



**DISPLAY**

# Traditional Medical Delivery Systems Fade at TCOM

COLLEGE GOALS  
PLACE TCOM FIRST  
ON PATH OF THE  
FUTURE

See Page 8



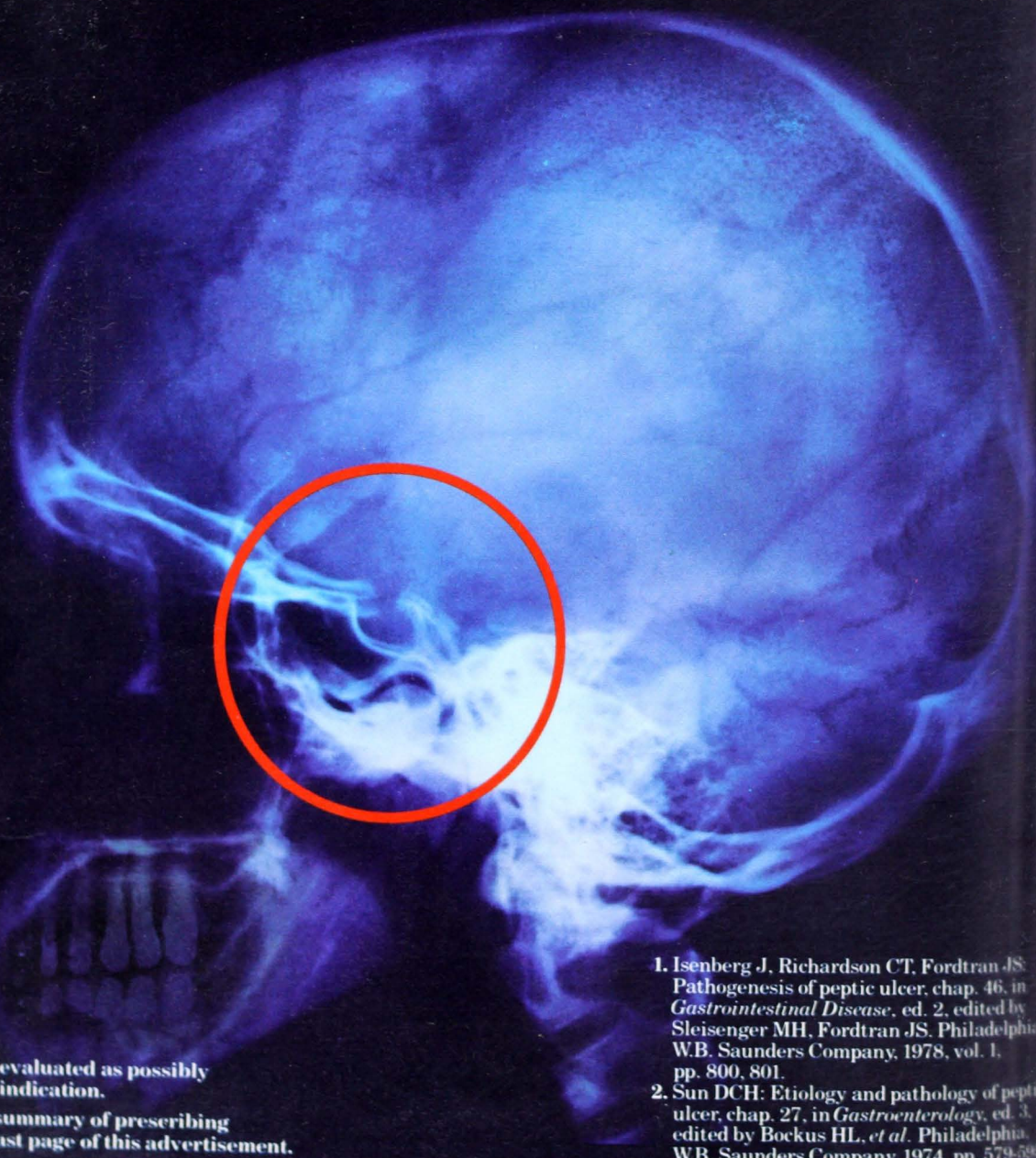
# The stress-secretion relationship in duodenal ulcer\*

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

## A psychobiologic treatment

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

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



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

1. Isenberg J, Richardson CT, Fordtran JS: Pathogenesis of peptic ulcer, chap. 46, in *Gastrointestinal Disease*, ed. 2, edited by Sleisenger MH, Fordtran JS. Philadelphia, W.B. Saunders Company, 1978, vol. 1, pp. 800, 801.
2. Sun DCH: Etiology and pathology of peptic ulcer, chap. 27, in *Gastroenterology*, ed. 3, edited by Bockus HL, et al. Philadelphia, W.B. Saunders Company, 1974, pp. 579-595.



## FEATURES

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ON THE COVER: Fort Worth artist Greg Beck illustrates the philosophy behind Texas College of Osteopathic Medicine's recently published goals statement. See Page 8 for an additional drawing by Beck.

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Mr. Tex Roberts, Editor



# Calendar of Events

## SEPTEMBER 20

### 11

- ★ TOMA District XV Meeting and Political Awareness Night  
Colonial Country Club  
Fort Worth  
6:30 p.m.  
Contact:  
Richard Stratton, D.O.,  
Meeting Chairman  
817-265-1551

### 16

- ★ TOMA District II Meeting  
Pecan Plantation  
Granbury  
6:30 p.m.  
Contact:  
R. Lynn Powell, D.O.,  
Secretary  
817-573-5523

### 18

- ★ TOMA District V Meeting  
Doubletree Inn  
Dallas  
6:30 p.m.  
Contact:  
John W. Wilson, D.O.,  
Secretary  
214-691-1090

- ★ TOMA District III Meeting  
New Petroleum Club  
Citizens National Bank Building  
Tyler  
7 p.m.  
Contact:  
H. George Grainger, D.O.,  
Secretary  
214-593-9731

### 21

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

### 22

- 22-26  
*7th Annual Postgraduate Course*  
*American College of Osteopathic*  
*Obstetricians & Gynecologists*  
Texas College of Osteopathic  
Medicine & Hilton Inn  
Fort Worth  
Contact:  
Ms. Barbara L. Hawkey,  
Executive Secretary  
900 Auburn Road  
Pontiac, Michigan 48057  
313-332-6360

## 25

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

## 30

- ★ TOMA Morocco Study Tour  
Departs

## OCTOBER 3

- ATOMA Board Meeting*  
304 N. Palm Drive  
Pharr  
Contact:  
Mrs. E.L. Suderman,  
President  
512-787-1600

## 6

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

## 11

- ★ TOMA Morocco Study Tour  
Returns



# Calendar of Events

18

- ★ TOMA District XI Meeting  
General and Family Practice  
Update: Topics in OB/GYN  
and Neonatology  
Sponsored by Texas College of  
Osteopathic Medicine  
Sheraton/Downtown Hotel  
El Paso  
Contact:  
Nancy Smith, TCOM/CME  
Camp Bowie at Montgomery  
Fort Worth, Texas 76107  
817-735-2538

## NOVEMBER

1

- ★ TOMA District XII  
Environmentally Influenced Skin  
and ENT Complaints  
Sponsored by Texas College of  
Osteopathic Medicine  
Holiday Inn  
Groves  
Contact:  
Nancy Smith, TCOM/CME  
Camp Bowie at Montgomery  
Fort Worth, Texas 76107  
817-735-2538

3

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

9

- 9-13  
*Annual Convention*  
*American Osteopathic*  
*Association*  
Las Vegas, Nevada  
Contact:  
American Osteopathic  
Association  
212 E. Ohio Street  
Chicago, Illinois 60611  
1-800-621-1773

15

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

18

- ★ TOMA District II Meeting  
Joe T. Garcia's Restaurant  
Fort Worth  
6:30 p.m.  
Contact:  
R. Lynn Powell, D.O.,  
Secretary  
817-573-5523

20

- ★ TOMA District V Meeting  
Contact:  
John W. Wilson, D.O.,  
Secretary  
214-691-1090

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

20

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

23

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

27

- ★ *Thanksgiving Day*

## DECEMBER

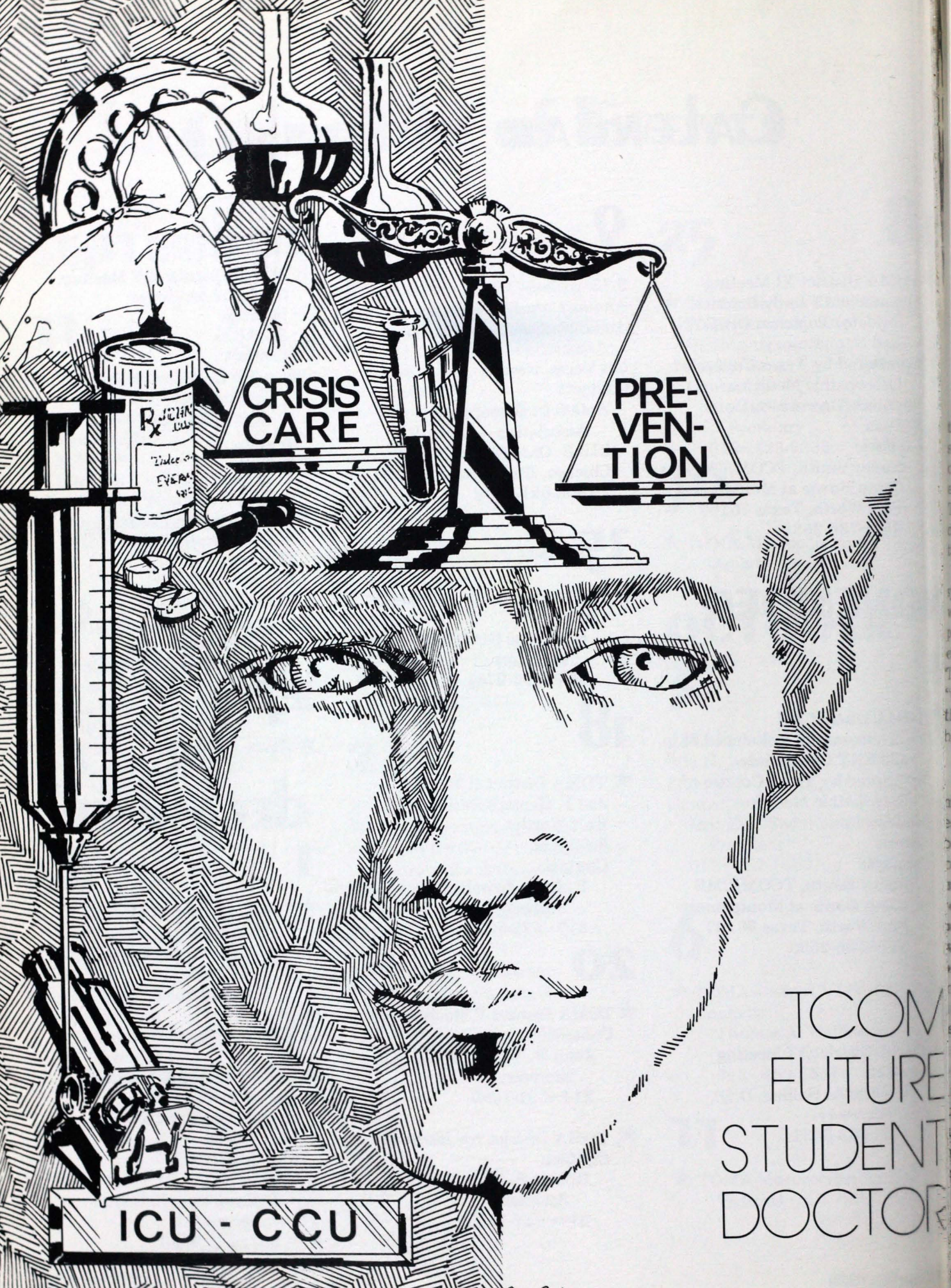
1

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

19

- ★ TOMA District II Meeting  
Christmas Party  
Ridglea Country Club  
Fort Worth  
6:30 p.m.  
Contact:  
R. Lynn Powell, D.O.,  
Secretary  
817-573-5523





CRISIS  
CARE

PRE-  
VEN-  
TION

ICU - CCU

TCON  
FUTURE  
STUDENT  
DOCTOR



# Health Care System Most Expensive, But Not the Best

A statement of goals that indicts the present American health care system and proposes to change the direction of traditional medical education has been adopted by Texas College of Osteopathic Medicine (TCOM) for implementation in the 1980s.

Critical of the current health care system as the most expensive in the world but not the best, the report outlines a plan for shifting the emphasis in the education of TCOM's future physicians from the "defensive" after-the-fact disease to the "offensive" promotion of health.

The statement challenges the myth that the medical care system, especially physicians, are the source of health, and places the responsibility for health squarely on the individual. "Health," the report reads, "can no more be imparted by one person to another than can wisdom, courage, integrity or any other desirable human quality. The medical reinforcement of this myth has engendered in the public a deep sense of dependence on doctors for health." Other factors, such as poverty, ignorance, prejudice and discrimination, ethnic group, pollution of the environment and occupation, "outweigh the entire medical industry as determinants of public health."

"These things have been said before," said I. M. Korr, Ph.D., chairman of the task force that

## Curriculum Goals Shift to Promotion of Health

wrote the statement. "But TCOM is the first to do anything about them, to design a curriculum around health maintenance and health promotion. We think it's the path of the future."

The goals specifically call for the Fort Worth medical school to educate its students so that as physicians they will transfer their emphasis:

- from therapy to prevention; from remedial medicine to prophylactic medicine;
- from late-stage disease to early departure from health;
- from pathologic medicine to physiologic medicine, the objective which is to help the individual achieve, and continue on, his or her best physiologic path;
- from treating disease to teaching healthful living, especially by example;
- from intervention in biologic processes to seeking their optimal operation by improving "the conditions under which they operate";

- from focus on parts of the body to the total person, as the total person, as the context in which the parts operate;
- from the physician to the patient as the source of health and the agent of cure, the physician's objective being to support and disencumber the natural processes of homeostasis, healing and recovery, thus placing the patient in command of the situation;
- from preoccupation with disease processes to concern about disease origins, from causes of disease to the factors that permit them to *become* causes;
- from specificity and multiplicity of diseases to susceptibility to illness in general;
- from acute crisis and episodic treatment to longterm care; from addressing acute episodic problems in isolation to dealing with them in the context of the total life and health status of the patient;
- from an emphasis on depersonalized technology to a heightened awareness of human values and individual uniqueness.

The statement has received the endorsement of the State University of New York at Stony Brook's Steven Jonas, M.D., author of *Medical Mystery*, a book which is critical of and offers remedies to



the current American health care delivery system and espouses many of the same views as the report. "The statement is the application of logic and rationality to the problem of American health care," he told the TCOM faculty during a recent visit. "TCOM appears to be planning to become the first medical school in the country to institute a prevention-based curriculum."

The "transfer of emphasis" repeatedly called for in the report does not mean that the school is dumping its therapy instruction. "Obviously," the goals statement explains, "it will continue to be necessary to prepare students for 'acute, crisis and episodic' care as well as for prevention." The overall aim of the change is a "better balance in the total medical effort."

Several TCOM faculty-

administrator committees have been charged with seeing that the goals are carried out. Some of the steps anticipated include not only changes in the content of medical courses and how they are taught, but also changes in student-doctors' "on-the-job training" and in the selection of faculty and students.

---

**"To find health  
should be the  
object of the  
doctor. Anyone  
can find disease."**

**A. T. Still, 1889**

---

The guidelines call for a reduction in hospital-based training stressing instead that "an important role of the physician is to keep people out of hospitals," and teaching based on problem-solving rather than on memorization.

Future TCOM students will be selected on the basis of "broad-based educational background with emphasis on the humanities as well as the sciences and/or a broad-based life experience; capable minds, mature personalities, variability of individuals."

Charles D. Ogilvie, D.O., chairman of the curriculum committee at TCOM added, "We decided we needed to start training doctors in relation to the health needs of the nation. Traditional medicine is locked into a disease model. What we are doing, in a sense, is breaking the mold."^

# Ruling Clears Way for D.O. President

The attorney general of Texas has rendered an opinion which allows the Board of Regents of North Texas State University (NTSU) to remove an impediment to good administration of Texas College of Osteopathic Medicine (TCOM).

State Representative Gib Lewis of Tarrant County, requested the opinion after conferring with TOMA.

The attorney general concluded that the Board of Regents of NTSU may validly designate the chief executive officer as chancellor and said the Regents can employ and discharge presidents and other employees.

To date the president of NTSU has served as the president of TCOM. The statute establishing TCOM provides:

"(a) There is hereby created a college of osteopathic medicine in the city of Fort Worth to be known as the Texas College of Osteopathic Medicine, a separate institution and not a department, school, or branch of North Texas State University, but under the direc-

tion, management, and control of the Board of Regents of North Texas State University."

TOMA, through its official governing bodies, more than a year ago determined that TCOM was not being accorded the autonomy granted by the statute and launched a legislative program to statutorily create a D.O. president of TCOM reporting directly to the Board of Regents.

At one point in the last session of the legislature, a compromise was reached between TOMA and the then chairman of the Regents that would have created the title of chancellor to satisfy the statutes requirement that the chief executive officer of both universities be the same person. In the closing days of that legislative session the compromise fell apart and this year the TOMA Board of Trustees and House of Delegates voted to seek once again an amendment to the statute to create a D.O. president of TCOM. The attorney general's opinion offers a legal basis for the plan to have a chancellor under whom a president of NTSU and a president of TCOM would operate.^



# AOA House of Delegates Reports



**JOHN H. BURNETT, D.O.**  
Report on  
Bureau of Insurance

During the past year there has been relatively little change in the insurance marketplace with respect to medical malpractice insurance. Although insurers today have taken more liberal and competitive underwriting positions, no major company is seeking to undertake a new malpractice insurance program for a national organization such as the AOA. At the same time the new doctor/hospital owned companies and state joint underwriting associations have filled the void and provided coverage for the AOA membership. Very few inquiries in the last 12 months have been made of the AOA or its administrator, Corroon and Black of Illinois, regarding malpractice coverage. Consequently, the Bureau of Insurance and its administrator has suspended their search for a carrier for a national malpractice program until a definite need becomes more apparent.

## STATUS OF AOA INSURANCE PLANS

### Professional Overhead Plan

As a result of a rate reduction and change of carrier from Occidental to National Casualty, the semi-annual total premium was reduced from \$60,731 to \$49,204. Ninety-two percent of the insureds renewed and 14 additional members applied for increased benefits. Solicitation of the entire membership is being conducted now in conjunction with the disability plan using a joint application and underwriting.

### Occidental Death and Dismemberment Plan

As of February 1, 1980 there were 476 insured with a premium of \$24,917. Ninety-six percent of the insured members renewed coverage. The loss ratio continues to be excellent having run under eight percent since 1972.

### Excess Major Medical

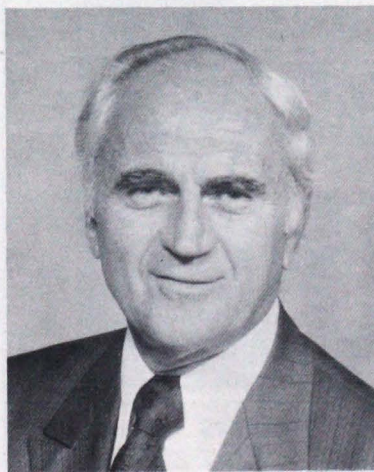
For the year ended March 15, 1980 there are 342 insured with an annual premium of \$71,653. This is approximately a 20 percent increase resulting from the solicitation of the Spring of 1979.

### Professional Life Insurance Plan

The new plan was introduced and solicited beginning in March, 1979 and has been very well received by the membership. The coverage provides high amounts of annual renewable term insurance from \$50,000 to \$1,000,000. Occidental is the underwriter for this program.

### New Proposed Major Medical Insurance Plan

A major medical plan for AOA members, employees of members, and osteopathic students will be offered in the near future. The underwriter will be Occidental Life. There will be two options which reimburses 80 percent of the first \$5,000 of covered medical expenses in excess of the deductible per calendar year. Additional covered medical expense will be reimbursed at 100 percent for the remainder of the calendar year. There is a lifetime major medical maximum of \$1,000,000 of which not more than \$25,000 is payable for mental and nervous disorders. The deductible ranges from \$200 to \$2,000.



**M. A. CALABRESE, D.O.**  
Report on  
Public Affairs Committee

Report of action of the House of Delegates of AOA on resolutions 216, 217, 223, 224, and 225 of the Public Affairs Committee. All resolutions were passed and adopted by the House.



**Resolution 216** — *submitted by the Committee on Health Related Policies and pertained to "Sudden Infant Death" policy statement.*

This was a reaffirmation of a resolution adopted in 1974 whereby the AOA "urges maximal resources and efforts be concentrated on medical research into prevention and causes of "Sudden Infant Death," and that this information be made available to the public.

**Resolution 217** — *submitted by the Council on Federal Health Programs and pertained to confidentiality of medical records.*

It asks the AOA to oppose any invasion of privacy of the patient record by any person or agency and to seek protection of patient/physician relationship and guarantee confidentiality of patient records.

**Resolution 223 & 224** — *submitted by the American College of Osteopathic Pediatricians. The former pertained to the elimination of indigenous measles and the latter pertained to ongoing immunization efforts.*

In both resolutions the pediatricians asked the AOA to support the efforts of the Center for Disease Control in first to eliminate indigenous measles by October 1982 and secondly to eliminate the significant vaccine preventable diseases in the United States.

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**Resolution 225** — *submitted by the Missouri Association Osteopathic Physicians and Surgeons and pertained to National Osteopathic Medicine Week.*

Because of the rapid growth of the osteopathic profession and its impact on the public in recent years and the huge success this year, the AOA was asked again to appropriate funds for planning, promotion and execution of National Osteopathic Medicine Week next year.



**JOHN CEGELSKI, JR., D.O.**  
**Report on Reference  
Committee of the House**

This year's reference committee spent most of its time on reaffirming and bringing up-to-date the following old resolutions:

**Resolution 213** — *Osteopathic Medicine Policy Statement (Committee on Health Related Policies).*  
No Change

**Resolution 214** — *Cancer Policy Statement (Committee on Health Related Policies).*  
No Change

**Resolution 215** — *Child Abuse Policy Statement (Committee on Health Related Policies).*  
Minor Change

**Resolution 216** — *Sudden Infant Death Policy Statement*  
No Change

One of the resolutions submitted by the Missouri Association of Osteopathic Physicians and Surgeons was Resolution 206 that states:

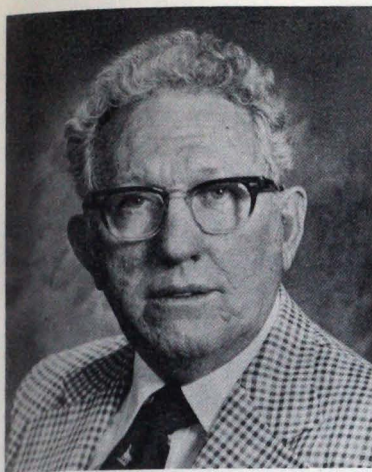
*WHEREAS, cardio pulmonary resuscitation (CPR) techniques have been proven as effective life saving measures, and*

*WHEREAS, CPR techniques should be familiar to all licensed physicians as well as to as many members of the general public as can be interested, therefore, be it*

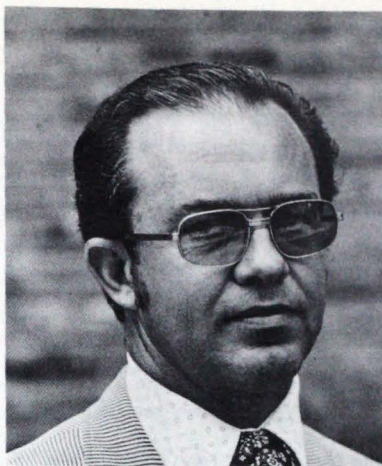
*RESOLVED, that the American Osteopathic Association go on record as supporting in every way possible instruction in CPR techniques to the general public; and be it further*

*RESOLVED, that the American Osteopathic Association make every effort to qualify member physicians as instructors in Advanced Cardiac Life Support so as to enable them to teach Cardiac Life Support in schools, at churches and other organizations on a voluntary basis.*





**G. P. FLANAGAN, D.O.**  
Report on  
Public Affairs Committee



**ROYCE K. KEILERS, D.O.**  
Report on  
Ad Hoc Committee

The Public Affairs Committee reported on resolutions 207, 208, 211 and 219 to the AOA House of Delegates.

**Resolution 207** — *Submitted by Ohio Osteopathic Association and pertaining to the use of rubber stamp signatures.*

The resolution sought to utilize rubber stamp signatures in complying with the two signature requirements in the Hospital Accreditation Requirements.

DISAPPROVED

**Resolution 208** — *Submitted by the Pennsylvania Osteopathic Medical Association and pertaining to scheduling of the national AOA convention.*

The resolution instructed the AOA Convention Committee to not schedule the AOA National Convention within the same week of the national elections held in November.

PASSED

**Resolution 211** — *Submitted by the American Osteopathic College of Pathologists and pertaining to the Health Care Financing Administration published regulations relating to reimbursement of "Hospital-Based Physicians."*

The regulation would, if implemented, have the effect of redefining the term "physician" and would ultimately adversely affect the quality of laboratory services and disserve the American patient. Although the regulation has been withdrawn because of a court order, there may be later attempts to reinstitute these or similar regulations following legal appeal. The AOCPP sought support of the AOA in opposition to the regulation and declares its commitment to pursue all appropriate avenues to prevent further HCFA attempts at implementation.

PASSED

**Resolution 219** — *Submitted by the Committee on Health Related Policies and pertaining to emergency medical identification and information.*

REFERRED TO Committee on Health Related Policies

It was my pleasure and privilege to be reappointed to serve on the Ad Hoc Committee. This very active committee acted on Resolutions 200-203, 205, 221, 229 and 232 and presented them to the House of Delegates for its dispensation.

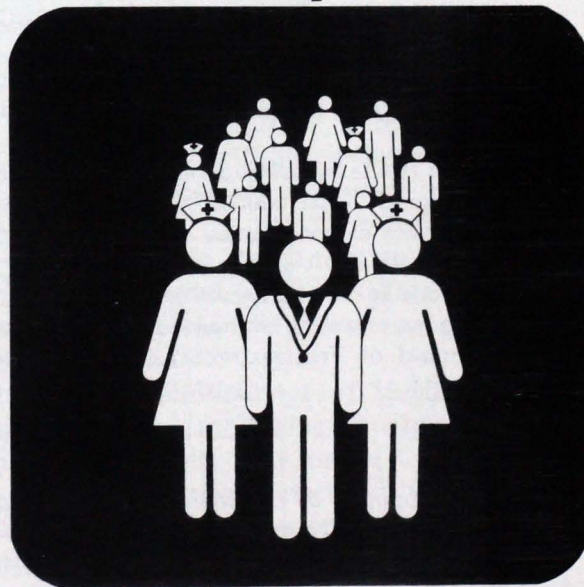
**Resolution 200** — *Submitted by the Board of Trustees and relating to PSROs.*

Resolved that the American Osteopathic Association, through its Council on Federal Health Programs, closely monitor new developments in the PSRO program which, unless satisfactorily resolved, could result in a decision to reconsider its recommendation of organizational support for this program.

APPROVED



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Groves, Texas 77619  
713-962-5733



**Resolution 201** — *Submitted by the Osteopathic Physicians and Surgeons of California and relating to professional disciplinary action.*

DISAPPROVED

**Resolution 202** — *Submitted by the Osteopathic Physicians and Surgeons of California and relating to protocol within affiliate societies of the American Osteopathic Association.*

DISAPPROVED

**Resolution 203** — *Submitted by the Association of Military Osteopathic Physicians and Surgeons and pertaining to military sponsored CME programs.*

DISAPPROVED

**Resolution 205** — *Submitted by the Missouri Association of Osteopathic Physicians and Surgeons and pertaining to prohibition of professional discrimination.*

DISAPPROVED

**Resolution 221** — *Submitted by the Committee on Hospital Accreditation and pertaining to physician assistants.*

Resolved that the guidelines governing the use of physician assistants within a hospital setting be incorporated into the Accreditation Requirements of the American Osteopathic Association.

APPROVED

**Resolution 229** — *Submitted by the Board of Trustees and pertaining to policy statements of the AOA.*

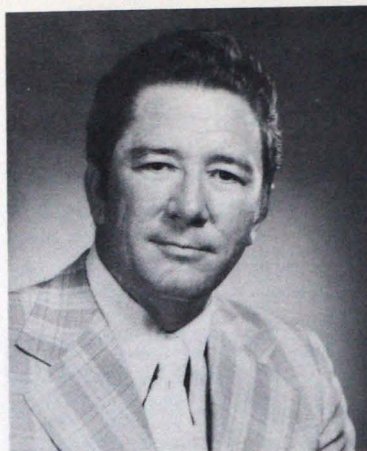
Resolved that the House of Delegates authorize the Board of Trustees upon advice of legal counsel to adopt new policy statements and/or revise existing policy statements in the area of the relationship of the AOA and its membership with other health care professions as may be necessitated by legal circumstances prior to the next meeting of the House of Delegates and directs that the Board of Trustees report such action to the House at such meeting.

REAFFIRMED

**Resolution 232** — *Submitted by the Board of Trustees and pertaining to the preliminary draft report of the Task Force on Graduate Osteopathic Medical Education.*

Resolved that the AOA Board of Trustees recommend to the House of Delegates that the "Preliminary Draft Report of the Task Force on Graduate Osteopathic Medical Education" (funded by a grant from the Kellogg Foundation) be approved in principle for purposes of dissemination.

APPROVED



**JAMES W. LIVELY, D.O.**  
Report on  
Constitution and  
Bylaws Committee

It was my privilege to serve as chairman of this house reference committee for the annual meeting of the American Osteopathic Association House of Delegates in Philadelphia. The proposed amendments to the AOA constitution and bylaws were previously printed in the May 1980 issue of the *Journal* of the AOA. House action on the proposed amendments are listed by article and section as follows:

#### **Article 6 — Section 1 — Student representation.**

Amended to conform to the wishes of the house concerning student representation. The amendment entitles each state with a college of osteopathic medicine to add one additional delegate as a student counsel representative of the college that is accredited by the AOA. The student delegate is to be elected according to the bylaws of the AOA and is subject to the divisional association and AOA's requirements for delegate. This proposed bylaw change was enacted by the House of Delegates and the student member from TCOM was seated with our delegation.

#### **Bylaws Article 2 — Section 2 — Membership requirements.**

This section was amended to allow student membership status to any undergraduate student in an approved college of osteopathic medicine upon receipt of a membership application. The significant change by adoption of the bylaw was to delete the necessity of recommendation by the president or dean of the college. This proposed bylaw was passed by the House of Delegates.

#### **Article 3 — Section 2 — Dues rate.**

The annual dues of regular members of the AOA was increased to \$275. This proposed bylaws change, which was recommended by the House of Delegates in its 1979 annual meeting, was approved by the House. In adoption, an explanatory statement was attached directing that \$50 of that amount be placed in reserve for alleged tax liabilities. Bylaws Article 3 — Section 2 was amended to read as follows:

*Student members shall not be liable for dues or any assessment.*

This was approved by the House of Delegates. The change in the bylaws clarifies the dues free position of the students in our approved osteopathic colleges.



## Article 5 — Section 10 — Representation of Student Councils.

This section was amended to define the privileges and position of the student delegates from the states in which there are approved colleges of osteopathic medicine. The amendment was approved by the House.

## Bylaws Article 9 — Section 5 — Department of Governmental Affairs.

This amendment proposed to increase the membership on the Counsel on Federal Health Programs. The amendment stated that six members will be appointed by the Board of Trustees and the seventh member will be chairman of the Bureau of Public Education on Health. It further allowed for staggering the terms of committee members with two members being appointed each year for a three-year term. This amendment was approved by the House with the explanatory statement that the committee urges that small states be represented.

**Resolution No. 212 —** *Concerning the structure of the AOA Board of Trustees and House of Delegates as submitted by the Committee on Long Range Planning and Building was reviewed by the reference committee.*

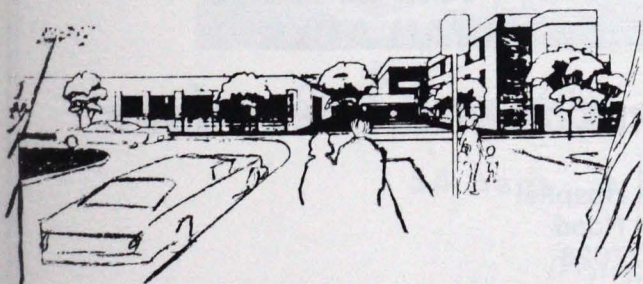
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**A COMMITMENT . . .** for providing the best diagnostic and treatment capabilities available for the citizens of our community; at present offering cobalt treatment, LASER surgery, nuclear medicine department, and many other services not usually found in hospitals of comparable size.



## Grand Prairie Community Hospital

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CONTACT: Richard D. Nielsen, Administrator  
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*"Ours is a health care facility that will not be content with less than excellence in everything we do."*

The initiating factor for the resolution was contained in an explanatory statement that stated the projected growth and change in the complexion of the profession over the next decade required the House of Delegates to review the increasing demands and requirements of expertise of its officers and, in addition, evaluate the structure and makeup of the House of Delegates as it relates to the expanding profession. The reference committee recommended approval of a substitute resolution that reads as follows:

*RESOLVED, that a five-member committee from the House of Delegates be appointed to study the structure and makeup of the house, and be it further*

*RESOLVED, that the committee shall report to the House of Delegates July 1981.*

This resolution was approved by the House of Delegates. ^

## Embalming Not Required by Law

Embalming of a dead human body may be performed at the request of a family, but recent state legislation—backed by an Attorney General's opinion—has changed the compulsory requirement of embalming.

State Health Commissioner Robert Bernstein, M.D., said Senate Bill 277 of the 1979 66th Texas Legislature did away with mandatory requirements pertaining to compulsory embalming of dead human bodies. Families still may request embalming.

Section 10 of SB 277 states: "This board (State Board of Morticians) shall promulgate no rule or regulation requiring embalming. No other state agency shall promulgate or enforce a rule or regulation requiring embalming without a finding that such rule or regulation is necessary to protect the public health."

In his opinion on the new legislation, Attorney General Mark White stated that embalming cannot be required "unless and until the State Board of Health makes a finding that the rule is necessary to protect the public health."

The State Commissioner of Health said there are situations when embalming is appropriate and for aesthetics the family may desire to have it done. He said this is a personal decision in which the state cannot interfere unless there is a public health necessity.

Dr. Bernstein said the Texas Department of Health currently knows of no situation in which embalming is necessary to protect public health. "I don't know of any disease which would be affected by embalming," he said.

The State Health Commissioner said there are means to handle and transport bodies of those who died of a transmissible disease without danger. ^



# Dr. Hause Remembers the Past

"Remember the past"—You recall that I said this would be part of my theme for 1980. It is interesting for me to remember how our profession has progressed in Texas during the past 56 years because that is how old I am today.

Dr. Phil Russell was TOMA president the year I was born. There were less than 100 osteopathic physicians and no osteopathic hospitals in this state, yet, although few in number, they were able to achieve the practice rights and public acceptance which our pro-

fession enjoys today.

In spite of being considered "quack doctors" by the M.D.'s, osteopaths served on the Texas State Board of Health and Board of Medical Examiners and because of the fact that osteopaths had no hospital privileges, osteopathic hospitals were established a few years later. When an attorney general's ruling in Kansas made it a crime for an osteopathic physician to prescribe drugs or perform surgery, many of the D.O.'s in Kansas came to Texas, and Fort Worth

Osteopathic Hospital was established about 1948.

Our profession survived and grew because of a few doctors and friends of the profession like Amon Carter and Sid Richardson, who were zealous in supporting the osteopathic profession against its much stronger and more numerous foes.

Some of you remember when Blue Cross and other insurance companies would not pay for our services to patients, when we could not serve as doctors in the military

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or civilian medical corps, when we could not attend M.D. sponsored post graduate programs, when we could not refer a patient to an M.D. specialist, when we could not belong to the American Cancer Society or the American Heart Association.

I think it is good to remind ourselves that we enjoy our present stature in the health care community not because things were given to us, but because we fought vigorously and constantly to achieve them every step of the way.

The struggle is not over and unless we, as an organized group, continue to protect our present rights and gain new ones, osteopathic physicians and institutions will cease to exist and we will lose the identity we have now.

It is the responsibility of each one of us who are proud of our heritage and what the osteopathic profession is in Texas today to see that the future generations of osteopathic physicians can be equally proud.▲

## PAC Easy Way to Make Political Contributions

"The political action committee is a legally established, acceptable way for an organization to participate in the political process. It is effective and, in many ways, it's convenient," states C. Robert Benedict, director of the Washington office of the American Osteopathic Hospital Association, in a recent issue of *Osteopathic Hospitals*.

Benedict describes how and why individuals and organizations can become involved in the political process through a political action committee.

"It's convenience," says Benedict, "lies in the fact that individuals can contribute to a PAC

to support its goals and leave the actual decisions as to who receives the funds to the PAC's board of directors. The contribution gets the contributor involved in the process of supporting certain issues, and the contribution has a great impact because its source is an individual through a larger group of individuals (the association). The PAC can also support a group of candidates instead of a single person, a fact which heightens the impact of the dollars spent."

To make your contribution to the Texas Osteopathic Political Action Committee, contact Tex Roberts, executive director, TOMA.▲

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# Texas Ticker Tape

## TEXAS NATURAL DEATH ACT FORMS AVAILABLE FROM TOMA

Copies of the Directive to Physicians prescribed by the Texas Natural Death Act are available to interested persons from the TOMA office. In addition, the State Office will provide witnesses and notarial services for citizens wishing to execute the form. The statement directs a person's physician to not artificially prolong the individual's life.

## TEXAS BIRTH RATE ROSE IN 1979

According to the annual *Texas Vital Statistics* report, Texas' birth rate rose in 1979 to its highest level in eight years with 19 births per 1,000 population, compared with 18.2 in 1978. The last time the birth rate was as high or higher was in 1970, when there were 20 births per 1,000 people.

## GROVES HOSPITAL ADDS MEDICAL STAFF MEMBER

Joel Braunstein, D.O., has joined the medical staff at Doctors Hospital in Groves. Dr. Braunstein has opened his general practice office in Port Neches. A graduate of the College of Osteopathic Medicine and Surgery in Des Moines, Iowa, he was previously in practice in Collingswood, New Jersey.

## EFFECTS ON MEDICAID PROGRAM

A recent Supreme Court decision states that no Federal funds may be used to pay for abortions except in cases where the life of the mother would be endangered if the fetus were carried to term or if the pregnancy is the result of rape or incest and the incident was reported to the health or law enforcement agency within 60 days of its occurrence. Although the Supreme Court's ruling allows states to pay for other types of abortions without using Federal funds, in Texas this is not an option. The State Constitution bars use of State funds appropriated to Medicaid unless Federal matching funds are available.

## MITCHELL COUNTY HOSPITAL DISTRICT GAINS NEW D.O.s

William R. Jones, D.O., and George C. Lindsey, D.O., have been appointed to the medical staff of Root Memorial Hospital in Colorado City by the Mitchell County Hospital District. Both are graduates of Texas College of Osteopathic Medicine.

## TOMA MAKES GIFT TO TCOM LIBRARY

Tex Roberts, executive director of TOMA, has presented the Texas College of Osteopathic Medicine Library with a secretary's notebook containing the original handwritten minutes of the first four annual meetings, 1900-1904, of the Texas Association for the Advancement of Osteopathy, the forerunner of TOMA. Also included were complete typed transcripts of the minutes and a collection of excerpts dealing with the early efforts of the Association to promote legislation ensuring the rights of osteopathic physicians to practice in Texas.

## D.O. OPENS PRACTICE IN PERRYTON

John Phillips, D.O., has opened his general practice office in Perryton and is a member of the medical staff of Ochiltree General Hospital. He is a graduate of Texas College of Osteopathic Medicine.



# Texas Ticker Tape

## FDA SEEKS BAN ON DARVON REFILLS

The U.S. Food and Drugs Administration has recently advised doctors not to allow refills for the prescription painkiller most often sold under the name Darvon. The drug, generically known as propoxyphene, "has been associated with a number of deaths, mostly resulting from deliberate overuse, abuse or suicide," the agency said in a notice distributed to doctors. The FDA also said doctors should write all propoxyphene prescriptions instead of calling them in to druggists to control use of the drug.

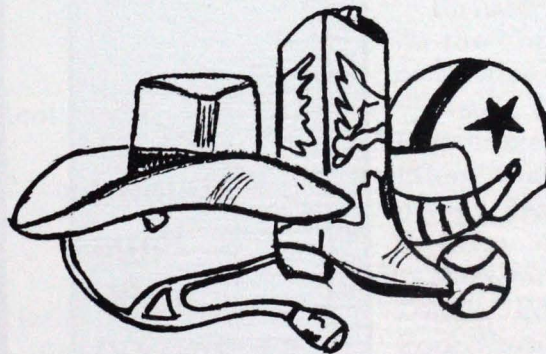
## REPUBLICAN HEALTH LEADERS JOCKEYING FOR POSITION

Now that the Republicans have gone on record in their platform in favor of deregulation in the health care industry, the party's health leaders will begin maneuvering for position to help shape Ronald Reagan's policy. Key figures in the process are Rep. Dave Stockman of Michigan and Sen. Richard Schweiker of Pennsylvania. Sen. Schweiker heads up Reagan's Congressional advisory group on health and Rep. Stockman served on this year's platform committee and is one of the two or three most influential House Republicans on health matters. Sen. Schweiker has worked throughout his career to protect most existing federally supported health programs such as the planning program and capitation grants for schools of health professions, and Rep. Stockman has tried to close down these and other programs. The Republican platform does not embrace either the Schweiker bill, which is moderate, or the Stockman bill, which is the most sweeping of the health care deregulation proposals before Congress. ▲

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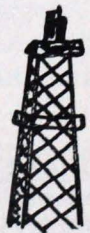


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# Texas Osteopathic Medical Association

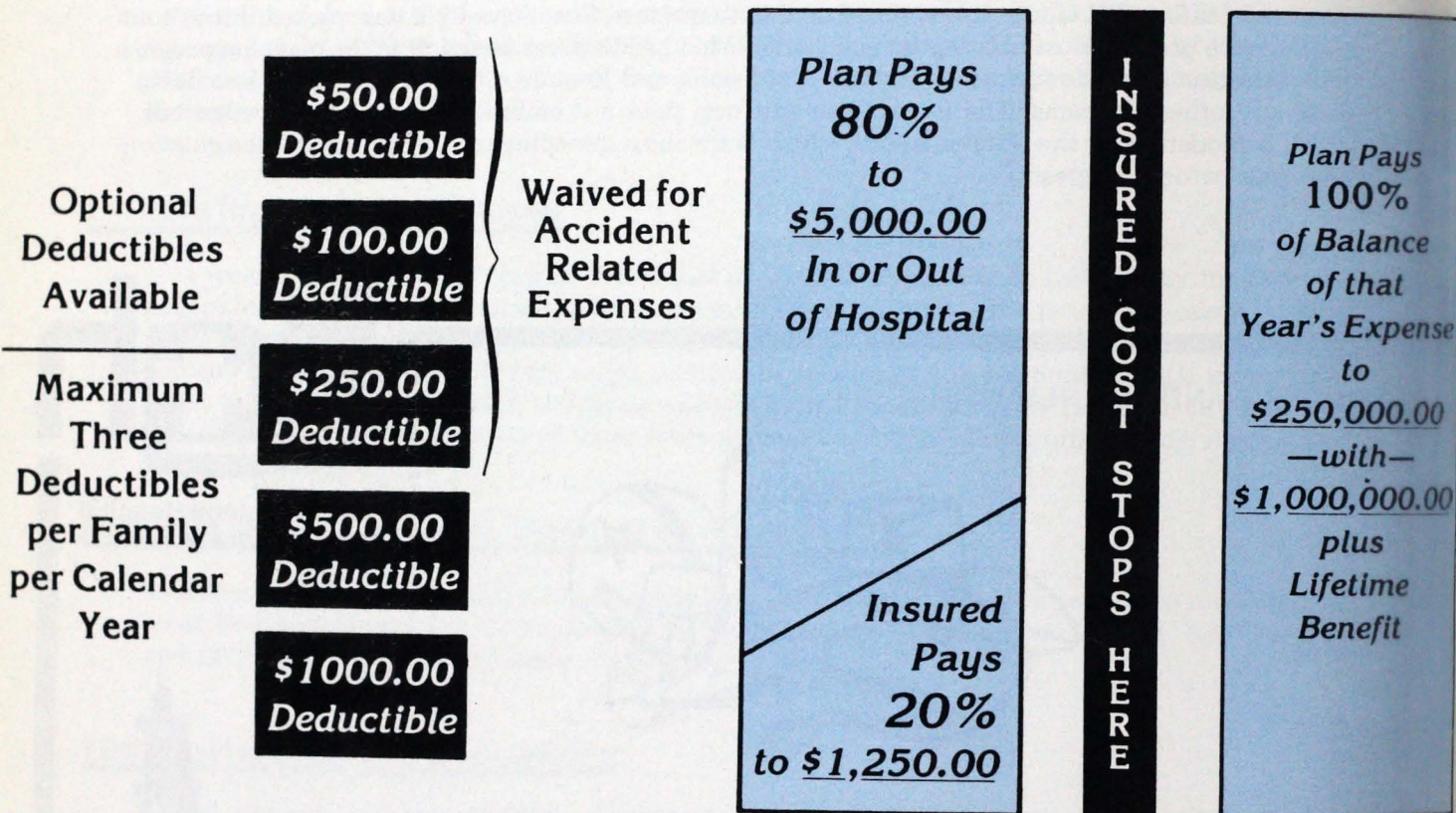
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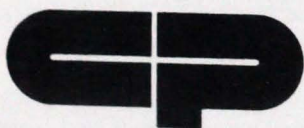
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# Texans Receive AOA Appointments

Eighteen Texans have been appointed to continue to serve on various positions within the American Osteopathic Association organization.

Serving as members of the Board of Trustees are David R. Armbruster, D.O., of Pearland and Robert G. Haman, D.O., of Irving.

Dr. Armbruster also serves on the Executive Committee, the Bureau of Finance, chairman of the Department of Governmental Affairs and vice-chairman of the Bureau of Public Education on Health, and a member of Reference Committee 81-E.

Dr. Haman also serves on the Advisory Committee on Osteopathic Education (AOA/AACOM/AOHA), vice-chairman of the Bureau of Organizational Affairs, vice-chairman of the Committee on Membership, and as a member of the Committee on Public Relations and the Reference Committee 81-I.

Samuel B. Ganz, D.O., of Corpus Christi continues to serve as speaker of the AOA House of Delegates and as a member of the Committee on Long-Range Plann-

ing and Building, Committee on Editorial Policy and as a consultant to the Committee to Study the House of Delegates.

James C. Williamson, Jr., D.O., of Seagoville has been appointed to serve on the Committee on Hospital Accreditation and on the Appeal Committee on Hospital Accreditation.

George J. Luibel, D.O., of Fort Worth will serve as an alternate to the Appeal Committee on Hospital Accreditation.

Jay E. Sandelin of Fort Worth has been named as a public representative to the Bureau of Professional Education, the Council on Osteopathic Educational Development, Task Force on Graduate Osteopathic Medical Education, and as vice-chairman of the Committee on Basic Documents of Education and Accreditation.

Ralph L. Willard, D.O., of Fort Worth will serve on the Bureau of Professional Education, Advisory Committee on Osteopathic Education (AOA/AACOM/AOHA).

Royce K. Keilers, D.O., of La Grange has been named to the Committee on Colleges and the Steering Committee on National Institute for Osteopathic Education Development.

Richard W. Anderson, D.O., of Mesquite will serve on the Committee on Postdoctoral Training and Subcommittee on Intern Training.

Claude G. Rainey of Fort Worth will serve on the Committee on Postdoctoral training, Subcommittee on Intern Training, Subcommittee on Residency/Osteopathic, Residency/Non-Osteopathic and Preceptorship Training.

Mary M. Burnett, D.O., of Dallas, Margaret Willard Dennis, Ed.D., of Fort Worth and Tex Roberts of Fort Worth have been named to the Committee on Continuing Medical Education.

T. Robert Sharp, D.O., of Mesquite will serve on the Advisory Board for Osteopathic Specialists.

John Isbell of Dallas will serve as vice-chairman of the AOHA group on the Advisory Committee on Osteopathic Education (AOA/AACOM/AOHA).

James W. Lively, D.O., of Corpus Christi will serve on the Committee on Constitution and Bylaws and the Committee on Ethics.

Serving on the Committee on Health Related Policies and chairman of the Council on Federal Health Programs will be Elmer C. Baum, D.O., of Austin.

John H. Burnett, D.O., of Dallas will serve as chairman of the Bureau of Insurance. ▲

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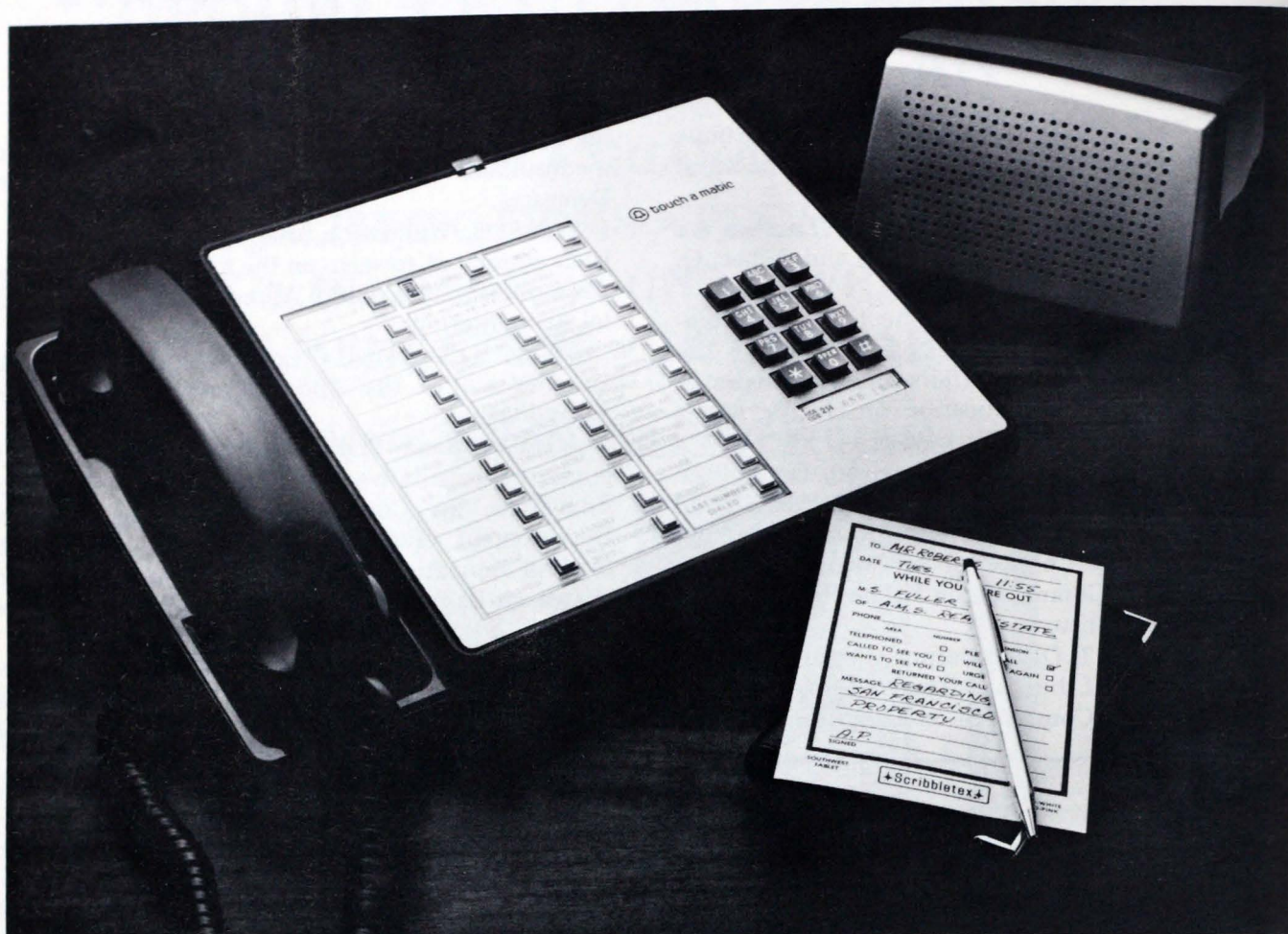
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# ACADEMIA

## News From The Colleges

### COMS

J. Leonard Azneer, Ph.D., president of The College of Osteopathic Medicine and Surgery - Des Moines (COMS) has been invited to serve as a consultant to a medical group in Italy formed to develop a medical school according to the American model. The school, under the direction of a private corporation, will be known as the Italian American Medical School.

The medical school is located in Bisceglie, Italy, on 150 acres on the Adriatic Sea. The complex, known as Casa Divina Provvidenza, has been a facility for the treatment of the mentally ill with a patient population of 8,000. The complex also contains a general hospital that treats 350 patients.

Dr. Azneer was in Italy from June 16 to June 22 to discuss plans for the new school. He had previously

consulted with the Italian directors in January, 1980.

According to Dr. Azneer, the Italian American Medical School will limit classes to 100 carefully selected students, unlike the publicly operated Italian medical schools, which follow a policy of open enrollment. The curriculum will comprise four academic years after the completion of the baccalaureate degree. Directors plan to enroll the first class in September, 1981.

### TCOM

William Barrow, Ph.D., and Wayne A. Hey, D.O., have joined the faculty of Texas College of Osteopathic Medicine (TCOM).

Dr. Barrow, who has been appointed assistant professor of microbiology and immunology, is currently fulfilling a post-doctoral fellowship awarded by the Heiser Fellowship Program for Research in Leprosy at the National Jewish Hospital and Research Center in Denver.

Dr. Hey, new assistant professor

of surgery, earned his degrees at Temple University and Philadelphia College of Osteopathic Medicine. He is completing a residency in urology at Flint Osteopathic Hospital in Michigan, following a surgery residency and rotating internship at Detroit Osteopathic Hospital.

\*\*\*\*\*

Continuing medical education seminars on obstetrics-gynecology and skin and ENT complaints are scheduled this fall at out-of-town sites by TCOM.

"General and Family Practice Update: Topics in OB-GYN and Neonatology" will be held October 18 in El Paso with Lloyd G. Hayes, D.O., of El Paso serving as program chairman.

Harvey H. Randolph, D.O., of Groves will serve as program chairman for a seminar on "Environmentally Influenced Skin and ENT Complaints" November 1 in Port Arthur.

For more information, contact Nancy Smith in TCOM's Office of Continuing Medical Education at 817-735-2539.

\*\*\*\*\*

Michael W. Emmett-Oglesby, Ph.D., assistant professor of pharmacology at TCOM has received a \$9,900 grant from the National Institutes of Mental Health to study what effect daily activities have on the brain's chemistry. The one-year funding is for his study of the "Effect of Behavior on Brain 5-Hydroxytryptamine Metabolism."

"The classic concept is that the brain's chemistry affects the things we do," Dr. Emmett-Oglesby said. "I'm looking at it the other way around, that the things we do affect the brain's chemistry."^

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### ANESTHESIOLOGY RESIDENCIES

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

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# ACOOG Post Graduate Course

**"HOPEFULLY – TO DO IT BETTER"**

JAMES G. MATTHEWS, D.O., F.A.C.O.O.G., PROGRAM CHAIRMAN

## THEME

*"Hopefully – To Do It Better" is the theme for this years Post Graduate Course. Presenting an array of nationally known speakers, the program will be highlighted by J. Taylor Wharton's Vincent F. Dono Memorial Lecture on "Newer Concepts in Surgery for Ovarian Cancer." The program provides material from the embryo to the neonate in obstetrics, from pelvic infection to oncologic surgery, and endometriosis to the latest on Bromocriptin. The beautiful, new auditorium at TCOM's new Medical Education Building serves as a modern medical center environment for this exciting seminar.*

## Program

**Wednesday, September 24, 1980**

**MODERATOR: James G. Matthews, D.O.**

- |                |  |
|----------------|--|
| 8:00 AM        | Registration   |
| 8:15 AM        | Welcome<br>Ralph L. Willard, D.O., Dean, TCOM  |
| 8:30– 9:00 AM  | <i>Changing Aspects of Residency Training in OB/GYN</i><br>Harvey C. Orth, Jr., D.O., Past President, ACOOG      |
| 9:00– 9:30 AM  | <i>The Role of the Autonomic Nervous System in Obstetric and Gynecologic Malfunction</i><br>Irvin M. Korr, Ph.D. |
| 9:30–10:00 AM  | <i>Genetic Effects of Radiation in OB/GYN</i><br>Charles D. Ogilvie, D.O.  |
| 10:00–10:15 AM | Coffee Break   |
| 10:15–10:45 AM | <i>Drug Induced Fetal Abnormalities – What are the Risks?</i><br>Michael Emmett-Oglesby, Ph.D.                   |
| 10:45–11:15 AM | <i>Growth and Development of Mammalian Embryos</i><br>Robert Wordinger, Ph.D.                                    |
| 11:15–11:45 AM | <i>Gynecologic Infection – Are We Winning or Losing?</i><br>Larry C. Gilstrap, M.D.                              |
| 11:45–12 Noon  | Questions and Answers  |
| 12:00– 1:30 PM | Lunch  |

**MODERATOR: Anita H. Atkins, D.O.**

- |               |   |
|---------------|---|
| 1:30– 2:15 PM | <i>Contraception – What Direction?</i><br>Elizabeth Connell, M.D.               |
| 2:15– 3:00 PM | <i>Recent Advances in Prostaglandin Research in OB/GYN</i><br>Ed Southern, M.D. |
| 3:00– 3:15 PM | Coffee Break  |

3:15– 4:00 PM	<i>The Enigma of Endometriosis</i> Veasey C. Buttram, M.D.
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4:00– 4:45 PM	<i>Sexually Transmitted Infections – An Epidemic</i> Dale Brown, M.D.
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4:45– 5:00 PM	Questions and Answers
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**Thursday, September 25, 1980**

**"HOW I DO IT AND WHY"**

**MODERATOR: Robert J. Nelson, D.O.**

- |                |  |
|----------------|--|
| 8:00– 8:30 AM  | Registration   |
| 8:30– 9:15 AM  | <i>Abdominal Hysterectomy</i><br>Francis V. Dono, D.O. |
| 9:15–10:00 AM  | <i>Vaginal Hysterectomy</i><br>Frank M. Weaver, D.O.   |
| 10:00–10:15 AM | Coffee Break   |
| 10:15–11:00 AM | <i>Marshall Marchetti</i><br>John Williams, D.O.       |
| 11:00–11:45 AM | <i>Radical Vulvectomy</i><br>Joseph P. Bonanno, D.O.   |
| 11:45–12 Noon  | Questions and Answers                                  |
| 12:00– 1:30 PM | Lunch  |

**MODERATOR: Joseph P. Bonanno, D.O.**

- |               |   |
|---------------|---|
| 1:30– 2:00 PM | <i>Surprise - Mistaken Diagnosis in the Pelvis</i><br>Vernon J. Hayes, D.O.                                     |
| 2:00– 2:30 PM | <i>Intraoperative Assessment of Early Uterine and Ovarian Malignancy</i><br>Peter Forney, M.D.                  |
| 2:30– 3:15 PM | <i>Newer Concepts in Surgery for Ovarian Cancer</i><br>Taylor Wharton, M.D.<br>Vincent F. Dono Memorial Lecture |



3:15– 3:30 PM Coffee Break  
 3:30– 4:00 PM *Prevention of Endometrial Ca with Progestins in Estrogen Treated Postmenopausal Women*  
 Donald Gambrell, M.D.  
 4:00– 4:30 PM *Chemotherapy in Pelvic Malignancy*  
 William M. Jordan, D.O.  
 4:30– 5:00 PM Panel: Questions and Answers – *Cancer in the Pelvis*. Moderator -Joseph P. Bonanno, D.O. Panelists: Doctors Dono, Wharton, Gambrell, Forney.

Friday, September 26, 1980

MODERATOR: (To be Announced)

8:30– 9:00 AM *Pregnancy Induced Hypertension*  
 Peggy Whalley, M.D.  
 9:00– 9:30 AM *Routine Intrapartum Electronic Fetal Monitoring – How Necessary?*  
 Daniel H. Belsky, D.O.  
 9:30–10:00 AM *Non Stress Testing – A Technique for Routine 3rd Trimester*  
 Neil M. Levine, D.O.  
 10:00–10:15 AM Coffee Break  
 10:15–10:45 AM *Amniocentesis by Real-Time Ultrasonography*  
 Lee J. Walker, D.O.

10:45–11:15 AM *Current Techniques in Obstetrical Anesthesia*  
 Rex Hyer, M.D.  
 11:15–11:45 AM *Alternate Birthing Methods – Is This the Way of the 80's?*  
 Ms. Danny Latham, R.M.  
 11:45–12 Noon Questions and Answers  
 12:00– 1:30 PM Lunch

MODERATOR: (To Be Announced)

1:30– 2:15 PM *The Dermatoses of Pregnancy*  
 David M. Whiting, M.D.  
 2:15– 3:00 PM *Indications and Practicalities of Hormone Assay in GYN*  
 Laurence J. Burns, D.O.  
 3:00– 3:15 PM Coffee Break  
 3:15– 3:45 PM *Management of Pituitary Tumors*  
 James Madden, M.D.  
 3:45– 4:15 PM *Bromocriptin and Pregnancy – An Update of Clinical Experience*  
 Frank G. Cuellar, M.D.  
 4:15– 4:45 PM *Colposcopic Approach to Cryotherapy of the Cervix*  
 Lawrence J. Anderle, D.O.  
 4:45– 5:00 PM Questions and Answers

The A.C.O.O.G. has applied to the American Osteopathic Association  
 for 19 3/4 Category 1-A CME Credits.

## A.C.O.O.G. POSTGRADUATE COURSE REGISTRATION

– September 24-26, 1980, Fort Worth, Texas –

AOA 19 3/4 Cat. 1-A Credits Anticipated

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# Physicians May Do EPSDT Screening

Private physicians may now do screening for the state's Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT), which is one of the nine mandatory services under the state's Medicaid Plan.

Under the new regulations, the Texas Department of Human Resources is attempting to (1) give clients freedom of choice of providers, (2) promote the "medical home" and comprehensive care concept, (3) to detect and treat health problems of children at an early stage by providing medical screening, (4) to educate families about good health habits and appropriate utilization of medical services and (5) to limit the Department's intervention in the provider client relationship.

In Texas, the program is funded to provide for an assessment of an individual's medical, dental and mental health in order to identify children with potential or apparent health or developmental problems requiring diagnosis and treatment.

Previously, the screening was done by the Department of Health. By making it possible for private physicians to do the screening, the Department of Human Resources is helping to assure that the child is getting the benefit of the diagnosis and treatment. The Department also believes this will allow the child to enter into continuing care, allows for well child care and helps to establish a relationship with a provider physician.

The screening must be "under the direction of" a physician. This is to say that the physician does not have to do the screening personally but may designate a qualified per-

son from the office for whom he is responsible. The physician is required to sign the screening form as it also serves as the claim form.

Payments for the doctor's screen will be paid separately from the diagnosis and treatment payment. The physician will receive an individual EPSDT provider number. The claim is not filed until the Health Department returns laboratory reports to the physician.

The routine laboratory portion of the screen will be contracted to the Health Department. The Texas Department of Health will furnish immunization and biological materials, except for syringes. Laboratory work the physician determines necessary on an immediate basis would fall under the regular Medicaid Program and is separate from the routine lab used in the screen. The physician would submit a separate bill on the present uniform claim form for his diagnosis and treatment which would be paid the same as the physician providers are receiving now.

For more information on the EPSDT Program, contact Charles D. Buckholtz, D.O., acting assistant commissioner for medical/dental applications, Texas Department of Human Resources, P. O. Box 2960, Austin, 78769.▲

**DAVID H. LEECH, D.O., F.C.A.P.**

Associate-Affiliated Pathology, P.A.  
Hospital & Medical Lab Consultant

1401 Scripture  
Denton, Texas 76201

## Stockseth Receives Award

Wayne O. Stockseth of Corpus Christi has been granted a Distinguished Service Certificate from the American Osteopathic Association, according to Edward P. Crowell, D.O., executive director.

The certificate is the Association's highest award which is granted only to deserving members and lay individuals in recognition of outstanding accomplishments in scientific, philanthropic or other fields of public service.

Stockseth's award is being made for his contributions in the fields of osteopathic education and development.

Presentation of the certificate will be at the opening session of the AOA Annual Convention and Scientific Seminar November 9 in Las Vegas, Nevada at the MGM Grand Hotel.▲

### TIGUA GENERAL HOSPITAL "An Osteopathic Institution"

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# A TREATMENT FOR ALCOHOLISM THAT'S 65 PROOF.

The treatment is Aversion Therapy. What it does is train problem drinkers to avoid alcohol. And it works. The proof is a 65%\* success rate among those who come to us for help.

Schick Shadel Hospital is a state licensed hospital and JCAH accredited. We're also a Blue Cross/Blue Shield member hospital. Our patients are treated by skilled physicians and nurses trained in alcohol withdrawal and counter-conditioning therapy. Experienced counselors, including psychiatrists and psycholo-

gists, are also consulted to help recovering alcoholics identify and deal with problems related to the disease.

The cost for treatment at the Schick Hospital may be claimed under Medicare/Medicaid, Blue Cross/Blue Shield, and many other major medical insurance plans. Patients are admitted 24 hours a day and are provided with limousine service from the airport.

For more information about the therapy and facilities available, send for the Schick Hospital brochure. Re-

member, alcoholism is a disease that can be treated medically. Just ask any of the thousands of recovered Schick patients. They're the living proof.

*\*Source: Facts Consolidated Study*

## **Schick Shadel Hospital**

Medical Director in Fort Worth: Call collect 817/284-9217 or Metro 817/589-0444.  
4101 Frawley Drive/Fort Worth, TX 76118  
For referral information: **817/589-0444**



# IN MEMORIAM

## Samuel F. Sparks, D.O.

Samuel F. Sparks, D.O., 85, a past president of TOMA and long-time supporter of the osteopathic profession, died August 7 at East Town Osteopathic Hospital in Dallas.

Funeral services were held August 9 at Suggs Chapel in Dallas. Additional services were held August 12 in Kirksville, Missouri, with burial in Hurdland, Missouri.

Dr. Sparks and his wife, Marille, also a D.O., opened the first osteopathic hospital in Texas on September 15, 1931 under the name Sparks Clinic and Hospital in Dallas at 1807 Forest Avenue.

On October 14, 1938, ground was broken on a new 25-bed Sparks Clinic at 5003 Ross Avenue, the current location of Dallas Osteopathic Hospital. It was the first completely air conditioned hospital in Dallas. By 1949 the hospital had grown to 75 beds and changed its name to Dallas Osteopathic Hospital.

At this time, Dr. Sparks retired to Satin, but in 1954 returned to Dallas and opened an office-clinic at 1711 N. Garrett Street. In 1957 Dr. Sparks directed the formation of East Town Osteopathic Hospital Corporation and in December 1957 East Town opened with 49 beds. It has since grown to a total of 137 beds.

A leader in the profession, Dr. Sparks served six years on the Texas State Board of Medical Examiners and during his early career helped fight the legislative battle to provide licensure for osteopathic physicians.

He was a life member of the American Osteopathic Association, American College of Osteopathic Surgeons and TOMA. He was a Fellow and former member of the Board of Governors of the ACOS and was certified in general surgery.

In addition to serving his state organization, Dr. Sparks was a past president of the Dallas County Osteopathic Association.

He was a 1925 graduate of the American School of Osteopathy (now Kirksville College of Osteopathic Medicine) and took his pre-med training at Kirksville State Teachers College.

Dr. Sparks served in World War I.

Survivors include his wife, Dr. Marille; three brothers, Walter E. Sparks, D.O., of Moberly, Missouri; Perle Sparks of Hurdland, Missouri; Raymond E. Sparks of Allen, Texas; and one sister, Mrs. Hazel Burton of Moberly, Missouri.

The family has requested that memorials be made to East Town Osteopathic Hospital. ^

## Kenneth S. Wooliscroft, D.O.

Kenneth S. Wooliscroft, D.O., of Dallas died August 3 at his home. Funeral services were held August 6 at Restland Memorial Chapel with entombment at Restland Memorial Park.

A native of Canonsburg, Pennsylvania, Dr. Wooliscroft was born November 18, 1917. He was a 1940 graduate of the College of Osteopathic Medicine and Surgery in Des Moines, Iowa. He served an internship at Amarillo Osteopathic Hospital. He had practiced medicine in Dallas for 35 years.

Dr. Wooliscroft was a member of the American Osteopathic Association and TOMA.

He is survived by his wife, Susan G.; two sons, Kenneth L. of Tulsa, Oklahoma; and Terry L. of Carrollton; one sister, Mrs. John Mack-wish of Dunedin, Florida and two grandchildren. ^

## John R. Ruffle, D.O.

John R. Ruffle, D.O., of Port Arthur died July 31 from cardiac arrest due to coronary arteriosclerosis.

Dr. Ruffle was born January 31, 1911 and was a 1953 graduate of Kirksville College of Osteopathic Medicine.

Surviving him is his wife, Blanche. ^

## DALLAS OSTEOPATHIC HOSPITAL

A NONPROFIT CHARITABLE INSTITUTION

Accredited by the  
American Osteopathic  
Association



Approved for  
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# District Communiqués

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

The Sunset Squad, in the persons of TOMA's Tex Roberts and TCOM's L. L. LaRue, will take over the September 20 meeting coming up. We in Texas, as a profession, are teetering right on the ledge. Everyone in District III is urged to be present.

The meeting will be held in the new Petroleum Club, located atop the new Citizens First National Bank Building, 6:30 p.m. for social hour and 7:30 p.m. for the delicious food which will be topped by two things: the message by the Sunset Squad and a surprise gold medal award given by a famous drug house to one of our own district members. Be there.

\*\*\*\*\*

The Earl Kinzie's, who took a trip to the Holy Land this summer, were very impressed by America on their return.

\*\*\*\*\*

With the professional hiatus left by the recent loss of two Doctors Memorial's specialists (see July *Journal*), Dr. Kenneth Ross has come out of retirement to help fill the gap until the arrival of certified help, one of whom we are told, is soon to be on the way.

\*\*\*\*\*

Now that the police have given up on solving the dastardly crime, maybe it can be told how the Grainger's, on returning to Tyler

from the San Antonio convention last May, found their house ransacked and their accumulation of precious silver services, etc., gone. So far, nothing has been recovered. Moral: Beware of dastards.

\*\*\*\*\*

District III has seen during the summer, the addition of five new practitioners: Drs. Douglas Karpen and Gary Randall of Lufkin, Drs. Larry Burch and William Garretson of Mabank and Dr. Bret Holland of Nacogdoches. We trust you fellows mentioned above will meet with us in Tyler, September 20 so that the district can give you our "OK" and welcome you as members of District III and eventually of TOMA.▲

## ATOMA News

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

Has anyone had the quiet, relaxing summer they hoped they would have? We didn't either! But it has been an interesting, rewarding one. Fort Worth Osteopathic Hospital's annual musical revue, "High Fever" was again a great success. And it looks like we will clear a nice \$16,000. The amount of time, effort and energy involved are incredible, but everyone agrees that the results are well worth it.

\*\*\*\*\*

And now it is time to get out the calendar (the one with the big squares for writing everything in) and get organized! First, if you

haven't heard from your district regarding its September plans, call your president and find out what's happening. Then, make sure you have plane and room reservations for the National Convention in Las Vegas November 10 through the 13th. The convention will be headquartered at the MGM Grand Hotel and promises to be great fun. How I love to see old friends and catch up on their news at the national conventions!

\*\*\*\*\*

The ATOMA Board will be meeting at Inez Suderman's home in McAllen on October 3. If you have anything you would like discussed or explained, please call or write a board member. Any one of us

would be pleased to hear from you. We will be provided with a booth at the State Convention this year. Any good ideas on what you would like us to have available for you there?

\*\*\*\*\*

And lastly, if your district doesn't plan a Christmas party, start planning one now. Everyone in District II seems to enjoy ours so much—it just wouldn't be the same holiday season without our annual affair!

\*\*\*\*\*

Well, that should take care of a number of calendar "squares." Let me hear from you if you would like any of your district's information included.▲



*in recurrent urinary tract infections*





# Bactrim attacks susceptible uropathogens from site to source

Uropathogens originating in the lower intestine have been shown to colonize the vaginal introitus.<sup>1</sup> From this staging area, they enter the urinary tract, where they cause recurring infections in susceptible women.

Bactrim, highly effective against the most common uropathogens, fights infection at three important points: 1) at the site of infection, 2) in the vaginal introitus and 3) at the original source, the colon.

And Bactrim goes beyond other antimicrobials in its dual action. Each component blocks bacterial folic acid metabolism at a different point in the biosynthetic pathway, minimizing the development of resistant strains.<sup>2</sup>

Bactrim is contraindicated during pregnancy and the nursing period, in patients hypersensitive to its components, and in infants under 2 months. During therapy, maintain adequate fluid intake; perform frequent CBC's and urinalyses with microscopic examination.

References: 1. Brumfitt W, et al: *Br Med J* 2:1471-1472, Dec 18, 1976. 2. Gale EF, et al: *The Molecular Basis of Antibiotic Action*. New York, John Wiley & Sons, 1972, p. 36.

ONE TABLET  
B.I.D. FOR  
10 TO 14 DAYS

**BACTRIM™ DS**  
(160 mg trimethoprim and 800 mg sulfamethoxazole)

\*See indications in summary of product information.



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

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

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

**Note:** The increasing frequency of resistant organisms limits the usefulness of all antibacterials, especially in these urinary tract infections.

**For acute otitis media in children due to susceptible strains of *Haemophilus influenzae* or *Streptococcus pneumoniae* when in physician's judgment it offers an advantage over other antimicrobials.** Limited clinical information presently available on effectiveness of treatment of otitis media with Bactrim when infection is due to ampicillin-resistant *Haemophilus influenzae*. To date, there are limited data on the safety of repeated use of Bactrim in children under two years of age. Bactrim is not indicated for prophylactic or prolonged administration in otitis media at any age. **For acute exacerbations of chronic bronchitis in adults due to susceptible strains of *Haemophilus influenzae* or *Streptococcus pneumoniae* when in physician's judgment it offers an advantage over a single antimicrobial agent.**

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

**Also for the treatment of documented *Pneumocystis carinii* pneumonitis.** To date, this drug has been tested only in patients 9 months to 16 years of age who were immunosuppressed by cancer therapy.

**Contraindications:** Hypersensitivity to trimethoprim or sulfonamides; pregnancy; nursing mothers; infants less than two months of age.

**Warnings:** BACTRIM SHOULD NOT BE USED TO TREAT STREPTOCOCCAL PHARYNGITIS. Clinical studies show that patients with group A  $\beta$ -hemolytic streptococcal tonsillopharyngitis have higher incidence of bacteriologic failure when treated with Bactrim than do those treated with penicillin. Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been associated with sulfonamides. Experience with trimethoprim is much more limited but occasional interference with hematopoiesis has been reported as well as an increased incidence of thrombopenia with purpura in elderly patients on certain diuretics, primarily thiazides. Sore throat, fever, pallor, purpura or jaundice may be early signs of serious blood disorders. Frequent CBC's are recommended; therapy should be discontinued if a significantly reduced count of any formed blood element is noted.

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

**Adverse Reactions:** All major reactions to sulfonamides and trimethoprim are included, even if not reported with Bactrim. *Blood dyscrasias:* Agranulocytosis, aplastic anemia, megaloblastic anemia, thrombopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia.

*Allergic reactions:* Erythema multiforme, Stevens-Johnson syndrome, generalized skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis. *Gastrointestinal reactions:* Glossitis, stomatitis, nausea, emesis, abdominal pains, hepatitis, diarrhea and pancreatitis. *CNS reactions:*

Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insomnia, apathy, fatigue, muscle weakness and nervousness. *Miscellaneous reactions:* Drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L.E. phenomenon. Due to certain chemical similarities to some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia in patients; cross-sensitivity with these agents may exist. In rats, long-term therapy with sulfonamides has produced thyroid malignancies.

**Dosage:** Not recommended for infants less than two months of age. **URINARY TRACT INFECTIONS AND SHIGELLOSIS IN ADULTS AND CHILDREN, AND ACUTE OTITIS MEDIA IN CHILDREN:**

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

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

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

**ACUTE EXACERBATIONS OF CHRONIC BRONCHITIS IN ADULTS:**

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

**PNEUMOCYSTIS CARINII PNEUMONITIS:**

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

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



# TCOM Sets Fall Convocation

The granddaughter of the founder of osteopathic medicine will be the speaker at Texas College of Osteopathic Medicine's (TCOM) annual fall convocation September 25.

Jane Laughlin Denslow, granddaughter of Dr. Andrew Taylor Still and currently coordinator of public relations at Kirksville College of Osteopathic Medicine (KCOM), and three others will be honored with Founder's Medals at the 2 p.m. ceremony in the auditorium of TCOM's Medical Education Building I.

Other medical recipients will be Mrs. Denslow's husband, John S. Denslow, D.O., professor and consultant to the president of KCOM; Henry Hardt, Ph.D., TCOM's first dean; and Hugh O. Wolfe, a member of the North Texas State University Board of Regents, TCOM's governing body.

The four were selected to receive TCOM Founders' Medals for their contributions to medical education and health care.

Mrs. Denslow, whose mother and father were osteopathic physicians, grew up in Kirksville, where her grandfather founded the first osteopathic teaching facility, the American School of Osteopathy, now KCOM. Her father, George M. Laughlin, D.O., was KCOM's president for many years.

Mrs. Denslow, who has held her current position at KCOM since 1967, is active in Kirksville civic activities and is treasurer of the Still National Osteopathic Museum Board.

Dr. Denslow, a graduate of KCOM, has been a professor in the school's department of osteopathic theory and methods and director of the biomechanics laboratory since 1938. A former KCOM vice president, he is director of the Still Memorial Research Trust, advisor to the United States Public Health



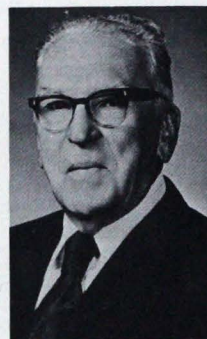
*Dr. Denslow*



*Mrs. Denslow*



*Wolfe*



*Dr. Hardt*

Service (USPHS) Center for Health Statistics and consultant to the USPHS Health Manpower Bureau. The Connecticut native has been active in various other state and national health agencies and is former chairman of the Missouri State Board of Health.

Dr. Hardt, former member of the board of the American Association of Osteopathic Colleges, helped to design and plan TCOM's first curriculum, hired the initial faculty and was active in developing a continuing medical education program for practicing osteopathic physicians.

Holder of an honorary doctorate from the Fort Worth medical school, the chemist was a professor at Texas Christian University for 21 years before becoming involved full-time in the development of TCOM in 1969. While at TCU, he was

president of the National Collegiate Athletic Association and the Southwest Athletic Conference. The local chapter of the National Football Foundation and Hall of Fame presented him its Distinguished American Award.

Wolfe, who has lived most of his life in Stephenville built up the South's Wolfe Nursery chain and has been involved in various manufacturing, ranching, electronics, water, land and housing enterprises.

A former All-America halfback at the University of Texas at Austin and former member of the New York Giants professional football team, he is now active in the Masonic Lodge, scouting and the Red Cross. He is a world traveler and former Goodwill Ambassador to South America. As a member of NTSU Board of Regents, Wolfe has worked closely with the development of TCOM as a state-institution.

## Call TOMA Med-Search

for medical information

Dial Toll-Free 1-800-772-5993

or

Dallas/Fort Worth Metro 429-9755

or

TCOM 817-735-2601

735-2588

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# Opportunities Unlimited

Practice Locations in Texas

## PHYSICIANS WANTED

**FORT WORTH** — Department of Surgery, Texas College of Osteopathic Medicine has full-time clinical faculty positions open, general surgery and orthopedic surgery. The department will accept applications from surgeons with excellent qualifications and a genuine interest in academic surgery. Excellent instructional salary levels. For full details write: William R. Jenkins, D.O., FACOS, Chairman, Dept. of Surgery, Texas College of Osteopathic Medicine, Camp Bowie at Montgomery, Fort Worth, 76107.

**FORT WORTH** — Doctor's office for lease — first 90 days rent free. Located in Haltom Health Center, 2900 Denton Highway, Haltom City. Excellent location for one or two family practitioners. For more details please see display ad elsewhere in this issue. Contact: Richard 817-284-8026 or 535-2525.

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

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

**GROVES** — Anesthesiologist needed in Groves/Port Arthur area of Southeast Texas. Contact: John Sielert, Administrator, Doctors Hospital, 5500 - 39th Street, Groves, 77619. Phone: 713-962-5733.

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

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

**NIXON** — seriously needs another osteopathic physician interested in doing general practice including osteopathic manipulative therapy. (Only physicians willing to practice OMT need respond.) The town is growing, has a new refinery that is presently being tripled in size, plus an expanding poultry and egg industry. Beautiful new clinic building to office in, along with another D.O., a dentist and an optometrist. Contact: W. G. Millington, D.O., 200 E. Second St., Nixon, 78140 or call (day phone) 512-582-1222 (night phone) 512-582-1336.

**SAN ANTONIO** — Good opportunity for aggressive Spanish speaking doctor. Very low overhead, no rent or utilities to pay. No part time please. For further information call: Rudy Davila, 512-226-5293, Davila Pharmacy, 1110 El Paso, San Antonio, 78207.

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

**TAHOKA** — Physicians wanted immediately in the rich cotton country of the South Plains of Texas. One Family Practice Physician or General Surgeon for office practice and Obstetrical services, in 24-bed facility located 30 miles south of Lubbock on Highway 87. Guaranteed salary for first year, free office rent, and other benefits. Tahoka is a town of approximately 3500 with about 9500 in Lynn County. Potentially good practice available if physician wants to work for financial security. Good schools and churches. Social activities plentiful in Lubbock. Osteopathic Physicians are welcome. If interested call John Brooks, Adm., Lynn County Hospital, Tahoka, 79373. Phone: 806-998-4533.

**THINKING OF RETIRING?** — Any age physician, medical directorships available across the USA. List valid licenses, when able to relocate. Salary \$30,000/year; 35 hrs./week, malpractice insurance paid. No fee. Write Box "H", TOMA, 512 Bailey, Fort Worth, 76107.

**TYLER** — Multi specialty general osteopathic hospital (54 beds) in East Texas has immediate need for an internist. Excellent income potential. Contact Mr. Olie Clem, Administrator, Doctors Memorial Hospital, 1400 West SW Loop 323, Tyler, 75701. Phone: 214-561-3771.



# Opportunities Unlimited

Practice Locations in Texas

**TYLER** — Population 70,000 plus. General/family practice in beautiful East Texas. Free office space adjacent to a 54-bed general osteopathic hospital, relocation expense and financial assistance available until practice is established. Excellent schools including Tyler Jr. College and University of Texas at Tyler. Beautiful lakes and trees. Outdoor activities unlimited. This is one of the most beautiful places in the country to live and raise a family. Contact: Mr. Olie Clem, Admin., Doctors Memorial Hospital, 1400 West SW Loop 323, Tyler, 75701. Phone: 214-561-3771.

## POSITIONS DESIRED

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

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

**GENERAL PRACTICE** — D.O. physician would like to establish solo or partnership practice preferably in 100 mile radius of Austin. Would consider other areas. Write John Schepman, D.O., 604 Pennsylvania Avenue, Nutter Fort, West Virginia 26301. Phone: 304-622-2957.

**GENERAL SURGEON** — Homesick Texan would like to return after completing General Surgical residency on January 31, 1981 in Michigan. This lovable 30-year-old man has a wife and three children. Would like to work with a group but has no qualms in going solo as starvation sets in. Those interested please contact: Steven R. Price, D.O., 2943 Barth Street, Flint, Michigan 48504. Phone: 313-238-4384.

**INTERNIST** — Looking for active practice in larger city of Texas. Willing to associate with other physician or to buy practice. Does general practice and rheumatology work, also. For more information contact: Joel M. Shavelle, D.O., 7654 Timber Ridge Drive, Birmingham, Michigan 48010. Phone: (office) 313-541-5260 or (home) 313-855-2450.

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

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

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

(For information call or write Mr. Tex Roberts, Executive Director, TOMA Locations Committee, 512 Bailey Avenue, Fort Worth, Texas 76107. Phone: 817-336-0549 or toll free in Texas 1-800-772-5993.)

**ROBAXISAL®**

(Methocarbamol, NF, 400 mg/Aspirin, USP, 325 mg)

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

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

**CONTRAINDICATIONS:** Hypersensitivity to methocarbamol or aspirin.

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

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

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

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

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

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

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

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

Gastrointestinal discomfort may be minimized by taking Robaxisal with food.

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

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

**Treatment of Overdosage.** Supportive therapy for 24 hours, as methocarbamol is excreted within that time. If salicylate intoxication occurs, especially in children, the hyperpnea may be controlled with sodium bicarbonate. Judicious use of 5% CO<sub>2</sub> with 95% O<sub>2</sub> may be of benefit. Abnormal electrolyte patterns should be corrected with appropriate fluid therapy.

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

Rev. May 1979

**A-H ROBINS**

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September 1980



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(Methocarbamol, NF, 400 mg/Aspirin, USP, 325 mg)

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

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

See prescribing information on adjacent page.

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