for 13 years, began his new position November 10, according to Milton Glenn, business manager.

Smith said, "It is a great pleasure to help TCOM build and grow and the only way it can go is up."

A native of Wichita Falls, Smith has been at TCJC South Campus for nine years. Prior to that, he was director of purchasing for the Tarrant County Junior College District and was purchasing agent for Midwestern University in Wichita Falls.

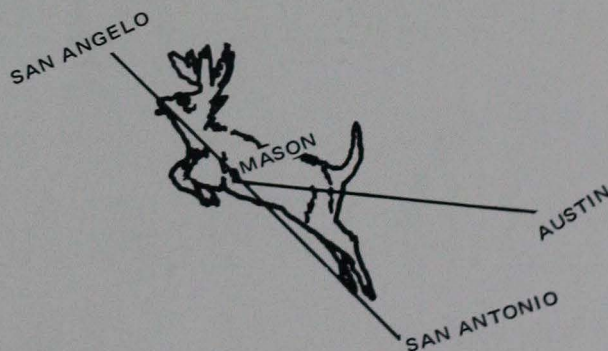
He attended Midwestern University, Centenary College in Shreveport, La. and the University of Texas at Austin. ^

### BUSINESS CONSULTANTS FOR DOCTORS

SPECIALIZING  
in

• Bookkeeping • Income Tax • Office Systems

For practicing physicians and clinics in Fort Worth—Dallas area: Call 817-485-4133.



## Physician Needed for General Practice

SMALL TOWN

WITHIN EASY DISTANCE OF THREE LARGE CITIES

COMPLETE HOSPITAL - 18 BEDS

OFFICE SPACE AVAILABLE

Substantial Citizenry - Good Place to Raise Children

New Schools - Many Churches

Good Hunting and Fishing - Enthusiastic Tennis Program

HILL COUNTRY

Contact:

W. Grote Administrator

MASON MEMORIAL HOSPITAL

P.O. Box 207

Phone 915-347-6345

Mason, Texas 76856



TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

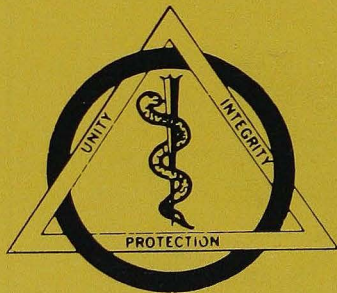
512 Bailey Avenue  
Fort Worth, Texas 76107

Address Correction Requested

BULK RATE  
U. S. POSTAGE  
**PAID**  
FORT WORTH, TEXAS  
Permit No. 1646

# INSURE IN YOUR OWN COMPANY

For your professional liability insurance  
join with other members of the  
Osteopathic Medical Profession



## PROFESSIONAL MUTUAL INSURANCE COMPANY

7 East Gregory

Kansas City, Missouri 64114

816-523-1835

Financed and Operated by  
OSTEOPATHIC PHYSICIANS

COMPETITIVE PREMIUMS

SERVICE ORIENTED

SERVING THE OSTEOPATHIC PROFESSION EXCLUSIVELY SINCE 1959