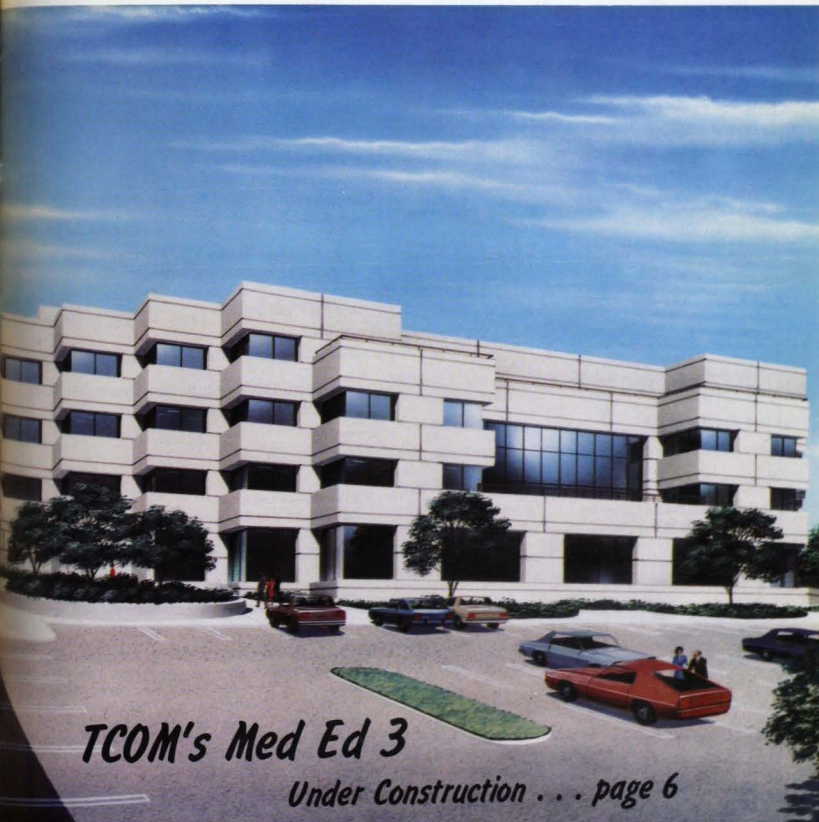
Texas DO
Texas Osteopathic Medical Association
October 1984



TCOM's Med Ed 3

Under Construction . . . page 6

PHONE

For Your Information

OSTEOPATHIC AGENCIES

American Osteopathic Association	312–280-5800 800–621-1773
American Osteopathic Association Washington Office	202–783-3434
American Osteopathic Hospital Association	312–952-8900
Professional Mutual Insurance Company	800–821-3515
Texas College of Osteopathic Medicine	817–735-2000 Dallas Metro 429-9120 429-9121
Texas Osteopathic Medical Association	817–336-0549 in Texas 800–772-5993 Dallas Metro 429-9755
TOMA Med-Search	in Texas 800-722-5993
TOMA Insurance Program	816–333-4511 (call collect for Ron Gast or Al Cowen)

TEXAS STATE AGENCIES

Department of Human Resources	512–441-3355
Department of Public Safety Controlled Substances Division Triplicate Prescription Section	 512–465-2188 512–465-2189
State Board of Health	512–458-7111
State Board of Medical Examiners	512–452-1078
State Board of Pharmacy	512–478-9827
State of Texas Poison Center for Doctors & Hospitals Only	713–765-1420 800–392-8548 Houston Metro 654-1701

FEDERAL AGENCIES

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

CANCER INFORMATION

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

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FEATURES

DEPARTMENTS

ON THE COVER: *Artist rendition of Texas College of Osteopathic Medicine's third major academic building, Med Ed 3.*

Published by
TEXAS OSTEOPATHIC MEDICAL ASSOCIATION
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Copy deadline – 10th of month preceding publication

Tex Roberts, Editor
Diana Finley, Associate Editor

Calendar of Events

October

7

-10
American Osteopathic Hospital Association
Monterey, California

14 ★

TOMA District IV Meeting
Holiday Inn
Sweetwater
12:00 noon
Speaker: David James, D.O.
Tulsa, Oklahoma
Topic: Peptic Ulcer Disease

14-19
American College of Osteopathic Internists
Lake Buenavista, Florida

21

21-24
American College of Osteopathic Surgeons
New Orleans, Louisiana

American Osteopathic College of Anesthesiologists
New Orleans, Louisiana

27 ★

TOMA Board of Trustees
Mid-year Meeting
9:00 a.m.
Headquarters Building
Fort Worth
Contact:
Tex Roberts,
Executive Director
1—800—772-5993

ATOMA Board of Trustees
Mid-year Meeting
9:00 a.m.
TOMA Headquarters Building
Fort Worth
Contact:
Priscilla Briney,
President
817—441-9373

November

4

4-8
AOA Annual Convention and Scientific Seminar
Las Vegas, Nevada
Contact:
AOA Bureau of Conventions
212 East Ohio Street
Chicago, Illinois 60611
1—800—621-1773 or
1—312—280-5800

22

Thanksgiving Day

December

3

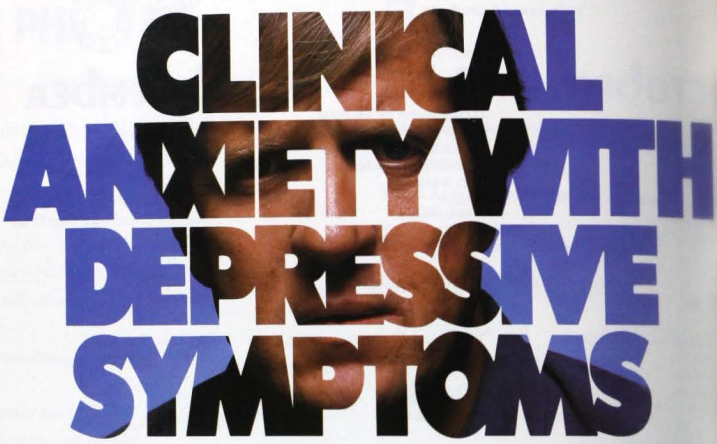
3-6
Federation of State Medical Board Licensing Exam

19

Hanukkah Begins

25

Christmas



In a controlled clinical study of 1,168 patients diagnosed as having moderate to severe anxiety, over 70% also exhibited a moderate to severe depressed mood as elicited on the Hamilton Anxiety Rating Scale (HARS).*

On the Self-Rating Symptom Scale, a large number of patients also reported experiencing such depressive symptoms as low energy, feeling blue and lonely, self-blame, and difficulty making decisions.*

Upjohn

XANAX RAPIDLY RELIEVES ANXIETY WITH DEPRESSIVE SYMPTOMS.

XANAX, the first triazolobenzodiazepine, is characterized by a structure uniquely different from other benzodiazepines.

In addition to effectively relieving clinical anxiety, XANAX Tablets have been found to be significantly more effective ($p<0.001$) than placebo in decreasing depressed mood score (HARS) in patients with clinical anxiety.*

A DESIRABLE PROFILE OF CLINICAL ADVANTAGES

- **Intermediate half-life** of 12 to 15 hours
- **Significantly lower incidence of drowsiness** when compared directly with diazepam in clinical studies*
- **No greater incidence of anticholinergic effects** than with placebo, eg, dry mouth, constipation, tremor†
- **No reports of cardiovascular toxicity**†
- **Usual adult dosage** – 0.5 mg t.i.d.

*Cohn JB: *J Clin Psychiatry* 1981; 42(9):347-351.
†Data on file, The Upjohn Company.

Xanax® 0.5 mg Tablets

alprazolam C-IV

Upjohn The Upjohn Company Kalamazoo, Michigan 49001

Please see next page for brief summary of prescribing information.

XANAX® Tablets
(alprazolam) C

CONTRAINDICATIONS
Patients with sensitivity to this drug or other benzodiazepines and in acute narrow angle glaucoma.

WARNINGS
Not of value in psychotic patients. Caution patients against hazardous occupations requiring complete mental alertness and about the simultaneous ingestion of alcohol and other CNS depressant drugs.

Benzodiazepines can cause fetal harm in pregnant women. Warn patients of the potential hazard to the fetus. Avoid during the first trimester.

PRECAUTIONS
General: The dosage of XANAX Tablets should be reduced or withdrawn gradually since withdrawal seizures have been reported upon abrupt withdrawal. If XANAX is combined with other psychotropics or anticonvulsant drugs, consider drug potentiation. (See Drug Interaction section.) Exercise the usual precautions regarding size of the prescription for depressed or suicidal patients. In elderly and debilitated patients, use the lowest possible dosage. (See Dosage and Administration.) Observe the usual precautions in treating patients with impaired renal or hepatic function.

Information for Patients: Alert patients about: (a) consumption of alcohol and drugs, (b) possible fetal abnormalities, (c) operating machinery or driving, (d) not increasing dose of the drug due to risk of dependence, (e) not stopping the drug abruptly. *Laboratory Tests:* Not ordinarily required in otherwise healthy patients. *Drug Interactions:* Additive CNS depressant effects with other psychotropics, anticonvulsants, antihistamines, ethanol and other CNS depressants. Pharmacokinetic interactions with benzodiazepines have been reported. *Drug/Laboratory Test Interactions:* No consistent pattern for a specific drug or specific test. *Carcinogenesis, Mutagenesis, Impairment of Fertility:* No carcinogenic potential or impairment of fertility in rats. *Pregnancy:* See Warnings. *Nonteratogenic Effects:* The child born of a mother on benzodiazepines may be at some risk for withdrawal symptoms and neonatal flaccidity. *Labor and Delivery:* No established use. *Nursing Mothers:* Benzodiazepines are excreted in human milk. Women on XANAX should not nurse. *Pediatric Use:* Safety and effectiveness in children below the age of 18 have not been established.

ADVERSE REACTIONS
Side effects are generally observed at the beginning of therapy and usually disappear with continued medication. In the usual patient, the most frequent side effects are likely to be an extension of the pharmacological activity of XANAX, e.g., drowsiness or lightheadedness.

Central nervous system: Drowsiness, lightheadedness, depression, headache, confusion, insomnia, nervousness, syncope, dizziness, akathisia, and tiredness/sleepiness.

Gastrointestinal: Dry mouth, constipation, diarrhea, nausea/vomiting, and increased salivation.

Cardiovascular: Tachycardia/palpitations, and hypotension.

Sensory: Blurred vision.

Musculoskeletal: Rigidity and tremor.

Cutaneous: Dermatitis/allergy.

Other side effects: Nasal congestion, weight gain, and weight loss.

In addition, the following adverse events have been reported with the use of anxiolytic benzodiazepines: dystonia, irritability, concentration difficulties, anorexia, loss of coordination, fatigue, sedation, slurred speech, jaundice, musculoskeletal weakness, pruritus, diplopia, dysarthria, changes in libido, menstrual irregularities, incontinence and urinary retention.

Paradoxical reactions such as stimulation, agitation, increased muscle spasticity, sleep disturbances, and hallucinations may occur. Should these occur, discontinue the drug.

During prolonged treatment, periodic blood counts, urinalysis, and blood chemistry analysis are advisable. Minor EEG changes, of unknown significance, have been observed.

DRUG ABUSE AND DEPENDENCE
Physical and Psychological Dependence: Withdrawal symptoms have occurred following abrupt discontinuance of benzodiazepines. Withdrawal seizures have occurred upon rapid decrease or abrupt discontinuation of therapy. In all patients, dosage should be gradually tapered under close supervision. Patients with a history of seizures or epilepsy should not be abruptly withdrawn from XANAX. Addiction-prone individuals should be under careful surveillance. *Controlled Substance Class:* XANAX is a controlled substance and has been assigned to schedule IV.

DOSAGE AND ADMINISTRATION
The usual starting dose is 0.25 to 0.5 mg, t.i.d. Maximum total daily dose is 4 mg. In the elderly or debilitated, the usual starting dose is 0.25 mg, two or three times daily. Reduce dosage gradually when terminating therapy, by no more than one milligram every three days.

CAUTION: FEDERAL LAW PROHIBITS DISPENSING WITHOUT PRESCRIPTION.

B-3-S

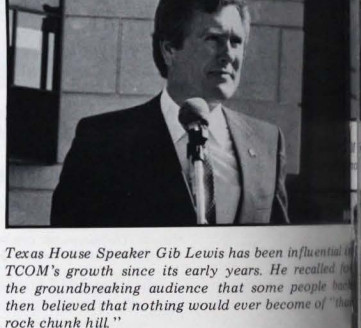
Upjohn THE UPJOHN COMPANY
Kalamazoo, Michigan 49001 USA

J-4339

May 1984

We'r

Gib Lewis, speaker of the Texas House of Representatives, was the special guest speaker at groundbreaking ceremonies for Texas College of Osteopathic Medicine's third major academic building September 7.



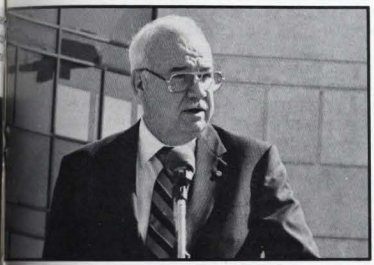
Texas House Speaker Gib Lewis has been influential in TCOM's growth since its early years. He recalled for the groundbreaking audience that some people had then believed that nothing would ever become of "the rock chunk hill."

SOGETEXAS Inc. was named contractor for the facility, Medical Education Building 3, by the North Texas State University Board of Regents, TCOM's governing body. The Dallas firm's bid was $8,179,203. The regents also approved a $10.85 million budget for the entire project.

Med Ed 3, to be located north of the main campus two academic buildings and east of the medicine and surgery clinics that front on Montgomery Street, will house the TCOM Health Sciences Library on three floors and the bio-medical communications department and computer center on one floor.

Bobby Carter, director of the library, unabashedly calls the future library "the best medical library in the Southwest."

Plowing New Ground



TCOM President Ralph Willard presided at the late afternoon ceremony.

Breaking ground for Med Ed 3 are, from left, North Texas State University/TCOM Chancellor Alfred Hurley; former chairman of the NTSU/TCOM Board of Regents Winfree Brown; Speaker of the Texas House Gib Lewis, who spoke at groundbreaking ceremonies; and Wayne Stocksеth, current chairman of the board.

The library's audiovisual software collection, its telefacsimile network and its totally integrated computer information center will make it the best, according to Carter.

"We already have the best collection of audiovisual software in the Southwest, " he said, adding that the library now has more than 3,000 individual titles.

"We were also the first medical library to have a telefacsimile network and still have the largest one," he continued. "I think we were the first in the nation to use telefacsimile transmission for delivery of patient care information. We were the first to connect a medical library with hospitals and clinics for delivery of this kind of information. Our system is now being copied by other libraries."

The TCOM system connects the Health Sciences Library with nine rotation sites and 20 other academic and medical libraries. This connection means that someone needing the latest articles on any medical subject at one of these sites can have a copy of the articles in hand in seconds. The primary library-to-library network now extends to sites in five states, although any library with compatible equipment can take advantage of the network. Information for transmission can come from any of 200 databases.

"This kind of network will end up being the primary way of information delivery nationwide," Carter predicted. "It's already being used commercially."

"In medicine, when you need the information, you usually need it right now."

Although it's not unique, he said, another feature attraction of the library will be the totally integrated computer information system. It means no more card catalog, among other things.

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Some 350 people braved summer heat and a stiff breeze for a look at the formal beginning of Med Ed 3.

"All of our departments—reference, acquisitions, circulation, serials, Learning Resource Center, administration, public terminals—will be connected. All information will be absolutely up-to-date. The statistics we will be able to generate will be fantastic."

TCOM's is the third medical library in Texas to go on line with this system, behind Texas Tech and the University of Texas Health Science Center at San Antonio. The system will enable TCOM to take advantage of a complete computer network with those two libraries.

The library, now housed on the seventh floor of Medical Education Building 1, will almost quadruple in space, expanding from 18,000 square feet to 67,000. The extra room will enable librarians to remove the 20,000 volumes now in storage for lack of room. Carter predicts the new library will be able to accomodate 200,000 volumes or more.

The computer system is being bought now, he said, so that it can be installed in Med Ed 1 for the staff to become accustomed to it.

Med Ed 3 will connect to Med Ed 2 on one floor. Architects for the project are Fisher and Spillman of Dallas, architects for Med Ed 1 and 2.

Completion of the project is set for spring 1986.

TOMA Awards 1984 Scholarships to TCOM Students

Nine Texas College of Osteopathic Medicine (TCOM) student-doctors will have their medical education costs lowered thanks to scholarships awarded by the Texas Osteopathic Medical Association.

Administered by TOMA, the scholarships are funded through a variety of sources. Selecting the recipients was the TOMA Membership Services and Professional Development Committee, chaired by Joseph Montgomery-Davis, D.O., of Raymondville.

Receiving the Wayne O. Stockseth Scholarships this year are Keith A. Vasenius ($1,750) and Frederick C. McDonough ($1,250). Mark Lee McClanahan is the recipient of the Ralph H. Peterson, D.O. Scholarship while Vicki A. Jones received the Phil R. Russell, D.O. Scholarship at $1,000 each. The winners of the TOMA Scholarships at $750 each include Edwin Woo, Shelly Ann Brooks and Saundra K. Romero. Joel T. Hendryx and Margaret B. Harris are the recipients of the Walters R. Russell, D.O. Scholarship at $300 each.

Presented through the generosity of Mr. and Mrs. Wayne O. Stockseth of Corpus Christi, the scholarships bearing his name are presented to students entering their third-year at TCOM with plans of entering general practice. Preference is given to students who plan to locate in south Texas.

The Ralph H. Peterson, D.O. Scholarship is awarded to a student-doctor entering his or her second year at TCOM with plans of entering general practice. The scholarship is named in honor of the late Ralph H. Peterson, D.O., from Wichita Falls.

Three $750 TOMA scholarships and a $1,000 scholarship honoring the late Phil R. Russell, D.O., of Fort Worth, are given by TOMA to four new incoming freshmen students at TCOM.

The Walters Russell, D.O. Scholarship is named for the late osteopathic physician from Dallas and is presented by TOMA District V.

S/D Frederick C. McDonough (left) and S/D Keith A. Vasenius (right).

On the TCOM Dean's list three times, S/D Vasenius is a graduate of the University of Texas at El Paso. He spent seven years in the United States Army prior to entering TCOM. He is married with four children. S/D Vasenius is planning to go into general practice on completion of his internship.

A member of the Student Osteopathic Medical Association (SOMA), American College of General Practitioners (ACGP) and the Student Government Association (SGA), S/D McDonough received his B.S. degree from the Sam Houston State University. He is married with one child and plans to enter general practice in the Texas Hill Country or east Texas.

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S/D Mark McClanahn

S/D McClanahan received his B.S. degree from the University of Texas Health Science Center at Dallas prior to entering TCOM. He plans to return to West Texas and practice in a rural farming community immediately following his internship. S/D McClanahan is a member of the ACGP, SOMA and the American Osteopathic Association (AOA). He is married with three children.

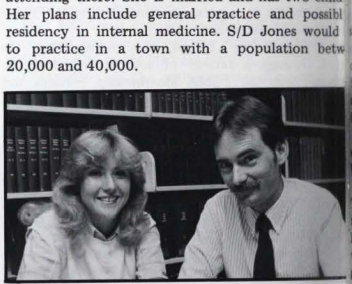
Left to Right: S/D Saundra K. Romero, S/D Shelly Ann Brooks, S/D Edwin Woo and S/D Vicki A. Jones.

S/D Romero was a registered nurse prior to entering TCOM. She attended the St. John School of Nursing. She is a member of the Emergency Department Nurses Association, American Association of Critical Care Nurses, American Red Cross, American Heart Association and the Medical-Dental Prep. Association. S/D Romero would like to practice emergency medicine for ten years and then return to a community of 20,000 people with her two children and practice family medicine.

A graduate of Texas Wesleyan College in Fort Wo S/D Brooks received her B.S. degree while attend there. She plans to practice in the Dallas/ Fort W area as a general practitioner and then possibly go the specialty of neurology or rehabilitation medic She is single.

S/D Woo received an associates of science de from the San Antonio College prior to entering TC He is single and plans to go into general practice small town where there is a great need for physici

A graduate of the University of Dallas, S/D Jo received her B.S. degree in medical technology w attending there. She is married and has two child Her plans include general practice and possibl residency in internal medicine. S/D Jones would to practice in a town with a population betw 20,000 and 40,000.



S/D Margaret Harris (left) and S/D Joel Hendryx (rig

The president of SGA, S/D Hendryx plans to en general practice in a community of 100,000 or smal He received a B.A. degree in philosophy from t University of Texas at El Paso prior to entering TCO He is a member of the ACGP and is married.

The vice president of SGA, S/D Harris is also member of ACGP. She is single and plans to begin join a general practice in a small to medium s community outside the Dallas/Fort Worth metropl S/D Harris received her B.S. degree from Texas Wesley College in Fort Worth.

The above student-doctors are members of t Texas Osteopathic Medical Association.

TOMA Revises Student Assistance Program

TOMA has completely revised its scholarship and student assistance program.

Instead of cash grants to a limited number of scholarship winners, the available funds are being funneled into interest-free loans to senior student doctors at Texas College of Osteopathic Medicine.

The joint loan program is a cooperative effort by TOMA, the Texas American Bank/West Side and TCOM.

Senior students who are members of TOMA are eligible for loans up to $3,000 at the prime rate of interest. Interest on the loans will be paid by TOMA to September 1, which is approximately three months after graduation. At that time, the doctor signs a new note and assumes full responsibility for the loan.

Initial eligibility for the loans is determined by the Student Loan Office at TCOM and must be endorsed by TOMA. The bank provides the money and administers the loans.

After all other sources of funds are exhausted, the student doctor can apply to Judith Slagle, the TCOM loan officer. Next, the endorsement of Tex Roberts, executive director of TOMA, is required and a final interview with Dan Berry at Texas American Bank/West Side.

In the first week of the program, $15,000 was loaned to five senior student doctors. As money becomes available, the program will be expanded, hopefully, to include other classes.

The Challenge of Osteopathy Revisited

By E. Carlisle Holland, D.O.

EDITOR'S NOTE: Edwin Carlisle Holland, D.O., is an Assistant Professor of Manipulative Medicine at the Texas College of Osteopathic Medicine, President of the Texas Academy of Osteopathy, and a member of a blue-ribbon panel to chart the future of the American Academy of Osteopathy.

In 1976, as a senior osteopathic medical student at TCOM, I wrote a paper on the challenge osteopathic medicine presents to each D.O. In the complex world of modern clinical medicine, osteopathy provides an integral philosophy, based on sound physiological principles, that offers each osteopathic physician greater flexibility and adaptability in patient care plans. In that article as a senior student, the similarities between the osteopathic profession today and the beliefs of A. T. Still were compared. The theoretical potential of the osteopathic approach was described. Today, eight years later, I find myself a professor in the Department of Manipulative Medicine at TCOM, and deeply involved in programs that promise to expand that osteopathic potential and bring new challenges to future generations of D.O.s.

American medicine today is changing, and in no branch of the healing arts is this more true than osteopathic medicine. HMOs, PPOs, IPAs, Urgent Care Centers, and commercialization of medical care promise greater changes in the years to come. In 1976, the intellectual challenges for trying to practice "ideal" osteopathic medicine and surgery spurred me to write. In 1984, those same ideals, tempered with some very sobering real world experience, again prompt me to write of the challenges before our profession. The theoretical benefits of osteopathic medicine have grown and new issues have emerged.

Three key issues (and how our profession chooses to deal with them) will determine our future:

1. In the world of cost containment, can we take care of patients, diagnose and treat them, as inexpensively as M.D.s? Less expensively?

2. Can we educate our profession's practitioners, teachers and students about osteopathy in the context of the world of modern technological medicine and keep them up-to-date about it?

3. Can we develop spokesmen that can explain to the American Public what we do and why we do it?

I am sure that there are other issues, pertinent to the challenge of osteopathy in 1984, but I believe that these are the three most critical ones – better cost containment, better definition of osteopathy, better public relations.

Costs

The osteopathic profession was born and has survived by its hands. These days our training in palpatory diagnosis and manipulative treatment may hold open the doors to our future as a health profession. Despite the recent decrease in inflation, Americans at every level in the system are painfully aware of the costs of medical care. High technology medicine holds great promise, yet is expensive. Third party carriers from industry and government are trying to decrease the cost of labor and labor benefits. One of their big targets is the high cost of health care for their employees. The patients and doctors want the best for everyone, but can we afford it? In every branch of our society, health care insurance benefits are decreasing. As the average age of Americans increases with the aging of the baby boomers, health costs are forecast to rise to staggering proportions. High tech tests, exotic medications and complex treatment plans offer great benefits, but at greater prices. As cut rate care plans

nter the mainstream of medicine, the standard of care ill probably suffer and patient rights to select physi-ians will probably be lost or eroded. Physicans, M.D. nd D.O. alike, *must* find ways to cut the cost of care ithout jeopardizing quality of care itself.

Osteopathic palpatory diagnosis and total patient onceptualization in treatment plans can theoretically hortcut diagnosis when applied competently and arefully. Anyone who does not believe this has robably not "kept up" with osteopathic techniques. Research is supporting the reliability of osteopathic alpatory diagnosis. Integrated into the work up, alpation coupled with understanding of the auto-omic nervous system can save money and time. This hould lower the cost of evaluation for osteopathic atients. In treatment, osteopathic manipulation is eldom applied as often or as well as it should be. With application of OMT in in-patients and out-patients, D.O.s can theoretically decrease morbidity and mor-ality. The cost effectiveness of adjunctive osteopathic anipulative treatment has never been properly xplored in modern times. Few hospitals use OMT in house. Theoretically, we can give our patients higher uality care than M.D.s, with quicker recoveries, ess medication, fewer procedures, lowering total osts. Right now more often osteopathic hospitals mimick M.D. care models. Soon trends in payment for are will reverse incentives to keep patients in the ospital, use expensive medications, machines, tests nd run up bills. As cost containment trends take hold, D.O.s can meet the challenge of competently integrating hysical findings with clinical application of tech-ology. This may ultimately save our hospital system nd profession.

Content

Since its beginning, osteopathy has seemed to be n an identity crisis. What is Osteopathy? Recently, a hysiology professor at TCOM remarked that he had ayed up late reading Dr. Still's Autobiography and r. Korr's papers on somatic dysfunction. Genuine xcitement came into his voice as he said, "What they ere talking about was just application of Physiology! steopathy is Physiology!"

Osteopathy *is* Physiology, Anatomy, Embryology, sychology, Microbiology and every other branch of he sciences applied to the human body. That is the eauty of it, and also what is so confusing about it. steopathy is something different to everyone and veryone thinks that they know what it is. Perhaps is good that we can all relate to osteopathy, but the chools in our profession and the administrators in he AOA find generalities and confusion do not get ery far with modern students or legislators. To better define what makes osteopathic medicine distinctive, our profession set up the Education Council on Osteopathic Principles (ECOP) to describe and define osteopathic concepts for our curricular in the colleges and to help the AOA in the real world battling over practice rights and our rights to provide our patients with our separate osteopathic health care system. ECOP seeks to formally define osteopathy so we can better teach it, use it, study it and justify it. I have had the privilege of serving with ECOP. It is just coming to fruition this year, six years after its inception.

Meanwhile, however, amalgapathic medicine seems the goal of many of our students and practitioners. Enjoying practicing basically allopathic medicine, oblivious to the coming changes in the system, many D.O.s in the field do not seek to refine their osteopathic training. They see no differences between osteopathic and allopathic medicine, so for them the potential of osteopathy is unappreciated. Many are operating on antiquated information.

Osteopathy palpatory diagnosis and treatment have changed enormously in the past ten years. Today's TCOM student studies the neurophysiology of somatic dysfunction and detailed kinesiological and anatomical considerations of the musculoskeletal system. Muscle energy, articulation, counterstrain, cranio-sacral and myofascial release are now *courses* in the standard curriculum. Wellness, nutrition, preventive medicine, clinical problems solving and environmental medicine are studied by every student now, along with the traditional curriculum. The results are broader physicians, better able to use their minds and hands osteopathically. If only D.O.s already in the field would avail themselves of this information. The profession needs easily available refresher courses and updates on new techniques in osteopathic diagnosis and treatment. For example, in counterstrain techniques there are common abdominal tender points that mimick surgical conditions and visceral diseases. It is sad that most osteopathic surgeons and internists do not know the locations of these tender points, much less how to identify them as musculoskeletal in origin, and no doubt waste countless dollars trying to explain them with unnecessary tests and treat them with unnecessary medications. If our profession's hospital based physicians all just took a counterstrain course, the improved diagnostic accuracy and subsequent savings in workup costs would probably pay for the expense of the course in one day and would benefit our patients and profession forever. Too often, however, our specialists opt for an ocean cruise "course" in cardiology or a ski resort "update" on orthopedics instead. We must educate our students, yes, but we must *all* keep up not only in our specialties, but in osteopathic applications in them. The only way to keep up with osteo-

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pathic approaches in each specialty is for our specialists to study osteopathy, to learn more about OMT, so we can know what we can do and what we are about. Perhaps the AOA should require OMT CME as well as general CME of all D.O.s.

Public Awareness

We have all received the little blurb sheets from the AOA and state societies urging us to help promote osteopathy in our communities. Indeed without this social responsibility to the communties that support us, our profession would have folded long ago. Perhaps this approach is not always the best. We are physicians, not public relations people. Our profession needs *National* television exposure, Educational TV programs, and media spokespersons. Nobody recognizes our name, our initials, what we stand for. One good ad in prime time during a Super Bowl could change all that.

Too often we are only "doctors" and not "osteopaths." We must *make* the American public listen to *who* we are, define *what* we do that is different from M.D.s and help the public realize the theoretical benefits of osteopathic care. We should be proud of osteopathic medicine and be knowledgeable about not only osteopathic platitudes, but particulars about application of osteopathy throughout the scope of modern medical science. If osteopathy is to meet the challenges of American medicine in the future, we must all keep up to maximize our flexibility as osteopathic physicians and our professional ability to adapt to cost containment measures that are sure to come.

The challenge of osteopathy I wrote of as a student eight years ago has certainly changed. My perception of the challenge has been tempered and molded by internship, four years of general practice and two years of involvement with our academic system. The future brings new horizons, new questions, new hopes, new dreams and new realities. In this future more competitive, more complex world of clinical medicine, osteopathy can provide each D.O. with something M.D.s lack: an integration system; osteopathic philosophy.

Based on our more complete and practical understanding of health and disease, osteopathic medicine can offer ways to cut costs and improve flexibility in patient care plans. The potential health benefits of osteopathy are only beginning to be explored. The challenge of osteopathy is ever before us.^

In Memoriam

H. Eugene Brown, D.O.

H. Eugene Brown, Jr., D.O., of Lubbock passed away November 5 after a lengthy illness.

A graveside service and a memorial service were held on Friday, November 7. Rix's Funeral Home in Lubbock was in charge of arrangements.

A member of the Texas Osteopathic Medical Association, Dr. Brown graduated from Kansas City College of Osteopathic Medicine in 1961 where he earned his D.O. degree. He was certified in general practice in 1973.

During the years he practiced osteopathic medicine, Dr. Brown was very active in the osteopathic profession, his community and the State of Texas. He served as president and secretary-treasurer of the Texas Society of American College of General Practitioners (ACGP); a member of the House of Delegates of the ACGP; a member of the House of Delegates of the American Osteopathic Association; Board of Trustees of the Texas Osteopathic Hospital Association; Board of Trustees of the Texas College of Osteopathic Medicine; Chief of Staff of Lubbock Osteopathic Hospital and Lubbock Package Disaster Hospital; a FAA Medical Examiner; Accident Prevention Counselor and team physician for Idalou High School, Lorenzo High School and Roosevelt High School.

Dr. Brown served as president of TOMA in 1974-75 and was seated as a delegate in the TOMA House for 22 years. He served as a board member in the Texas Department of Health for six years.

Survivors include his wife, Dana; three daughters, Lanna Denise Brown of Lubbock, Karla D'Ann Ayers of San Antonio and Janna Kay Potter of Frankfort, West Germany; one sister, Marilee Pankow of Amarillo and one grandson, Aaron Potter.

Treatment Under Medicare Freeze

Comparison of Participating and Non-Participating Physician

Because of continuing confusion and concern about the Medicare Physician Freeze and Assignment Participation Program, the Council on Federal Health Programs has directed the AOA Washington Office to provide a summary of the basic details of the proposal to the state osteopathic societies. Below presents the crucial information about the freeze program in as simple a manner as is possible. Any specific questions that may arise about the freeze should be directed to the attention of the AOA Washington Office for resolution. Write to 122 C. Street, N. W., Suite 875, Washington, D. C. 20001 or call 202—783-3434.

	PARTICIPATING	NON-PARTICIPATING
Charges and Reimbursement	Actual charges to Medicare beneficiaries may increase, Medicare payment is frozen.	No increase in actual charges to Medicare patients permitted; Medicare payment frozen.
Assignment	Accepted for all claims; only coinsurance and deductible may be collected from patient. No reimbursement from supplemental insurance permitted.	Accepted on a case-by-case basis; balance billing permitted.
Monitoring	No monitoring of charges.	Quarterly monitoring of 10 most frequent procedures, plus 10 additional procedures selected at random.
1985 Profile Update	Will reflect increased charges during freeze period.	Charges frozen; no "catch-up" when profiles are updated in October, 1985 and 1986.
Penalties	Penalties for violating assignment agreement.	Penalties for raising charges to Medicare beneficiaries.
Directory and Hotline	Listed as participating physician in directory and toll-free hotline available to senior citizens.	Not listed

Professional Liability Losses in Texas Exceed Premium Income

There has been a substantial increase in law suits and claim's expense during the past year and a half on professional liability insurance coverage of D.O.s in Texas, according to figures released to and audited by TOMA State Headquarters.

Premiums paid Professional Mutual Insurance Company in 1983 totaled $2,687,838 and losses and claim's expense paid for that year totaled $4,042,921.

In the first half of 1984, premiums earned on policies in Texas totaled $1,371,620 with losses and claim's expense totaling $1,820,434.

PMIC records show a 35 percent increase in the frequency of losses in Texas for the first half of 1984 and as a result, the Company will be increasing premium rates at approximately 14 percent.

The figures released on losses do not include reserves or operating expense of the Company. The numbers include only losses paid out direct and for outside expenses, usually attorney's fees, incurred in defending the case.

PMIC is celebrating its 25th year of operation in the field of professional liability insurance coverage for D.O.s in America. It is a mutual company owned by the policy holders and operated by a board of directors composed of D.O.s including two from Texas.

TOMA President Reports

Your president traveled through the northern part of the state since the last report. As the school year begins, we observed a number of beginnings in various areas of TOMA function.

August 15 found me touring the North Texas State University (NTSU) campus with the TCOM faculty and students, representing your organization's interest in our osteopathic students. It gives renewed inspiration to continue TOMA's efforts on behalf of our aspiring osteopathic physicians when one notes the cooperation between campuses, faculties and governing bodies.

Following the tour groundwork, the TOMA Board met with the TCOM freshman class on August 16, for in-depth small group discussions of TOMA's role for the student as well as for the practicing physician. Many students had not been aware of the importance of TOMA's role in the initial founding of our college, nor of its legislative efforts — both then and now — to gain and maintain state support providing state fu and corresponding low tuiti (approximately $300, rather th $12,000-$14,000 at our priv schools). This opportunity student-Board interaction helped bridge our generation gap and provide an understanding of c professional geneology. My pers al thanks to the Board members f taking a day out of their bu practices to share with the studen After that meeting, several studer expressed their appreciation for t physicians who were concern enough to be present with the

District I hosted me at th meeting in Amarillo on August 2

The excellent attendance and enthusiastic discussion expressed the commitment and concern of District I members. Special thanks to Dr. and Mrs. Brad Cobb for their hospitality. No doubt, they ordered the downpours and flooded streets we drove through to reach the meeting site, to remind this parched Central Texas country boy what Real Rain looks like!

September 7 saw another milestone, as well as another first for TCOM — the groundbreaking for the $10,000,000 TCOM Library Complex. Your president was proud to serve TOMA as your representative on the podium at this memorable ceremony. It was an honor for the TOMA president to be included with such noteworthies as Gib Lewis, Speaker of the Texas House of Representatives, TCOM President Dr. Ralph Willard, Chancellor Alfred Hurley and Wayne Stockseth, Chairman of the Board, among others.

I am looking forward to seeing all of you TOMA members as I visit your districts. Keep those cards and letters coming — YOU are the reason for our existence! Thank you for your concern and your support.

Beckwith Named to Medical Center's Board

Jay G. Beckwith, D.O., has been named to the board of directors of Fort Worth Osteopathic Medical Center.

A 1963 graduate of Texas Christian University, Beckwith received his doctor of osteopathy degree from Kirksville College of Osteopathic Medicine in 1967.

After serving an internship at Oklahoma Osteopathic Hospital, Beckwith completed his residency training at Detroit Osteopathic Hospital in 1971. In 1972, he completed a fellowship in gastroenterology at Tuft's School of Medicine, Boston, Massachusettes and is certified by the American College of Osteopathic Internists.

Beckwith has been an assistant professor in the department of medicine at both Kansas City College of Osteopathic Medicine and Texas College of Osteopathic Medicine.

His professional memberships include the American College of Osteopathic Internists, the American Osteopathic Association, the Texas Osteopathic Medical Association and the American Endoscopic Association.

Other members of the Fort Worth Osteopathic Medical Center board of directors are Jay Sandelin, chairman of the board; David M. Beyer, D.O., president of the corporation; Barclay Ryall, vice president; W. Scott Wysong, III, secretary/treasurer; Roy B. Fisher, D.O.; Randall L. Kressler; C. T. Maxvill, D.O.; Harris F. Pearson, D.O.; Irwin Schussler, D.O., and Charles W. Tindall, Jr.

The board of directors is a voluntary authority responsible for the overall operation of Fort Worth Osteopathic Medical Center including the selection of the executive vice president and administrator, the approval of medical staff appointments and the providing of the appropriate physical facilities and services.

Campus of Care Becomes Clinical Rotation Site for TCOM

Summit Care Corporation's Irving Campus of Care, an elderly care facility, will become an elective clinical rotation site for Texas College of Osteopathic Medicine student physicians.

The agreement between the Irving center and the Fort Worth medical school will allow TCOM students to spend time during their junior or senior years studying and practicing at the center under supervision of staff physicians.

"Special needs exist for diagnosing, testing and caring for an aging population," said David Richards, D.O., vice president and dean for academic affairs at TCOM. "This affiliation provides an important clinical setting where TCOM student physicians can gain valuable experience participating in the chronic care of elderly patients."

"Preparation in geriatric care is an essential feature of the college goals statement, and settings such as the Irving Campus of Care present an excellent opportunity for implementing the educational goals established for clinical clerkship training."

TCOM currently has affiliation agreements with 12 hospitals: Fort Worth Osteopathic Medical Center, the U.S. Air Force Regional Hospital at Carswell Air Force Base, Corpus Christi Osteopathic Hospital, Dallas/Fort Worth Medical Center—Grand Prairie, Dallas Memorial Hospital, East Town Osteopathic Hospital in Dallas, Northeast Community Hospital in Hurst, Psychiatric Institute of Fort Worth, Stevens Park Osteopathic Hospital in Dallas, Sunrise Psychiatric Hospital in Arlington, the University of Texas Health Center at Tyler and William Beumont Army Medical Center in El Paso.

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TCOM Faculty Members Assume New Responsibilities

Six faculty members have been named to various positions recently at Texas College of Osteopathic Medicine. George J. Juetersonke, D.O., assistant professor of public health and preventive medicine; Ben G. Harris, Ph.D., acting assistant dean for research; Jerry H. Alexander, Ph.D., director of evaluation services; James K. Dzandu, Ph.D., to the department of anatomy; Robert J. Bourdage, Ph.D., assistant professor of anatomy; and Daniel Jensen, director of development.

Dr. Juetersonke has been an environmental medicine consultant with Northeast Community Hospital in Bedford for the last year after completing a fellowship in allergy and environmental medicine at Henrotin Hospital in Chicago. He earned his B.A. degree at Bradley University in Peoria, Illinois and his D.O. degree at Chicago College of Osteopathic Medicine. He completed his internship at Garden City Osteopathic Hospital in Michigan and his residency at Chicago Osteopathic Hospital. He is certified by the American Osteopathic Board of General Practice.

Professor of biochemistry, Dr. Harris is a native of Oklahoma. He earned his B.S. degree from Southwestern Oklahoma State University and his M.S. and Ph.D. degrees from Oklahoma State University. While at OSU he was a National Aeronautics and Space Administration trainee and an NIH predoctoral fellow. He spent a year at Rice University as an NIH postdoctoral fellow before joining the NTSU faculty in 1968. Dr. Harris received a joint appointment with TCOM in 1977 and has been a visiting professor at the University of Wisconsin in 1978 and at the University of Konstanz in Germany in 1980.

Dr. Alexander was an evaluator and assistant professor in Valdosta's Center for Instructional and Faculty Development for two years, followed by a year in the administration and supervision department. He earned his B.S. degree in economics at Pennsylvania State University. Dr. Alexander received his M.Ed. degree in administration and supervision and his Ph.D. in curriculum and instruction at the University of Southern Mississippi. He has published several articles in educational journals.

Dr. Alexander will hold the academic title of associate professor of medical education at TCOM.

Dr. Dzandu was a postdoctoral fellow in the department of biochemistry and pathology at Wayne State University's School of Medicine in Detroit for a year after earning his doctoral degree at Wayne State in 1980. He received his B.S. and M.S. degrees from the University of Ghana.

With special research interests in sickle cell anemia, proteins and human red cell membrane, Dr. Dzandu is a member of the Sickle Cell Anemia Association of Texas and the American Association for the Advancement of Science. He is author of numerous articles in scientific periodicals and has made research presentations to several international meetings.

Dr. Bourdage, a postdoctoral fellow at Colorado State University for the last two years, earned his B.A. and Ph.D. degrees and held predoctoral fellowships at the University of Washington. The Washington native is author of numerous articles in scientific journals.

Former director of membership services at the Texas Osteopathic Medical Association, Mr. Jensen replaces Michael C. Ford, Ph.D., as director of development. Dr. Ford became vice president for fiscal and administrative affairs June 1.

Mr. Jensen, a 1977 graduate of Texas Tech University, worked in governmental affairs and public relations for TOMA for a year and a half before joining the TCOM staff.

He has headed successful political campaigns for several Texas candidates, including former Congressman Bob Gammage and State Senator Mike Richards. He also worked on the staffs of both after they took office.^

Roche salutes the history of Texas medicine

DOCTORS WHO WERE SOLDIER-STATESMEN

Three men of medicine, born and raised in New England around the same time, arrived in Texas to start practice and play a significant role in the history of the state.

Dr. Anson Jones,

a lineal descendant of Oliver Cromwell, was his family's 13th child. Born in Massachusetts in 1798, he graduated from Jefferson Medical College in 1827 and established his first practice in Philadelphia.[1]

Learning of the opportunities in Texas, then a part of Mexico, he headed for Brazoria, arriving in 1833 with only $17 in his pocket and $50 worth of medicine in his bag. As one of the few qualified physicians in colonial Texas, he prospered from the start.[2]

Active in the movement for Texas independence, Dr. Jones was appointed Assistant Surgeon General and Medical Purveyor to the Army of the Texas Revolution.

With victory and the establishment of the Republic, Dr. Jones was elected a member of the first Texas Congress. Shortly thereafter, President Sam Houston appointed him the minister of the new republic to Washington. In 1841, Dr. Jones was named Secretary of State. He served with distinction, and in 1844, Dr. Anson Jones was himself inaugurated President of the Republic of Texas.[2] In time, he put forth the Republic's first statute regulating medical practice, became a founder of the Texas Medical Association and brought Texas into the Union.[3]

Dr. Ashbel Smith

was born in Connecticut in 1805. He studied medicine at Yale College and in Paris, where he both expanded his medical knowledge and laid the foundation of an extraordinary career in diplomacy.[4]

Upon return to the United States, he began writing and practicing in Salisbury, North Carolina. However, he was deeply concerned about the struggle of Texans to obtain their freedom—and chose to join them in 1837. He settled in Galveston, where he was soon appointed Surgeon General of the Army, and went to live in the home of General Sam Houston.

In 1838, Dr. Smith resigned his commission to wage a gallant fight against Galveston's first epidemic of yellow fever. His procedures and his monograph on this subject are considered definitive works to this day.[4]

Through the years, Dr. Smith continued to be regarded as Texas' "number one diplomat,"[5] serving as Minister to France and England. During the Civil War, he was commander of the defense of Galveston. In 1878, Dr. Smith was appointed a commissioner to the Paris Exposition; in 1882, he became President of the Texas State Medical Association. He also became one of the regents of the University of Texas, to which he donated his medical library upon his death in his 80th year.[1,4]

Dr. Amos Pollard,

born in Massachusetts in 1803, studied medicine in New York and traveled by way of New Orleans to Texas.

There is evidence that by 1834 he was practicing in González, where he was known as an abolitionist, active in Texas politics.

When General Austin's volunteers marched on San Antonio, Dr. Pollard was among them as Surgeon of the Regiment. Four months later, he wrote to Texas Governor Smith about his lack of medicines and supplies. Nevertheless, he closed his letter with "Let us show them how republicans can and will fight."

On March 6, 1836, when the Army of Santa Anna stormed the Alamo, Dr. Pollard was killed while tending the wounded. Also killed were his associates—Drs. Edward Michison, John W. Thompson and John Purdy Reynolds—not one of them yet 30 years old.[6]

References: **1.** Packard FR: *History of Medicine in the United States*, Vol. II. New York, Hafner Publishing Company, 1963, pp. 943, 972-973. **2.** Chaine TW: *NY State J Med* 50:65-68, 1950. **3.** Letter from the Sons of the Republic of Texas (state organization) to medical librarians, sent with Gambrell H: *Anson Jones: The Last President of Texas*. **4.** Gambrell H: *Anson Jones: The Last President of Texas*. Garden City, N.Y., Doubleday & Co., 1948, p. 395. **5.** Stuck W: *Southern Surgeon* 11:742-746, 1942. **6.** Andrassy RJ, Hagood OO Jr: *Surg Gynecol Obstet* 145:913-915, 1977.

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When the history reveals mixed depression and anxiety...

For the estimated 70 percent of nonpsychotic depressed patients who are also anxious,[1] Limbitrol provides both amitriptyline, specific for symptoms of depression, and the effects of Librium® (chlordiazepoxide HCl/Roche), the tested and dependable anxiolytic. Limbitrol is, therefore, a better choice for these patients than dual agents that contain a phenothiazine, a class of antipsychotic drugs which has been associated with tardive dyskinesia.

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Limbitrol also has a rapid onset of action which may lead to greater patient compliance. In a multicenter study, patients taking Limbitrol experienced 62% of their overall improvement within the first week of therapy.[2]

In another multicenter study,[3] the following symptoms associated with anxious depression were significantly reduced during the first two weeks of therapy:

- ☐ Headache—79%
- ☐ Early insomnia—91%
  Middle insomnia—87%
  Late insomnia—89%
- ☐ Gastrointestinal upset—73%

In two multicenter studies, only 1.9% of Limbitrol patients experienced cardiovascular side effects.[3]

Patients should be cautioned about the combined effects with alcohol or other CNS depressants and about activities requiring complete mental alertness such as operating machinery or driving a car.

References: 1. Rickels K: Drug treatment of anxiety, in *Psychopharmacology in the Practice of Medicine*, edited by Jarvik ME; New York, Appleton-Century-Crofts, 1977, p. 316. 2. Feighner JP *et al: Psychopharmacology 61*:217-229, Mar 1979. 3. Data on file, Hoffmann-La Roche Inc., Nutley, NJ.

In moderate depression and anxiety

Limbitrol® IV

Tablets 5-12.5 each containing 5 mg chlordiazepoxide and 12.5 mg amitriptyline (as the hydrochloride salt)

Tablets 10-25 each containing 10 mg chlordiazepoxide and 25 mg amitriptyline (as the hydrochloride salt)

Please see summary of product information on following page.

XANAX® Tablets (alprazolam) C

CONTRAINDICATIONS
Patients with sensitivity to this drug or other benzodiazepines and in acute narrow angle glaucoma.

WARNINGS
Not of value in psychotic patients. Caution patients against hazardous occupations requiring complete mental alertness and about the simultaneous ingestion of alcohol and other CNS depressant drugs.

Benzodiazepines can cause fetal harm in pregnant women. Warn patients of the potential hazard to the fetus. Avoid during the first trimester.

PRECAUTIONS
General: The dosage of XANAX Tablets should be reduced or withdrawn gradually, since withdrawal seizures have been reported upon abrupt withdrawal. If XANAX is combined with other psychotropics or anticonvulsant drugs, consider drug potentiation. (See Drug Interaction section.) Exercise the usual precautions regarding size of the prescription for depressed or suicidal patients. In elderly and debilitated patients, use the lowest possible dosage (See Dosage and Administration.) Observe the usual precautions in treating patients with impaired renal or hepatic function.

Information for Patients: Alert patients about: (a) consumption of alcohol and drugs, (b) possible fetal abnormalities, (c) operating machinery or driving, (d) not increasing dose of the drug due to risk of dependence, (e) not stopping the drug abruptly. *Laboratory Tests:* Not ordinarily required in otherwise healthy patients. *Drug Interactions:* Additive CNS depressant effects with other psychotropics, anticonvulsants, antihistamines, ethanol and other CNS depressants. Pharmacokinetic interactions with benzodiazepines have been reported. *Drug/Laboratory Test Interactions:* No consistent pattern for a specific drug or specific test. *Carcinogenesis, Mutagenesis, Impairment of Fertility:* No carcinogenic potential or impairment of fertility in rats. *Pregnancy:* See Warnings. *Nonteratogenic Effects:* The child born of a mother on benzodiazepines may be at some risk for withdrawal symptoms and neonatal flaccidity. *Labor and Delivery:* No established use. *Nursing Mothers:* Benzodiazepines are excreted in human milk. Women on XANAX should not nurse. *Pediatric Use:* Safety and effectiveness in children below the age of 18 have not been established.

ADVERSE REACTIONS
Side effects are generally observed at the beginning of therapy and usually disappear with continued medication. In the usual patient, the most frequent side effects are likely to be an extension of the pharmacological activity of XANAX, e.g., drowsiness or lightheadedness.

Central nervous system: Drowsiness, lightheadedness, depression, headache, confusion, insomnia, nervousness, syncope, dizziness, akathisia, and tiredness/sleepiness.

Gastrointestinal: Dry mouth, constipation, diarrhea, nausea/vomiting, and increased salivation.

Cardiovascular: Tachycardia/palpitations, and hypotension.

Sensory: Blurred vision.

Musculoskeletal: Rigidity and tremor.

Cutaneous: Dermatitis/allergy.

Other side effects: Nasal congestion, weight gain, and weight loss.

In addition, the following adverse events have been reported with the use of anxiolytic benzodiazepines: dystonia, irritability, concentration difficulties, anorexia, loss of coordination, fatigue, sedation, slurred speech, jaundice, musculoskeletal weakness, pruritus, diplopia, dysarthria, changes in libido, menstrual irregularities, incontinence and urinary retention.

Paradoxical reactions such as stimulation, agitation, increased muscle spasticity, sleep disturbances, and hallucinations may occur. Should these occur discontinue the drug.

During prolonged treatment, periodic blood counts, urinalysis, and blood chemistry analysis are advisable. Minor EEG changes, of unknown significance, have been observed.

DRUG ABUSE AND DEPENDENCE
Physical and Psychological Dependence: Withdrawal symptoms have occurred following abrupt discontinuance of benzodiazepines. Withdrawal seizures have occurred upon rapid decrease or abrupt discontinuation of therapy. In all patients, dosage should be gradually tapered under close supervision. Patients with a history of seizures or epilepsy should not be abruptly withdrawn from XANAX. Addiction-prone individuals should be under careful surveillance. *Controlled Substance Class:* XANAX is a controlled substance and has been assigned to schedule IV.

DOSAGE AND ADMINISTRATION
The usual starting dose is 0.25 to 0.5 mg t.i.d. Maximum total daily dose is 4 mg. In the elderly or debilitated, the usual starting dose is 0.25 mg, two or three times daily. Reduce dosage gradually when terminating therapy, by no more than one milligram every three days.

CAUTION: FEDERAL LAW PROHIBITS DISPENSING WITHOUT PRESCRIPTION.

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September 1984

Vote Absentee Before

For those osteopathic physicians and their spouses who are planning to attend the AOA Convention November 4-7 and, therefore, will be unavailable to vote in the November General Election, may do so by absentee voting.

Below are questions and answers about voter registration referencing General Elections in the State of Texas:

Question: How old must an individual be in order to vote?

Answer: 18 years of age or older within 60 days after applying for registration.

Question: What citizenship requirements must be met in order to vote?

Answer: Must be a citizen of the Unites States and a resident of the State of Texas.

Question: How long must an individual live in the area before he or she may register to vote?

Answer: Voter registration becomes effective, (1) on the 30th day after registering in person at the registrar's office or, (2) on the 30th day after the date that the application postmarked if the registration is by mail.

Question: How close to an election can an individual register to vote?

Answer: 30 days, due to the time requirement which must be met before the application becomes effective. (See answer to question 3.)

Question: Is voter registration by mail permitted? If so, what are the steps necessary to do so?

Answer: Yes. The applicant must use the official voter registration card approved by the State of Texas.

Question: Other than by mail, how and where does an individual register to vote?

Answer: At the office of the county tax assessor-collector, the county clerk, and/or the county election administrator.

Fly Out to the AOA Convention in Las Vegas

Question: May individuals be "deputized" so they may register individuals? If so what are the necessary requirements?

Answer: Yes. The deputy voter registrar must be a registered voter in the county.

Question: Is on site registration permitted on employer facilities and other unofficial locations?

Answer: Yes.

Question: If so, who must officiate on site registration.

Answer: A deputy voter registrar is not required in order to distribute the voter registration cards, however, a deputy voter registrar is required in order to accept the *completed* registration card. The deputy must keep a log of the number of cards distributed and must return completed cards to the county voter registrar within 10 days.

Question: Under what circumstances is voter registration cancelled?

Answer: Moving to another county or state.

Question: Is the voter notified of the cancellation?

Answer: No. But registered voters receive a new voters' certificate every 2 years.

Question: Should a voter's name be dropped from the registration rolls, are there any special provisions for re-registering?

Answer: No. The same forms and procedures apply as with the original application.

Question: Who is the local official in charge of voter registration?

Answer: The county tax assessor/collector, voter registration deputies, and/or the county clerk.

The procedures for absentee voting by mail in the State of Texas are:

1) An absentee ballot may be requested up to 60 days prior to any election.

2) An absentee ballot requested may be mailed or hand delivered between the 60th and 21st day before an election. After the 21st day all absentee ballot requests must be received through the mail.

3) Each individual must make a written request for himself or herself only and must sign the request.

4) Each request must state the name and date of the election, the voter's precinct number and voter registration number (if the voter has lost his or her voter registration card, the request must state that the card has been lost and that this information is not available). Also, their address must be provided.

5) The request must state the reason for requesting an absentee ballot. The only valid reasons are the following:

a) over 65 years of age;
b) sickness or disability;
c) jail confinement;
d) religious reasons (for Saturday elections only);
e) absence from the county on election day;

6) If you are applying for an absentee ballot because you will be out of the county at the time of the election, the request for the ballot must state that you will be out of the county on election day *and* during the entire period for absentee voting. The request may be postmarked in your county if the request is mailed before absentee voting begins (ie. 20 days preceding election day). Otherwise, the request must bear an out-of-county postmark and in either case *must give* an out-of-county address to mail the ballot to that address. The law prohibits mailing the ballot to your county address if the reason for absentee ballot request was due to absence from the county during the 20-day period prior to the election.

If a registered voter who wishes to vote absentee is in town during the time of absentee voting, he or she must vote absentee in-person (at the designated substation). In-person absentee voting takes place beginning 20 days prior to the election day and ends 4 days prior to the election day.

7) After the voter has received his or her ballot in the mail, he or she must vote the ballot, seal it in the designated envelope and mail it back to the Elections Department by election day in order to be counted.

Our D.O.'s in D.C.

Washington, D.C. is currently "the office" for three prominent Philadelphia College of Osteopathic Medicine (PCOM) alumni who fill top level medical posts in the federal government.

They are Edward Yob, D.O, '75, Cheryl Opalack, D.O. '74 and Ronald Blanck, D.O., '67. All three have been officers in the medical corps of the armed services, share many medical philosophies with their allopathic colleagues and agree that PCOM provided the basic clinical and medical background so necessary in their development as medical experts.

Edward H. Yob, D.O., is White House physician. As personal physician to Vice President and Mrs. George Bush, he is one of four doctors in the White House Medical Unit.

Dr. Yob is responsible for the vice president's health, and plans his local, national and international medical and emergency care. He accompanies the vice president whenever he leaves Washington, and interacts with medical personnel and systems throughout the country as well as in foreign nations.

In a recent vice presidential stop in Philadelphia, Dr. Yob designated the Osteopathic Medical College of Pennsylvania (OMCP) as one of several hospitals involved in a contingency emergency plan. "Contingency planning is not something that you learn," says Dr. Yob. "You anticipate what problems might arise, and plan for them. Situations are often in a state of flux and you must be very flexible."

Dr. Yob faces unusual challenges in his work. Because medical services vary in foreign countries, he must interpret these differences and adapt them to his own frame of reference. "In many countries, the concept of an emergency room doesn't exist," he says.

Before the vice presidential entourage departs on a trip, Dr. Yob must investigate each geographic area for endemic and epidemic disease, and arrange for any necessary immunizations. Other factors may be considered during travel, and his medical advice often influences the vice president's arrangements. "Circadian rhythm (jet-lag) and travel-related fatigue might determine whether Mr. Bush's meeting with a head-of-state is scheduled for 11 a.m. rather than 3 p.m.," says Dr. Yob.

The White House was never part of Ed Yob's long range goal. He did receive a military (health profession) scholarship his last two years at PCOM, committing him to three years of military service upon residency completion. He finished a family practice residency at Carswell Air Force Base, Fort Worth, Texas, where he was chief resident. Andrews Air Force Base, department of family medicine, was his next assignment, where he was a teacher, practitioner and flight surgeon.

But, Dr. Yob speculates that "luck" landed him this job. "I was in the right place (Andrews A.F.B.) at the right time when they were looking for a White House Physician." At first he was part time physician to former Vice President Walter F. Mondale, planning his foreign travel. After the administration changed, he was assigned full time to the White

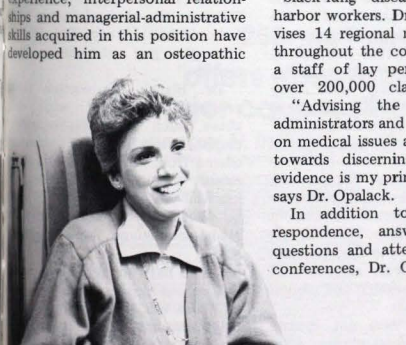
Dr. Edward H. Yob and Vice President George Bush
(Photo by: Cynthia Johnson, The White House)

House, with an office in the White House Executive Office Building.

Ed Yob seems to be enjoying his government role. "I think the people here are fascinating. I enjoy working with the entire White House staff, especially Vice President and Mrs. Bush. I kind of feel as though I'm playing a part in history."

The pace here is very fast, says Dr. Yob, who in the last three years has travelled to 53 countries and 49 states. "Another challenging aspect of this job is trying to keep up with current medical advances as well as continuing to remain knowledgeable about medical attitudes on a world-wide scale.

Dr. Yob feels that the medical experience, interpersonal relationships and managerial-administrative skills acquired in this position have developed him as an osteopathic physician.



Dr. Cheryl Opalack

Cheryl A. Opalack, D.O., is medical director of the Office of Workers' Compensation Programs (OWCP) for the United States Department of Labor's Employment Standards Administration. She manages and directs the OWCP's division of medical standards and services. Her responsibilities include developing and implementing a national program to facilitate claims judgements, providing medical expertise, and assuring quality medical care for those covered by the Labor Department's compensation programs.

The OWCP covers four and one-half million federal employees, including coal miners disabled by "black lung" disease, longshore and harbor workers. Dr. Opalack supervises 14 regional medical directors throughout the country who, with a staff of lay personnel, evaluate over 200,000 claims each year.

"Advising the nonprofessional administrators and claims examiners on medical issues and guiding them towards discerning valid medical evidence is my primary challenge," says Dr. Opalack.

In addition to handling correspondence, answering technical questions and attending numerous conferences, Dr. Opalack develops various projects requiring the support of other federal agencies. She is now concentrating on an early referral musculoskeletal project between the OWCP and other federal agencies, such as the post office.

Dr. Opalack feels that her experience in the OWCP has made her more knowledgeable in regulatory affairs and workers' compensation. "It has also widened my horizons," she said, noting that last fall she spoke on "black lung" disease before the International Conference on Pneumoconiosis held in Bochem, West Germany.

"I believe that holding such a position with a major government organization adds further credibility to the osteopathic profession."

Cheryl Opalack was associate medical director of the Sun Co., Philadelphia, before her 1983 appointment to this position. She served her internship as a lieutenant in the Medical Corps at the U.S. Naval Regional Medical Center of Philadelphia. She trained at Mt. Sinai Medical Center in New York City as a preventive-occupational medicine resident and employee health service physician. Dr. Opalack practiced general medicine in the Philadelphia area after receiving a M.P.H. degree in epidemiology and international health planning from the Johns Hopkins University School of Public Health, Baltimore.

Dr. Opalack is board-eligible in occupational medicine. Her future plans include a return to private industrial medical practice, where she will have more direct patient contact.

Colonel Ronald Blanck is Chief of The Medical Corps Career

Dr. Ronald Blanck

Activities for the U.S. Army. He is career manager for more than 5,000 medical officers in what could be described as one of the largest health maintenance organizations in the United States.

Col. Blanck is charged with staffing the Army's eight medical centers, 40 community hospitals and hundreds of clinics and dispensaries. He assigns the 5,273 physicians allocated to care for active duty and retired soldiers and their families.

He feels this allocation presents a challenge, since 6,000 physicians are necessary to handle properly the health care needs of over four million people eligible for U. S. Army medical care. To compensate for this shortage, he carefully identifies which specialties are to be represented and the location of each. "I try to make the mix of physicians I assign to each location as optimal as possible."

Dr. Blanck's recommendation of the number of pediatricians, orthopedic surgeons and other specialists, influence the Army's recruitment and graduate training programs. Currently the Medical Corps is not recruiting internists, since the Army's own residency programs are generating appropriate numbers to meet the quota of this speciality.

Dealing personally with Army physicians and keeping them as "happy and productive as possible" is one of Dr. Blanck's goals.

"This job offers me the ability to to make long range changes that favorably impact health care delivery. It's educational in that it gives me a unique view of the Army's entire health system. And, after my three year assignment, I can return to teaching and clinical care, if I choose."

"The Army was not Ronald Blanck's first career choice. After an internship at Lancaster Osteopathic Hospital, he was drafted as a general medical officer and sent to Vietnam. After he completed the assignment, he served an internal medicine residency at Walter Reed Army Medical Center, where he became chief resident.

He was a quick convert to military life. "I found I liked the Army. The people were not ogres, but highly trained professionals with whom I enjoyed working. They were motivated – as motivated as I perceived myself to be."

During his 15 years with the Army, he has served as assistant chief of the department of medicine (Walter Reed), assistant dean of student affairs (Uniformed Service University School of Medicine) and chief of the department of medicine (Brooke Army Medical Center). He's been assigned to his current Washington-based post since 1982.

Dr. Blanck has found the Army's equal treatment of D.O.'s encouraging. "It was not until 1967 that osteopathic physicians were permitted to serve as Army medical officers. The only difference between a D.O. and an M.D. in the military is the initials after their names."

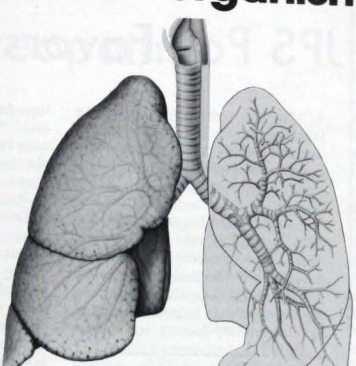
Underscoring this is the fact that the Army keeps no separate records indicating the number of D.O.'s in the Medical Corps. "And I should know," says Col. Blanck. "I'm the guy who keeps those records."

Dr. Blanck has written about problems associated with drug abuse, such as cardio-respiratory complications and pulmonary edema from heroin use. His Army awards include the Bronze Star, received during his tour of duty in Vietnam; Meritorious Service Medal and Defense Superior Service Medal.

D.O.'s have emerged from an era that denied them professional status in World War II to a decade where they are recognized as medical leaders, selected to the Medical Corps and entrusted with key government positions. Their medical decisions and long range plans for government health policies indirectly affect millions of Americans.▲

(Reprinted from The Digest, *PCOM)*

Consider the causative organisms...



Ceclor®
cefaclor

250-mg Pulvules® t.i.d.

offers effectiveness against the major causes of bacterial bronchitis

H. influenzae, *H. influenzae*, *S. pneumoniae*, *S. pyogenes*
(ampicillin-susceptible)
(ampicillin-resistant)

Brief Summary: Consult the package literature for prescribing information.

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

Lower respiratory infections, including pneumonia caused by *Streptococcus pneumoniae* (*Diplococcus pneumoniae*), *Haemophilus influenzae*, and *S. pyogenes* group A beta-hemolytic streptococci.

Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to Ceclor.

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

Warnings: IN PENICILLIN-SENSITIVE PATIENTS, CEPHALOSPORIN ANTIBIOTICS SHOULD BE ADMINISTERED CAUTIOUSLY; THERE IS CLINICAL AND LABORATORY EVIDENCE OF PARTIAL CROSS-ALLERGENICITY OF THE PENICILLINS AND THE CEPHALOSPORINS, AND THERE ARE INSTANCES IN WHICH PATIENTS HAVE HAD REACTIONS, INCLUDING ANAPHYLAXIS, TO BOTH DRUG CLASSES.

Antibiotics, including Ceclor, should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to drugs.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics (including macrolides, semisynthetic penicillins, and cephalosporins); therefore, it is important to consider its diagnosis in patients who develop diarrhea in association with the use of antibiotics. Such colitis may range in severity from mild to life-threatening.

Treatment with broad-spectrum antibiotics alters the normal flora of the colon and may permit overgrowth of clostridia. Studies indicate that a toxin produced by *Clostridium difficile* is one primary cause of antibiotic-associated colitis.

Mild cases of pseudomembranous colitis usually respond to drug discontinuance alone. In moderate to severe cases, management should include sigmoidoscopy, appropriate bacteriologic studies, and fluid, electrolyte, and protein supplementation. When the colitis does not improve after the drug has been discontinued, or when it is severe, oral vancomycin is the drug of choice for antibiotic-associated pseudomembranous colitis produced by *C. difficile*. Other causes of colitis should be ruled out.

Precautions: *General Precautions* — If an allergic reaction to Ceclor* (cefaclor, Lilly) occurs, the drug should be discontinued, and, if necessary, the patient should be treated with appropriate agents, e.g., pressor amines, antihistamines, or corticosteroids.

Prolonged use of Ceclor may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

Positive direct Coombs' tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antiglobulin tests are performed on the sera of patients receiving Ceclor, it should be noted that drugs administered cephalosporin antibiotics before parturition. It should be recognized that a positive Coombs' test may be due to the drug.

Ceclor should be administered with caution in the presence of markedly impaired renal function. Under such conditions, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended.

As a result of administration of Ceclor, a false-positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with Clinitest® tablets but not with Tes-Tape® (Glucose Enzymatic Test Strip, USP, Lilly).

Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.

Usage in Pregnancy — Pregnancy Category B — Reproduction studies have been performed in mice and rats at doses up to 12 times the human dose and in ferrets given three times the maximum human dose and have revealed no evidence of impaired fertility or harm to the fetus due to Ceclor. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers — Small amounts of Ceclor* (cefaclor, Lilly) have been detected in mother's milk following administration of single 500-mg doses. Average levels were 0.18, 0.20, 0.21, and 0.16 mcg/ml at two, three, four, and five hours respectively. Trace amounts were detected at one hour. The effect on nursing infants is not known. Caution should be exercised when Ceclor is administered to a nursing woman.

Usage in Children — Safety and effectiveness of this product for use in infants less than one month of age have not been established.

Adverse Reactions: Adverse effects considered related to therapy are listed below by organ system and type of reaction:

Gastrointestinal symptoms occur in about 2.5 percent of patients and include diarrhea (1 in 70).

Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment. Nausea and vomiting have been reported rarely.

Hypersensitivity reactions have been reported in about 1.5 percent of patients and include morbilliform eruptions (1 in 100). Pruritus, urticaria, and positive Coombs' tests each occur in less than 1 in 200 patients. Cases of serum-sickness-like reactions (erythema multiforme or the above skin manifestations accompanied by arthritis/arthralgia and, frequently, fever) have been reported. These reactions are apparently due to hypersensitivity and have usually occurred during or after a second course of therapy with Ceclor. Such reactions have been reported more frequently in children than in adults. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy. No serious sequelae have been reported. Anthicamnosis and corticosteroids appear to enhance resolution of the syndrome.

Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.

Other effects considered related to therapy included eosinophilia (1 in 50 patients) and genital pruritus or vaginitis (less than 1 in 100 patients).

Causal Relationship Uncertain — Transitory abnormalities in clinical laboratory test results have been reported. Although they were of uncertain etiology, they are listed below to serve as alerting information for the physician.

Hepatic — Slight elevations in SGOT, SGPT, or alkaline phosphatase values (1 in 40).

Hematopoietic — Transient fluctuations in leukocyte count, including eosinophilia and lymphocytosis occurring in infants and young children (1 in 50).

Renal — Slight elevations in BUN or serum creatinine (less than 1 in 500) or abnormal urinalysis (less than 1 in 200).

[5617829R]

Note: Ceclor* (cefaclor, Lilly) is contraindicated in patients with known allergy to the cephalosporin group and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

Lilly

Additional information available to the profession on request from Eli Lilly and Company Indianapolis, Indiana 46285

Eli Lilly Industries, Inc.
Carolina, Puerto Rico 00630

4004-40

JPS Poll Favors Parity fo

Almost 95 percent of the Tarrant County residents contacted in a recent telephone survey said it is important for John Peter Smith Hospital to provide training and practical experience for recently licensed physicians, but only 12.5 percent believe that training should be limited to M.D.s, according to a new consumer survey.

Of 400 residents who made up a random sample of the county, 71.8 percent believe that residency and internship training should be provided for both M.D.s and D.O.s. Another 6.2 percent said they didn't know the difference between the two types of physicians licensed to practice medicine in Texas.

Both types of physicians should staff JPS as long as satisfactory medical services are provided, said 78.3 percent of those polled.

The hospital district is appealing a 2-year-old U.S. District Court decision that prevents discrimination against osteopathic physicians at the tax-supported hospital in Fort Worth.

The survey was undertaken to find how the community feels about JPS and what the community wants from its public hospital, said Tim Philpot, hospital administrator. The hospital district paid for the survey to be conducted.

Preliminary results of the survey, conducted by Moore Diversified Services, a Fort Worth market research and business consulting firm, have been distributed to hospital board members. The phone survey, done in April and May, is one component of a study that also includes two small discussion groups, one made up of business leaders and the other of consumers. Results of the group discussions have not been compiled.

"The study was done in part to learn how much public support the hospital has so that the board can better undertake long-term planning," Philpot said.

Most of those surveyed had not been inside their tax-supported hospital in the last two years, and almost 60 percent admit they "don't know" how the hospital rates on overall cleanliness, efficiency, quality of health care or performance of administrators, doctors and nurses.

"I think we just have an identity crisis. At least we don't have a negative image to overcome."

— Tim Philpot, administrator at John Peter Smith Hospital

JPS was not named by more than half of those asked to list the major hospitals in the area, and only 12.2 percent said they hoped to be taken to JPS if they were seriously injured.

"We were very surprised about the trauma center," Philpot said. "This is the only official trauma center in the county, the only one."

"I think we just have an identity crisis. At least we don't have a negative image to overcome," Philpot said. "It looks like from preliminary results of the survey that people just don't know very much about us."

JPS in Fort Worth, like Parkland in Dallas, was designated an official county trauma center by federal standards about five years ago because it has specialists including general and orthopedic surgeons in-house at all times.

Of residents surveyed in the poll, 25.9 percent said they hoped to be taken to Harris Hospital if seriously injured, 20 percent wanted to be taken to All Saints and 18 percent named Arlington Memorial as their choice.

About 59 percent said they do not know the strengths of the hospital, and 62.3 percent said they did not know the weaknesses.

"We need to develop a good, basic understanding with the community that Peter Smith is truly an asset," Philpot said. "I view JPS for the general public as a whole like an insurance policy. If the only reason you pay hospital taxes is to have a trauma center when you need it, it's worth it."

The survey showed that 60.6 percent would use outreach medical clinics operated by the hospital district, and 84.6 percent said they would be willing to pay a reasonable fee for services at such clinics. Also, 31.7 percent said they would

D.s, Osteopaths

...yor clinics if they increased hospi-...l district taxes.

About 30.4 percent said they ...ould not support tax increase for ...ny purpose, 35.4 percent said they ...ould support "a small increase of ...5 per year or less" to fund expan-...on of the hospital, 40.6 percent to ...und expansion of medical services, ...2.9 percent to assure a cleaner ...spital and 34.9 percent to up-...grade general facilities.

"The board is looking at what is ...he real mission and role of the hos-...tal in this community," Philpot ...aid.

"We know what the enabling ...statute says, but our entire mission ...has grown and changed over time. ...If you stick absolutely to the strict ...definition, our role is to take care of the indigent." But Philpot said he believes that the public wants JPS to:

* Provide the best possible trauma center for major emergencies.

* Be cognizant that many people aren't indigent but still can't pay hospital bills associated with major illnesses.

* Be a catalyst for change through a teaching staff that keeps up with the latest developments in medicine.

* Supply physicians for the community, through physicians who serve residencies and internships at JPS and choose to stay and practice medicine in the community.^

(Reprinted from the Fort Worth Star Telegram, *August 24, 1984.)*

History Buffs

When was the first osteopathic hospital established in Texas?

Who was the first D.O. to establish practice in Texas?

TOMA Journals from 1924 forward needed.

TOMA Needs what's on your book shelves, in scrapbooks or in your attic that relate to the History of Osteopathy in Texas.

Call or write

TOMA Archives Committee
226 Bailey Avenue
Fort Worth, Texas 76107
1–800–772-5993

Charles Ogilvie, D.O., Chairman; T. Eugene Zachary, D.O., Ray Stokes, Tex Roberts, members.

ATOMA News

By Alleen Bailes
District II

There are many "plusses" to getting older, but, there are "minuses" too. To me the largest *minus* is accepting and adjusting to the death of friends and family. The members of District II — and in the osteopathic "family" throughout Texas — are faced with accepting the death of Lee Ranelle on August 8. She was always so full of energy and always working for good and charitable causes. All the years her five children were in school, she was always ready to sell candy or whatever to raise money for their schools. Lee was always cheerful; always sincerely friendly and she will be missed greatly by all of us. A Memorial Library Fund has been established at Fort Worth Osteopathic Medical Center and if any of you read this column wish to contribute, you may send your memorial contribution to Fort Worth Osteopathic Medical Center Memorial Fund, Attention of Mrs. Billye Wamscher, Director of Planning and Development, 1000 Montgomery Street, Fort Worth, Texas, 76107.

The District II Auxiliary opened their Fall Season, September 11, with a luncheon at Ridglea Country Club. After a summer of vacations and children home from school, a leisurely lunch to find out who-did-what is always welcome.

On September 15, Nelda Cunniff invited District II physicians and family to — as the invitation stated— "a day of eating, drinking, music, and socializing". It also was the September meeting of District II, and was held at her home in Burleson.

A bake sale was held September 18 at Fort Worth Osteopathic Medical Center with delicious baked goodies by members of District II Auxiliary to benefit the Students' Associaties Auxiliary. The proceeds from this sale will go to pay the trip expenses of their president to the AOA Convention in Las Vegas in November.

The Federation of Fort Worth Women's Clubs opened their new meeting year on September 28 with a coffee. Our Auxiliary representative, Marguerite Whittemore, attended.

For the third Holiday Season, a greeting card designed by Yvonne Turner is to be sent to all District II members. This is a way to avoid addressing so many cards and buying so many postage stamps. You will be receiving a letter this fall with more information. In addition, we hope to have an all-occasion note very soon that will be suitable for use throughout the year.

The Stan Brineys added a son-in-law to their family on September 1 when their daughter, Kristi, became Mrs. Michael McQuiston.

At the late-August Executive Board meeting, I asked for items of interest from those present and was told the following new items. Dr. Phil Reese is ill. Ruth and Jeff Bleicher are the new parents of a baby boy. Bernard Rubin, D.O. wed Emily Isaacs, M.D. in Washington, D.C. during the Labor Day weekend. Dr. Jim Czewski turns 40 this month.

Looking ahead, there is the Tour of the Designer Showcase House on Tuesday, October 16 at 1:30 p.m. Following the tour, a dessert and coffee will be served. Details will be announced in early October.

The Way We Were
By Ellen O'Toole

Getting together with former classmates and sharing happy memories of the past can be a wonderful experience. In another respect, looking back at the happy times can have a rose colored glass effect on those memories. The past can look much better than the present, more simple, less complicated.

Reflecting on residency days recently, I remembered one particular day I had stopped after work at a fellow spouse's home to say hello and see how things were. Her husband was completing an outside rotation in another state. Normally, she would greet me at the door smiling and always with a funny story about one of her children. This day was different. "Oh Ellen, she said, I'm at my absolute limit today! My oldest child is in the hospital, my middle child is sick with a virus and my toddler is crying for Daddy." Yes, it was a bad day for my friend. Bad days occur in every year, past, present and future. Thank goodness the good days outnumber the bad.

Medicine is a fast changing scene, but so is everyday living. So reflect when the time is right. Enjoy those sweet memories of the good old days. Yes, they were wonderful times. But don't get lost in rose colored glasses land!

Let's Make it Right!"

By Carolyn O. Bilyea, Chairman
ATOMA Public Education

Have you ever had your address or phone number listed incorrectly in a directory? It's frustrating, not only to you but to those who are trying to find you.

Osteopathic Medicine has been incorrectly listed in libraries across the country. It has had a wrong library classification.

In 1976, it was discovered that Osteopathic Medicine was listed under section "615" (Dewey Decimal System) instead of the proper section "610" in our nation's libraries. In 1978, the AAOA House of Delegates appointed a special committee to correct this situation. In 1982, at the AAOA House of Delegates in Chicago, Mr. William T. Bunnell, Executive Director of the Technical Services of the American Library Association stated:

1982 Library of Congress Publication (official manual of the use of the Dewey Decimal System, 19th Edition) at number 615 titled "Osteopathy" reads: "Use only for a consideration of osteopathy as a therapeutic system. Treat osteopathy as a medical science, exactly as you would "orthodox" medicine, using 610 and its subdivisions other than 615,533. Today only historical or theoretical texts of osteopathic therapy are discussed, cataloguers are instructed to classify these in a therapy number. In terms of biography only the founder of osteopathic medicine would be found in 615.533. Biographies of practitioners will be classified now in 610.924 along with practitioners of their systems."

A letter regarding this information was sent in July to:

State, District and SAA president
State, District and SAA Public Relations Chair
State, District and SAA Public Education / Vocational Guidance Chairmen.

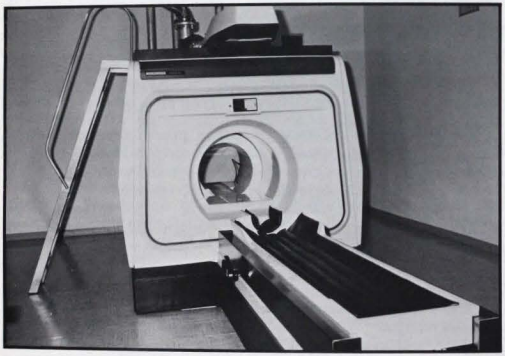
Guidelines were enclosed. A plea was made to check the Dewey Decimal Classification of osteopathic literature at your local high school, college and community libraries.

Letters are being mailed this month to all Districts/areas in Texas. Please read the material and act upon it.

Lets get it done in Texas. Finish the project knowing once and for all that we can find osteopathic medicine classified as a medical science!

Fort Worth Has Revolutionary Diagnostic Tool; Thanks to Dr. Biggs

Fort Worth now has a revolutionary new diagnostic tool, Nuclear Magnetic Resonance Imaging (NMR or MRI), which demonstrates anatomical structures as well as function and can study any part of the human body. This is done without the possible risk of radiation side effects of x-ray or the highly advanced computerized axial tomography (CAT Scans).



Fort Worth Magnetic Imaging Institute is headed by Charles R. Biggs, D.O. Dr. Biggs' staff includes Sally A. Hallgren, D.O., senior neurosurgical resident at Fort Worth Osteopathic Medical Center and Mr. Bob I. McHenry, technical director. At this time, Fort Worth Magnetic Imaging Institute is the only osteopathic clinic in the world to have NMR equipment.

Magnetic Resonance Imaging is an exciting breakthrough in medical technology which allows the physician to visualize the human body in a way which has not been possible before this. Magnetic Resonance is non-invasive, totally painless and shows anatomical structures with detail unsurpassed by any previous diagnostic device. Patient comfort is greatly increased by the fact that diversified imaging is possible in the transaxial, coronal or sagittal planes without patient movement or contrast agents being administered. "One of the most exciting things about Magnetic Resonance Imaging over x-ray or CAT Scans is the fact that NMR shows tissue structure as well as function," said Dr. Hallgren.

Nuclear Magnetic Imaging principles have been around some 30 years. However, in the last two years, it has reached its fine point as a diagnostic tool. The principle is to have the protons of the body aligned in a magnetic field and excited by a radio wave and then the time to realign is measured and computed into superior diagnostic images. Dr. Biggs has reported a high success in early diagnosing of Brain Tumors, Strokes, Multiple Sclerosis and Disc Disease. "At this time, by simply changing computer parameters around, the highest quality of diagnostic studies are being produced to show normal versus degenerated spinal disorders," McHenry stated. Other areas where NMR has proven to be useful: Lung Tumors, Fatty Deposits around the blood vessels, Lumps in the Breasts, Kidney and Liver disorders, plus Prostate and Testicular Tumors. "Magnetic Imaging is also the most sensitive test modality for multiple Sclerosis that exists at this time," said Dr. Biggs.

In conjunction with the Neuroscience Center, Dr. Biggs offers a complete array of diagnostic tools. The clinic is keyed to outpatient service, which is the current trend in medical treatment. Dr. Biggs stated, "The reason for the added facility is so the patients can have all tests performed in one day instead of going several places and

running into the next day and having to spend the night."

Magnetic Resonance Imaging offers a significant advantage over previous imaging modalities in that it demonstrates anatomical structures with detail, as well as function, and can be used to study any part of the human body. As magnetic imaging becomes more widespread, we feel that it might eliminate the need for many invasive procedures such as myelography, arthroscopy and CAT Scanning. No contrast agents are used in Magnetic Imaging, and there are no known harmful effects.▲

Official opening and Ribbon Cutting Ceremony took place August 7, 1984 in front of the Fort Worth Magnetic Imaging Institute at 904 Boland Street.

Ten Years Ago in the Texas DO

The 1974 edition of the *Texas DO* announced that the Texas State Board of Medical Examiners was making an effort to formulate guidelines for the practice of acupuncture in Texas.

In regards to performing an abortion, it was pointed out that the U. S. Supreme Court in its landmark 1973 decisions stressed freedom of choice not only for the patient but for the physician as well.

Texans who would fill important posts during 1974 at the national level were: George J. Luibel, D.O., Bobby G. Smith, D.O., Samuel B. Ganz, D.O., Robert G. Haman, D.O., David R. Armbruster, D.O., John H. Burnett, D.O., John Isbell, administrator of Stevens Park Osteopathic Hospital, T. Robert Sharp, D.O., Edward T. Newell, D.O., and Elmer C. Baum, D.O.

Marion E. Coy, D.O. would be guest speaker at the upcoming American Osteopathic Hospital Association/American College of Osteopathic Hospital Administrators' Convention in Dallas on November 6.

J. G. Brown, D.O. of Tyler and Lloyd D. Hammond, D.O., of Houston were awarded Certificates of Appreciation by the AOA in recognition of their fifty years in practice.

Thomas Whittle, D.O. of Fort Worth, was re-elected chairman of Tarrant County General Hospital Coordinating Committee.

Life memberships in the AOA were awarded to F. Marion Crawford, D.O., Charles L. Curry, D.O., Roger R. Delgado, D.O., Auldine C. Hammond, D.O., L. N. McAnally, D.O., M. S. Miller, D.O., Reginald Platt, D.O. and R. H. Spell, D.O.▲

Opportunities Unlimited

PHYSICIANS WANTED

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

BONHAM — in need of general surgeon, ob-gyn or especially a general practice physician with interests in OB. If interested call J. E. Froelich, D.O., 214—583-3191.

BONHAM — For sale or lease: office and vacant lot, across street from 65-bed hospital. One hour northeast of Dallas. Population 7,500. Excellent churches, schools, recreation, airport. Unlimited opportunity. Call Max Ayer, D.O., 214—388-7861.

FORT WORTH — Position open for general internist to join busy established group practice. For information write: TOMA, Box "103", 226 Bailey Avenue, Fort Worth, 76107.

GENERAL/FAMILY PRACTICE — Town of 2,000 in the farming and ranching area of the hill country of Texas. Only doctor in county needs associate/partner. No OB/surgery. 18-bed hospital in town. Excellent facility 65 miles away with services up to and including CT scanning. Two hours from Austin and San Antonio. Relaxed country living. Write TOMA, Box "100", 226 Bailey Avenue, Fort Worth, 76107.

HOUSTON — Position open for a general practitioner and internist. For further information please call 713—964-9709 or 713—937-0312 (home).

CHAIRMAN, Department of Manipulative Medicine (formerly Department of Osteopathic Philosophy, Principles and Practice), Texas College of Osteopathic Medicine. Applicant must have a D.O. degree and have been awarded the F.A.A.O. degree or have achieved candidate status. Minimum of 3-5 years of classroom teaching experience in a Department of Osteopathic Philosophy, Principles and Practice. Must have acknowledged leadership and administrative skills, as well as proven commitment to academic excellence. Interested individuals should submit curriculum vitae and three references to: Clyde A. Gallehugh, D.O., Chairman, Search Committee, T.C.O.M., Camp Bowie at Montgomery, Fort Worth, Texas 76107-2690. Deadline for applications: January 15, 1985. Texas College of Osteopathic Medicine is a state-supported medical school under the Board of Regents of North Texas State University and is dedicated to academic and research excellence. Applications will be held in confidence.

BONHAM — Golden opportunity exists for G.P. in town of 7600, one hour northeast of Dallas. Large D.O. practice vacated in June with no physician to take over. Young D.O. in same town seeks association with G.P./F.P. or surgeon willing to do some general practice. Modern 60-bed hospital draws from area of approximately 15,000. Guarantee available. Call or write Chief of Staff, J. E. Froelich, D.O., 214—583-3191 (office) or 214—583-4812 (home) or Administrator Mike Moseley, 214—583-8585 at Fannin County Hospital, 504 Lipscomb Avenue, Bonham, 75418.

QUANAH — Northwest Texas town of 4,000 population has young busy D.O. who needs partner. In practice for 2 years; OB, pediatrics, geriatrics, surgery. Hospital has 48 beds and fully equipped. Guarantee and extras negotiable. Send resume to TOMA, Box "203", 226 Bailey Avenue, Fort Worth, 76107.

SOUTHEAST TEXAS — For sale. Well established family practice in Southeast Texas town of 8,000, one and a half hours from Houston. Financially secure practice; established 31 years ago. Six blocks from excellent community hospital. Latest in automated lab; x-ray with automatic processor; physical therapy; EKG, etc. High quality, honest employees. OB optional. Area provides excellent hunting, water sports, camping. Will introduce. Owner continuing education. If interested write TOMA Box 105, 226 Bailey Avenue, Fort Worth, 76107.

NEW FAMILY MEDICAL CLINIC IN DALLAS — seeking energetic and ambitious orthopedic surgeon and obstetrician/gynecologist. Positions available fall 1984. Multi-specialty, family centered primary health care unit will facilitate 10 physicians. Clinic built to accommodate full medical departments of x-ray, laboratory and pharmacy. Each medical suite finished out at no cost with six months free lease. Program to subsidize salary. Located two miles from the hospital in one of Dallas/Fort Worth's most exciting active real estate markets. Unlimited potential for aggressive, dedicated physicians to build a flourishing and successful medical practice. Interested physicians please contact:

Henry T. Duke, Admin.
East Town Osteopathic Hospital
7525 Scyene Road, Dallas, 75227
214—381-7171

RICHARDSON — Bio-Basics Unlimited, a holistic health and beauty care center with a new concept toward combining medicine and wellness life styling through nutrition, vitamins and minerals and therapy involving weight management and smoking cessation, preventive medicine, needs a doctor for new practice, small investment required. If interested call 214—231-6638.

BEDFORD — Deluxe office space in new two story building, busy intersections, in a fluent, rapidly growing Bedford. Excellent location for a physician. Call 817—498-3883.

Opportunities Unlimited

POSITIONS DESIRED

CERTIFIED GENERAL SURGEON — with a sub-specialty in vascular surgery, is interested in moving to Texas. Will consider all areas of Texas. Contact: TOMA, Box "202", 226 Bailey Avenue, Fort Worth, 76107.

EMERGENCY MEDICINE — D.O. wishing to relocate to Texas (northeastern region preferred). Currently seeking a position as an emergency room or urgent care center physician; certified in BLS, ACLS and ATLS. Send inquiries to Daria Kitching, D.O., 5506 S. 85th E. Avenue, Tulsa, Oklahoma, 74145. Phone 1—800—331-2644.

OB/GYN — Board eligible. Texas licensed. Individual or group practice. CV upon request. For more information contact: TOMA, Box "200", 226 Bailey, Fort Worth, 76107.

PATHOLOGIST — Board certified osteopathic pathologist seeking a position as chief or associate. Solo or group practice desired. Experienced, well trained in clinical, anatomic pathology and laboratory management including knowledge of TEFRA & DRG's. Please reply to D.I. Gordon, D.O., 1233 Crane Drive, Cherry Hill, New Jersey, 08003.

GENERAL INTERNIST — completing residency June 1985 with additional training in nutrition, geriatrics, and rheumatology. Seeking group or solo practice opportunity. Will perform endoscopy and non-invasive cardiology. Contact: Karen J. Nichols, D.O., 2605 E. 96th East Ct., Tulsa, Oklahoma, 74129 or call 918—627-3058.

OFFICE SPACE AVAILABLE

BEDFORD — Deluxe office space in new two story building, busy intersection in affluent, rapidly growing Bedford. Excellent location for a physician. Call 817—498-3883.

FORT WORTH — Doctors professional building for sale or lease on West 6th Street near TCOM. Building is approximately 1,300 sq. ft. and lot is 50' x 125'. Call Dr. David Norman 817—336-2928.

FORT WORTH — Haltom Health Center, 2900-B Denton Highway, 1600 sq. ft. of private space in established medical center. Plenty of parking. Close to hospital. Will remodel to suit. Call 817—589-1362.

FORT WORTH WEST SIDE — Doctor's facility in area of medical professionals. Reception room, lab space, exam rooms and office. Beautifully decorated. 8008 Highway 80 West, Suite 108; phone 817—731-7588.

FOR LEASE — 1,419 sq. ft. Doctor's Suite in Professional Plaza on South Hampton Road in Dallas. Available September 1. For more information call: 214—331-4155.

FORT WORTH — Office space for sale or lease. All or part of 10,000 sq. ft. Share waiting room with pharmacy. Lab, x-ray, physiotherapy plus plenty of room to sub-lease. Includes dental suite. Would make excellent minor emergency clinic. Contact J. G. Dowling, D.O., 817—866-3308.

H.E.B. AREA — Plan your own office. Opposite N.E. Community Hospital. Corner Bedford Road & Airport Freeway, 1700 square feet top identity office for lease, electric bill only. Or will sell. New Building, generous finish out allowance. Call Janice after 6:00 p.m., 817—577-1320.

OFFICE SPACE AVAILABLE — North Star Vision & Health Care Center is looking for a physician. Any specialty welcomed. Located at North Star at Buckingham, North Garland. Contact: Dr. Stendig, 214—494-2020.

OFFICE SPACE AVAILABLE — Center of H.E.B. area. Corner of Glenview Drive and Grapevine Highway. Traffic count 20,000 cars per day. Design your own office. 1,200 sq. ft. and up. Will provide temporary space during construction. Contact: 817—284-8271 or 817—283-6913.

MISCELLANEOUS

RENT — BUY — LEASE: New and used medical equipment. Call or write: La-Der, P. O. Box 9620, Suite 118, Fort Worth, 76107; 817—294-6092.

FOR SALE — 100 milli-amp Pickerd x-ray machine; new film processor, cassette chest holder, view boxes, darkroom equipment. Contact: Dr. Bragg, P. O. Box 348, Bedford, phone 817—268-1303.

FOR SALE — Nitrous Crio Unit suitable for multiple (lesions) with straight and curved applications compact rolling stand. Also, electric padded tables on swivel base, excellent condition, foot control raises and lowers table and lower and upper sections. Contact: William Van De Grift, D.O., 2503 W. Jefferson, Blvd., Dallas, 75211.

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

Address Correction Requested

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