

TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

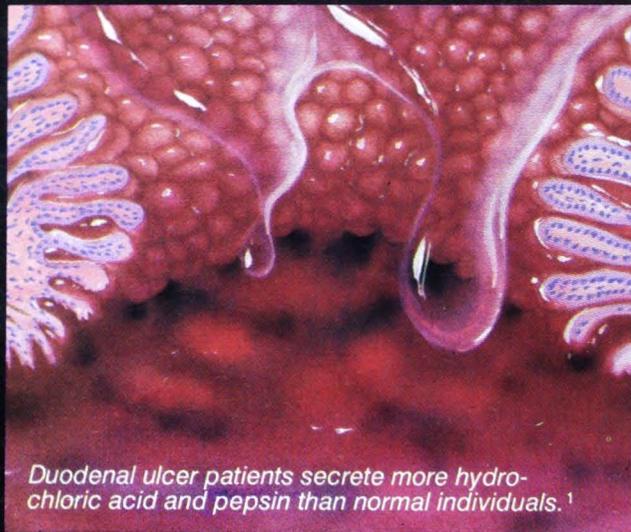
October 1977



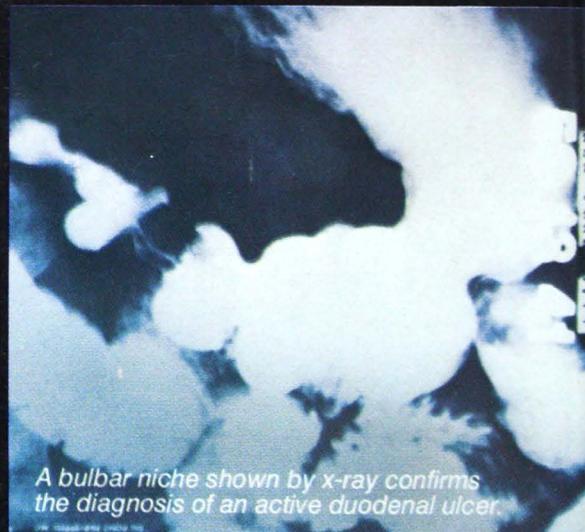
A Split Campus for TCOM?

TOMA voices strong opposition

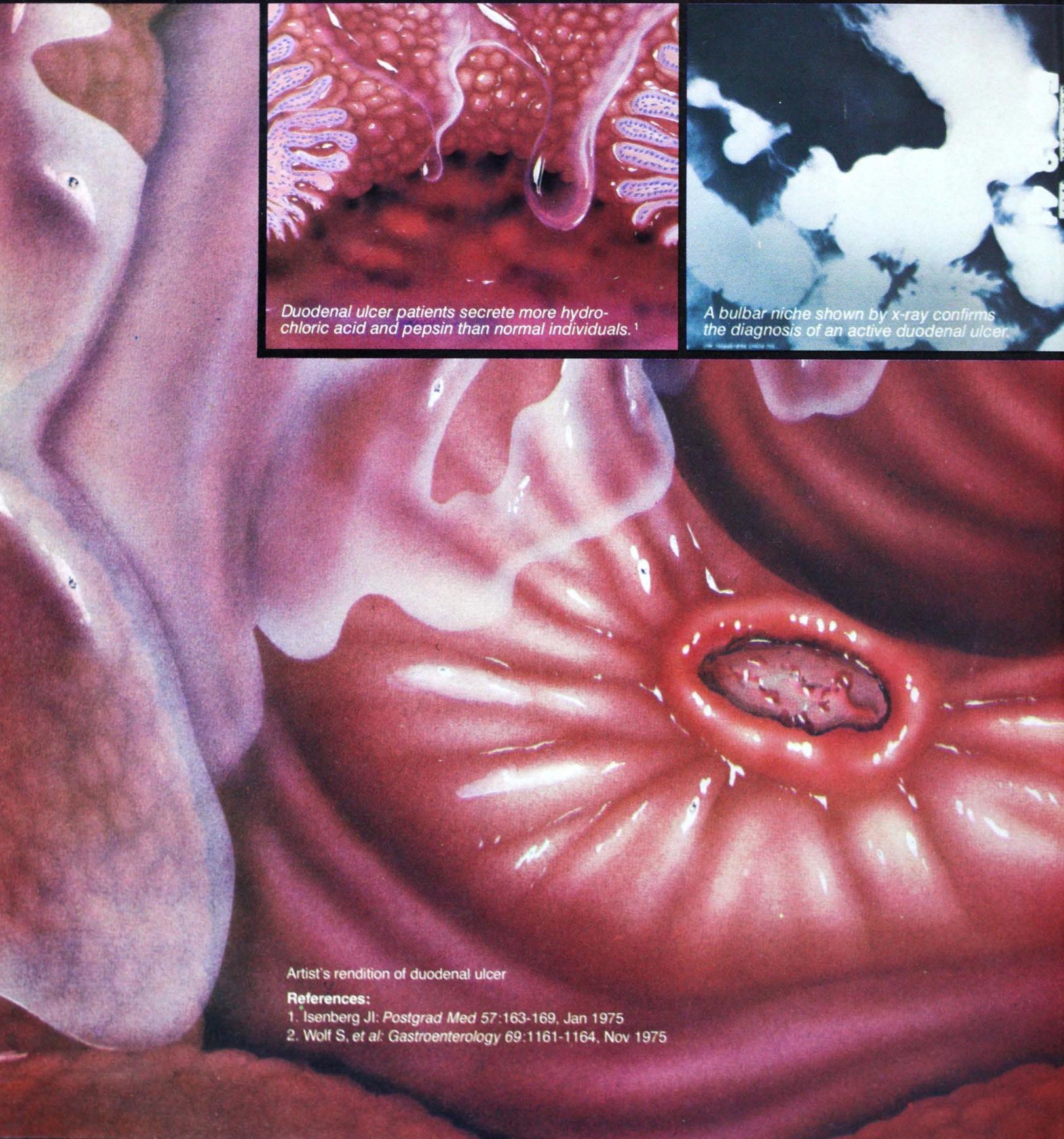
HYPERACIDITY/HYPERMOTILITY/



Duodenal ulcer patients secrete more hydrochloric acid and pepsin than normal individuals.¹



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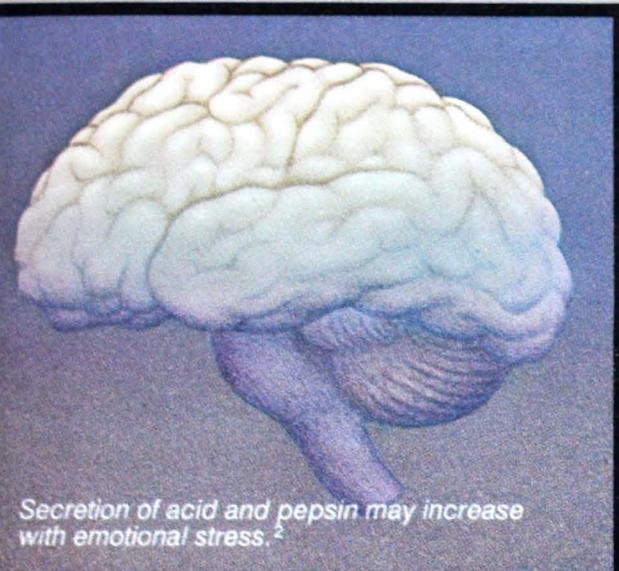


Artist's rendition of duodenal ulcer

References:

1. Isenberg JI: *Postgrad Med* 57:163-169, Jan 1975
2. Wolf S, et al: *Gastroenterology* 69:1161-1164, Nov 1975

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Mr. Tex Roberts, Editor

One Campus -- Indivisible!!

Eleven years ago the Texas Osteopathic Medical Association made its first move to create a Texas College of Osteopathic Medicine in Fort Worth.

In the interim, the College has faced several critical and dangerous choices, and once again it is at a fork in the road.

One fork leads to the development of a single, unified medical complex in Fort Worth at its present site adjacent to the school's primary teaching hospital. The other leads to a split campus with loss of identity and efficiency by locating the basic science building 12 miles away from the present campus on undeveloped pasture land.

There are proponents of a second college of medicine (allopathic—M.D.) at this remote site. State and federal studies have shown that a second college of medicine is not needed in Fort Worth, nor is an additional medical school needed in the State of Texas. These nebulous plans will only hinder the development of TCOM.

TOMA members and all friends of TCOM are now being mobilized to vocally and actively support the location of Med Ed II (the basic science building) next door to the \$13 million Med Ed I, which is now under construction at the Fort Worth campus. The decision for a single campus or a split campus will be made by the Board of Regents at its November meeting.

In this issue of the *Journal* you will find:

The official position of TOMA supporting the single campus idea;

An official letter from TOMA President Dr. Samuel B. Ganz to the Board of Regents;

Reprints of press reaction to the situation;

List of names of the Board of Regents.

The Board of Regents is divided between advocates of a split campus and those who understand the importance of a single campus for TCOM.

TOMA is vigorously opposed to a split campus and is prepared to take legal action in support of its position. The Association is also officially opposed to—and dead-set against—changing the statute to allow imposition of an allopathic school onto the TCOM curriculum and facilities.

TOMA's position is supported by the following:

The Coordinating Board of Texas Colleges and Universities;

The American Osteopathic Association, the official accrediting agency through its Committee on Colleges;

A majority of the north Texas legislators.

The Master Plan, prepared by Fisher & Spillman for the TCOM campus adjacent to Fort Worth Osteopathic Hospital and on file with the Coordinating Board, shows the Med Ed I clinical science building and Med Ed II basic science building located adjacent in the Camp Bowie-Montgomery Street area of the near west side of Fort Worth.

The Board of Regents employed Fisher & Spillman to do a second feasibility study as to site development and, again, the architects reported in August that the educational needs of TCOM would be best served by a single campus site located at Camp Bowie and Montgomery in Fort Worth.

The \$15 million Med Ed II for TCOM was funded by the last legislature, which also appropriated funds to purchase land at the present site. The monies were appropriated for further development of TCOM, and there is no evidence of intent to start a second college of medicine at another site in Tarrant County.

At a recent meeting in Denton of TOMA District II, Dr. Ganz said, "We will continue to maintain a high level of interest in our osteopathic medical school. We intend to continue to cultivate our relations with NTSU and their Board of Regents. However, we believe that close association with osteopathic physicians and osteopathic concepts are essential in order to produce the true osteopathic doctor, and that a single campus in close proximity to an osteopathic hospital is vital.

"We will not compromise on this point and will resist all efforts to divide our school," he said.

Official Resolutions on the TOMA position were passed by the TOMA Board of Trustees more than a year ago, and received the unanimous approval of the TOMA House of Delegates in May of this year.

In trying to resolve the question of the final location of the campus, a paper presented to the Board of Regents in June related the traumatic times already endured by the Association and the College when it was a private institution.

This report said that during the process, the Association obtained 50 acres of land in the mid-cities area—located one mile from what is now Interstate 20. This land was deeded to the College and included in one of its early financial statements at a value of one-third of a million dollars.

However, the report continued, the Board of TCOM, with the concurrence of the Association, eventually decided that the location of the College should be on a site adjacent to a 200-bed osteopathic teaching hospital, as required by the Texas State Board of Medical Examiners. The land was returned to the donors and the College campus complex development was begun adjacent to Fort Worth Osteopathic Hospital.

This hospital is currently engaged in an \$8 million private fund raising campaign to fulfill its responsibilities related to being the primary teaching facility for TCOM.

The Board of Regents visited the TCOM campus in mid-September and voted to commission Fisher & Spillman to draw the plans for Med Ed II, but delayed its official decision concerning the location of the building until its November meeting.

Copies of the letter from Dr. Ganz to Mr. A. M. Willis, Jr., chairman of the Board of Regents of TCOM-NTSU, were sent to other members of the

Board, as well as to the following:

Dr. C. C. Nolen, president of TCOM-NTSU;
Dr. Ralph Willard, Dean of TCOM;
Governor Dolph Briscoe;
Lt. Governor Bill Hobby;
Rep. Bill Clayton, Speaker of the House;
Other senators and State legislators in the north Texas area;
The AOA,
The Commissioner of the Coordinating Board,
Dr. Kenneth Ashworth;
Claude G. Rainey, Executive Vice President of Fort Worth Osteopathic Hospital;
Dr. George J. Luibel, Immediate Past President of the AOA,
Members of the TCOM Dean's Advisory Council.

The statute passed by the Texas Legislature, establishing the Texas College of Osteopathic Medicine as a separate institution, provides the following:

TCOM shall be under the governance of the Board of Regents of NTSU and under the supervision of the Coordinating Board, Texas College and University System.

It will be known as the Texas College of Osteopathic Medicine, a separate institution, and not a department, school or branch of NTSU.

The Board of Regents shall act separately and independently on all matters affecting the college of osteopathic medicine as a separate institution.

The Board shall select a site for the College in Tarrant County.

The Board, with the approval of the Coordinating Board, may prescribe courses leading to the customary degrees and certificates granted by osteopathic medical schools.

TOMA contends, in other words, that when construction of the multi-million dollar Med Ed I building began on the Fort Worth campus—using state and federal tax money—that the question of the location of the campus site was settled.

The Coordinating Board and the Legislature this year killed militant attempts to create additional M.D. medical schools, and there is nothing in the legislative appropriation's bill that calls for use of Med Ed II for any other purpose than to make TCOM a medical school of highest quality.

**Texas
Osteopathic
Medical
Association**



Office of the President
SAMUEL B. GANZ, D.O.
3933 Up River Road
Corpus Christi, Texas 78408
Phone 512-888-4281

July 28, 1977

Mr. A. M. Willis, Jr., Chairman
Board of Regents, TCOM-NTSU
Room 335, Cannon House Office Building
Washington, D. C. 20515

Re: TCOM Campus Site in Fort Worth

Dear Mr. Willis:

It has come to our attention that apparently there are false reports that several state officials and legislators have recently expressed informal endorsement of splitting the campus at the Texas College of Osteopathic Medicine in support of a nebulous idea to create a large medical complex elsewhere in Tarrant County rather than at the Fort Worth location.

We are also informed that the Board of Regents has asked for another study by Fisher and Spillman, architects, to try to establish the feasibility of locating the basic science building, known as Med. Ed. 2, on this new dream campus that does not exist at this point.

We are further informed that these state officials have not endorsed the idea of a split campus per se, as evidenced by recent action of the legislature (H.B. 1193) voting authority to continue purchase of land for the campus at its present location with state funds. We request the Board of Regents to implement the Master Plan as presented to the private college, the Coordinating Board, the Texas Legislature, Fort Worth Osteopathic Hospital, the Texas Osteopathic Medical Association and the general public.

Please find enclosed a copy of a page from that Master Plan that clearly shows the basic science building adjacent to the clinical science building, Med. Ed. 1, which is now in an advanced stage of construction on Camp Bowie Boulevard in Fort Worth—adjacent to Fort Worth Osteopathic Hospital, the primary teaching hospital for TCOM.

We respectfully submit that the Board of Regents should be aware of the false reports of the above mentioned endorsements of a split campus, and we submit that the interests of the taxpayers of Texas will be best served by ending the equivocation regarding the campus site.

The statute creating this college stipulated it would be a separate institution and that the Board would select a site for it in Tarrant County. That site was selected when your Board approved the original Master Plan and which was used to implement the construction of Med. Ed. 1 at a cost of \$12.5 million in Federal and State money.

The continuing equivocation and rumors regarding the possibility of locating Med. Ed. 2 elsewhere than adjacent to Med. Ed. 1 are causing problems on the academic side of the college development. Potential physician faculty tell us they have delayed appointment acceptance pending a decision on the campus site. Fort Worth Osteopathic Hospital, a private not-for-profit institution, is undertaking a \$7.5 million expansion program to fulfill its teaching responsibilities; however, this program is placed in jeopardy by the campus confusion.

As reported to the AOA annual meeting in Chicago July 14, 1977, the AOA College Accreditation Committee considers a split campus for TCOM to be academically unacceptable. An adverse action in this regard will place the college accreditation in jeopardy. The basic science building and clinical science building must be adjacent to the primary teaching hospital, Fort Worth Osteopathic Hospital. It is well established that the heart of a health science center is a fully developed medical school. When TCOM is fully developed and housed adequately, it can then move into the health science center concept. There is room for more administration and development at the present site.

In our presentation to the Board of Regents on June 16 of this year, we read into your records our long struggle with the matter of the choice of a campus site. The requirements of the Texas State Board of Medical Examiners and the Coordinating Board made up our minds as to the location of the campus long before TCOM became a state school. It was the understanding of TOMA and the Board of the private college that the current site had been accepted and designated by the Board of Regents of NTSU.

Further, this Association is unalterably opposed to any further discussion of the possibility of imposing an allopathic (M.D.) school on the TCOM campus, and we view the split campus idea as a part of this conspiracy by a few who are not in wholehearted support of the osteopathic profession. The legislature created an osteopathic medical school to produce more family physicians for Texas, and this mission is being impeded by efforts to abandon the originally circulated Master Plan.

To avoid further controversy and uncertainty, we respectfully petition the Board of Regents to make a final determination at its August meeting that the Texas College of Osteopathic Medicine will be located on a single campus at its present location as detailed in the widely circulated Master Plan. This action will squelch rumors and the doubt generated by continuing discussion of a split campus.

We hereby, inform you that this Association will pursue every legal avenue open to it, in and out of the legislature, to accomplish this end.

Sincerely,



Samuel B. Ganz, D.O.
President, TOMA

SBG/jw

Osteopaths Oppose Plan To Divide College Here

by Mack Williams

Texas Osteopaths are prepared to fight in the Legislature and the courts to keep their new college on Camp Bowie Boulevard from being divided, The News-Tribune learned yesterday.

The osteopaths also want the college to be removed from control of the North Texas State University board of regents, which will meet here tomorrow.

Favored by the profession is a separate board of regents for the Texas College of Osteopathic Medicine or a state law putting the college into the University of Texas System.

* * *

Osteopaths already are contacting legislators, asking them to oppose efforts to combine osteopathic medical students with allopathic medical students in a new educational building to be located on the North Side. They fear the move

has some support on the NTSU board of regents.

A six-story, \$12,800,000 educational building is being constructed at Camp Bowie and Montgomery for the osteopathic college, now located in a converted bowling alley a half block away at 3516 Camp Bowie.

The building was begun after the Legislature put the osteopathic college—only one in Texas—under control of the NTSU regents last year, making it a state school. Formerly, the college was supported entirely by private osteopaths, who founded it in 1970 in a single room on the fifth floor of the Fort Worth Osteopathic Hospital.

* * *

The master plan for the osteopathic college calls for a second educational building to be built alongside the structure now going up.

It is this building that osteopaths fear is the target of a drive from MD's. One told the News-Tribune reports are circulating in the profession that the NTSU regents will be asked to use several million dollars earmarked for the Camp Bowie location to erect a multi-medical educational building at another location.

"One campus indivisible, or we'll go to the Legislature or the courts," this source told The News-Tribune. "The Legislature and the people wanted it. We are now located in an ideal place, next to the Fort Worth Osteopathic Hospital, our training hospital, and that's where the entire campus should be," he said.

[Reprinted from the Fort Worth News-Tribune, Sept. 16, 1977]

Regents to discuss building site

by Z. Joe Thornton

Regents of North Texas State University are expected to be asked Saturday to follow a master plan which calls for construction of a second classroom building next to one now being readied at the Texas College of Osteopathic Medicine.

No decision is expected before November.

Several of the regents and Jitter Nolen, president of NTSU, are said to favor construction of the new building somewhere on the northeast side of Fort Worth about 10 miles from the West Side school and osteopathic hospital complex.

The question of where to locate the classroom, for which \$15 million has been allocated by the state, has caused a major rift between

officials of the osteopathic school and hospital and those at NTSU who took over supervision of the medical school last year.

So deep has the rift become that some osteopaths have proposed a separate board of regents be created for TCOM.

As an alternative, they have said they would be willing to have control placed under regents of the University of Texas system which operates medical schools in four cities including Dallas.

The meeting of the regents with officials of TCOM will be held in Fort Worth.

One of the purposes is for TCOM officials to show the construction now under way on a \$12.7 million

clinical sciences classroom at Camp Bowie and Montgomery.

Another is to show the proposed site of the second classroom, one which will house the basic sciences branch of the school.

The master plan for the osteopathic school—the only one of its kind in Texas—prepared about six years ago called for the second building to be near the first.

During the last session of the legislature, \$1.6 million was set aside for the purchase of additional land for the building.

In the meantime, pressures have been mounting to place the basic science classroom further out of town.

Those wanting to move it, including regent E. E. Stuessy of Austin, argue the land in North Fort Worth would be much cheaper.

"That (proposed) site is not adequate for a medical school," Stuessy said.

"I am going to do what is best for the taxpayer."

What is best, he said, would be to build in North Fort Worth.

Eventually, the second classroom could become the center of a medical (MD) school, nursing center and veterinarian school, something TCOM officials and members of the Texas Osteopathic Medical Association have pledged to fight.

"We don't think the two schools (of medicine, the osteopathic and allopathic) are compatible," said Dr. Samuel B. Ganz, a Corpus Christi man who is president of the TOMA.

"When we gave the osteopathic school to the state, it was specified that this was to be an osteopathic school operated in conjunction with the hospital.

"I don't think they can turn it into something else."

Stuessy, one of the principal leaders in the battle to move the classroom, said there are several medical schools in the nation which have split campuses.

Dr. Ganz agreed, but added that some that have are finding them unmanageable and officials in Georgia are returning to the unified school concept.

"Osteopathic concepts need a single campus in close proximity to the teaching hospital (Fort Worth Osteopathic Hospital.)

"We will not compromise."

Dr. Ganz has written letters to state legislators telling them of the proposed move and urging them to help defeat it.

He also has said he will go to court, if necessary, to try to halt any move.

Officials at TCOM do not expect any formal action to be taken by the regents during the executive session.

[Reprinted from the Fort Worth Star-Telegram Sept. 17, 1977]

Regents employ architects

Regents of North Texas State University formally hired the architects Saturday who will design the basic sciences classroom building for the Texas College of Osteopathic Medicine.

No action was taken on where the \$15.5 million facility will be built, however, and no decision on that will be reached until the November meeting of the regents.

In the meantime, Ed Brooks, projects architect of the clinical sciences classroom under construction at the West Side school, was given the go-ahead to begin work on the second building.

* * *

Brooks is with the Dallas-based firm of Fisher & Spillman.

NTSU President C.C. "Jitter" Nolen said a planning committee will be named to work with the architects.

Dr. Ralph Willard, dean of TCOM, said after the meeting of the regents here that after completion of the second building, "the State of Texas and the federal government will have invested \$30 million in capital construction for medical education in Fort Worth."

The operating budget for the medical school—the only osteopathic facility of its type in the state—is \$10 million a year.

* * *

Last year, NTSU regents took over supervision of the Fort Worth

school, which is located near and works closely with the Fort Worth Osteopathic Hospital.

Before that, the school was operated and financed privately.

Officials of TCOM want the second building built close to the one going up at Camp Bowie and Montgomery.

Some regents, however, would like to build it on a tract north of the downtown area, about 10 miles from the school.

[Reprinted from the Fort Worth Star-Telegram Sept. 18, 1977]

Board of Regents

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Cannon Building, Room 335
Washington, D.C. 20515

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Radio Station KBWD
Box 280
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Mr. Vernon F. Neuhaus
P. O. Drawer 1028
Mission, Texas 78572

Mr. E. E. Stuessy
8100 Middle Court
Austin, Texas 78759

Mr. Kenneth A. May
3202 46th Street
Lubbock, Texas 79413



RESOLUTION

WHEREAS, the Texas Osteopathic Medical Association, acting through its Board of Trustees, in official action on April 23, 1977, resolved unanimously that this Association has spent many years and much time and effort in arranging to establish the Texas College of Osteopathic Medicine on a specific campus in Fort Worth, Texas, and

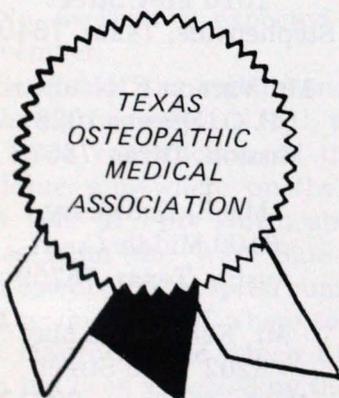
WHEREAS, this Association and said College, over a long period of time, have made numerous statements and public commitments to the effect that the Texas College of Osteopathic Medicine will be located adjacent to and in the general area of the Fort Worth Osteopathic Hospital in Fort Worth, Texas, now, therefore

BE IT RESOLVED, that the House of Delegates of the Texas Osteopathic Medical Association, in official session this 4th day of May, 1977, concurs with the foregoing Resolution of its Board of Trustees, and once again goes on record as favoring a single campus for the Texas College of Osteopathic Medicine in its present location where a \$12 million building is being built with Federal and State tax monies, and further

BE IT RESOLVED, that copies of this Resolution be distributed to all parties and government agencies interested in the development of the Texas College of Osteopathic Medicine.

Tex Roberts

Secretary to the TOMA Board of
Trustees and House of Delegates



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and 10 Gm. of cefazolin



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TOMA AWARDS

\$6,750 IN

SCHOLARSHIPS

Seven scholarships, totalling \$6,750, were awarded by TOMA in September, and although competition for the four freshman scholarships was open to students in all osteopathic colleges, the Texas College of Osteopathic Medicine swept the field.

This year, in addition to the scholarships to students entering the freshman class, there was one awarded to a sophomore and two to third-year students.

Although the program is entirely administered by TOMA, funds for the two junior scholarships, which amount to \$2,500, are provided by Mr. and Mrs. Wayne O. Stockseth of Corpus Christi, who have been outstanding supporters of TCOM since its beginning.

Mr. Stockseth served on its Board of Directors when it was a private college, and he now serves on the Dean's Advisory Council.

The \$1,000 scholarship awarded to a sophomore is presented in honor of the late Dr. Ralph H. Peterson of Wichita Falls, who during his 55 years practice of osteopathic medicine, financially assisted a number of young people aspiring to become osteopathic physicians.

Mrs. Peterson, who is honorary awards chairman for this scholarship, continues this interest in osteopathic education, and the scholarship committee takes her wishes into consideration that the scholarship go to a student doctor who plans to practice family medicine in Texas.



Dr. Frank Bradley presents scholarship checks to (l. to r.) Betsy Dee Buehrer, R. Neil Gibson, Rahul Dewan, Paul F. Mills, David L. Kuban, Christian John Roenn and Michael Adamo.

*The Phil R. Russell
Scholarship is the
highest award to
a first-year student.*

The highest award to a freshman is the \$1,000 Phil R. Russell Scholarship. In addition, TOMA awards three freshman scholarships of \$750 each.

A good share of the funds for these comes from the Sustaining Members who specify that they wish the extra \$100 they each pay in dues to go toward osteopathic education, or from those who do not indicate a preference as to how this additional money is to be used.

Selection of the recipients of these scholarships comes under the purview of the Membership Services and Professional Development Committee, of which Dr. Frank J. Bradley is chairman. Other members include Dr. Robert G. Haman and Dr. Floyd O. Hardimon. Dr. Bradley came to the TOMA State Office to personally present the checks to the seven winners.

Dr. Bradley said, "Although a criterion in selecting the winners of our scholarships is that they must be bona fide Texas residents, it is something of a coincidence that all seven recipients this year are students at the Texas College of Osteopathic Medicine, since the competition for the four freshman scholarships is open to students entering any of the dozen osteo-

pathic medical colleges throughout the country. However, with the continued growth of TCOM, more Texas students can be accepted there, which probably accounts for its student doctors winning all the awards."

*Motivation toward the
osteopathic profession
is one of the most
important criteria.*

Criteria for awarding all the scholarships are much the same. In addition to being a Texas resident, taken into consideration are scholastic achievement, character references, financial need and motivation toward the osteopathic profession.

Both the Stockseth and Peterson scholarships give preference to applicants whose present plans call for family practice in Texas, but they differ slightly in that the Stockseth awards give preference to students who plan to locate their practices in south Texas.

In his letters notifying the winners of their selection Dr. Bradley said, "Because we receive many applications from student doctors of such high caliber, our task is a most difficult one, and it is next to impossible to narrow our selections to the ones we consider most outstanding and deserving of financial help from our Association.

"Although financial need is one of the criteria we must consider, we are particularly searching for students who, in our opinion, will

make outstanding osteopathic physicians. Your application and references indicate to us that you will truly be an asset to our profession.

"We look forward to your becoming a practicing osteopathic physician in Texas on completion of your training. Please keep in touch with us, as we will be most interested in your progress at the Texas College of Osteopathic Medicine."

*Former scholarship
winners are now
locating their
practices in Texas.*

Without going too far back in the archives, a cursory check was made of where the winners of TOMA scholarships from 1969 through 1972 are now located.

These include D.O.s who have had time to finish their internships by June 30, 1977.

It was found that although only six of the twelve recipients of scholarships for those years are now practicing in Texas, only one is practicing out of state. Two are in military or public health service and three are in residencies.

No doubt several of these will eventually return to Texas to practice and the scholarship funds can be considered well spent.

The following profiles on this year's winners are indicative of the caliber of future osteopathic physicians.

Seven TCOM Student/Doctors Are Winners

David Kuban: TCOM '81 Phil Russell Scholarship

David L. Kuban, a native of Fort Worth, was the winner of the Phil R. Russell Scholarship. The son of Mr. and Mrs. Louis Kuban, he is 24 years old and single.



He received his pre-med training at Texas Wesleyan University where he earned his B.S. degree.

In recommending him for this scholarship, Dr. George M. Esselman, Director of the Dallas Osteopathic Medical Education Consortium, wrote, "David relates well with everyone. He has a good clean personal appearance, presents emotional stability and maturity, and has excellent motivation for continued study in the health care delivery system. . .

"David is trustworthy, conscientious, and very dedicated to his future desire to be an osteopathic physician."

In his application David said, "Osteopathic medicine, I feel, is a more complete type of medical care. It has been my intention to practice medicine for many years. TCOM has afforded me this op-

portunity and I intend to be a qualified and competent physician, practicing the best medicine I possibly can."

Betsy Buehrer: TCOM '81 TOMA Scholarship

Betsy Dee Buehrer of McAllen, another winner of a \$750 scholarship, says, "I chose osteopathic medicine because I strongly believe in treating the diseased person as a person, rather than the disease itself. This concept is extremely important in family medicine, which I want to pursue.



"I also want to practice medicine in an area that needs medical care. The osteopathic profession is quite instrumental in supplying qualified doctors to these areas."

Betsy plans to practice in an area where there are several small towns in close proximity to each other.

In his recommendation of her Dr. Ralph H. Moore wrote, "Betsy has been planning on studying osteopathy since her early high school days . . . She received her B.S. degree from Southwest Texas State University with honors. She will

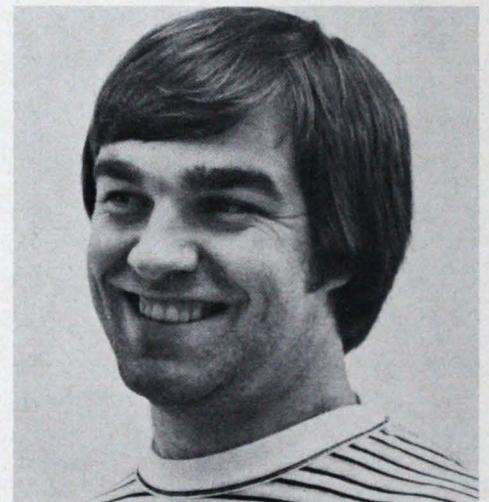
have her Masters from Trinity in August. . . .

"If she could receive a scholarship for at least the first year it would be a great help for her in her effort in becoming a very fine osteopathic physician because I am sure that is what she will be."

Neil Gibson: TCOM '81 TOMA Scholarship

R. Neil Gibson, son of Mr. and Mrs. Leroy H. Gibson of Glen Rose, also received a \$750 scholarship.

Born in Meridian, he is a lifelong resident of Texas. He earned his B.S. degree in biology from Howard Payne University. He is 23 years old and married.



In applying for a TOMA scholarship Neil said, "My lifelong ambition has been to become a physician in order to help people and meet their needs, and I feel a career in osteopathic medicine will provide me the opportunity to help individuals most efficiently."

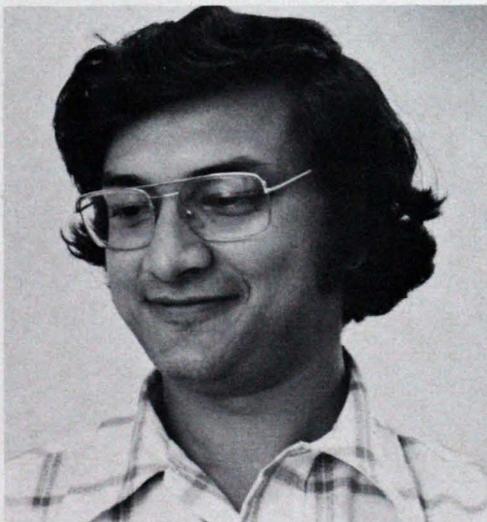
He added that he hopes to practice in a small Texas town with a population of less than 15,000.

His recommendation from a TCOM graduate, Dr. Thomas D. Wiman of Snyder, certainly influenced the committee in making its decision for this award.

Dr. Wiman wrote, "Mr. Gibson appears to be mature beyond his years and exhibits a compassion that I feel would make him a most welcome addition to the ranks of osteopathic physicians."

Rahul Dewan: TCOM '81 TOMA Scholarship

Rahul Nath Dewan is one of the \$750 TOMA Scholarship winners. Born in New Delhi, India, he has been a resident of Houston for nine years. He earned his B.S. degree in biochemistry at Texas A&M.



Age 22 and single, he is the son of Mr. and Mrs. Rajinder Nath Dewan of Picayune, Mississippi.

Rahul plans to practice in a small town in East Texas. He says, "I have worked in a hospital for over six years, and I have worked with both medical doctors and osteopaths. The osteopaths had better patient-doctor relationships than

the medical doctors. I feel the osteopathic philosophy has more to offer the patient."

Dr. Billy J. Sealey of Deer Park wrote in recommending Rahul, "He was graduated in the upper quarter of his class and has very high recommendations. He is a very out-going individual, well motivated, and has worked hard to put himself through school."

Michael Adamo: TCOM '80 Peterson Scholarship



This is the second year that the Ralph H. Peterson, D.O. Scholarship has been awarded, and it went to Michael Paul Adamo of Houston.

Criteria, in addition to those for freshman scholarship winners, are that the recipient has had an outstanding freshman year, and that present plans include a family practice in Texas at the conclusion of his osteopathic training.

Mike, who is 25 and single, has been a Houston resident all his life. He received his B.S. and M.S. degrees from the University of

Houston.

He believes that "osteopathic medicine is a system of health care which recognizes the human body as a structural-functional-psychological unit, dependent on these three aspects equally for both health and disease.

"Osteopathy also recognizes the innate ability of the human body to heal itself if the body can be placed in the normal external and internal environment. Osteopathy, through osteopathic manipulative therapy, recognizes the value of normal structure in maintaining normal function.

"Osteopathy also emphasizes the fact that no disease can be isolated to one organ, but involves the entire human body which must be treated.

"I would like to serve a community presently underserved in Texas (urban area or rural): Urban-inner city community badly underserved by the medical profession, or a rural Texas community completely lacking medical facility."

Christian Roenn: TCOM '79 Stockseth Scholarship

Recipient of the \$1,500 Stockseth Scholarship was Christian John Roenn, who lived in Justin prior to entering TCOM. He is married and the father of one child.

He received his B.S. degree from the University of Texas at Arlington.

Following his formal training in osteopathic medicine, Christian



William Shakespeare

"...Sleep that knits up the ravel'd sleeve of care..."

—WILLIAM SHAKESPEARE, MACBETH, ACT II, SC. 2

Insomnia

a shade of blue that often accompanies depression

And, in anxiety/depression, Adapin® (doxepin HCl) often helps restore disturbed sleep patterns, such as early morning awakening, with a single daily dose at bedtime.¹ Adapin quickly relieves the patient's anxiety, gradually brightens his mood and outlook, with optimal antidepressant response usually evident within two to three weeks.

1. Goldberg HL, Finnerty RJ, Cole JO: Doxepin: Is a single daily dose enough? *Am J Psychiatry* 131:1027-1029, 1974.

Brief Summary of Prescribing Information

ADAPIN® (doxepin HCl) Capsules

Indications—Relief of symptoms of anxiety and depression.

Contraindications—Glaucoma, tendency toward urinary retention, or hypersensitivity to doxepin.

Warnings—Adapin has not been evaluated for safety in pregnancy. No evidence of harm to the animal fetus has been shown in reproductive studies. There are no data concerning secretion in human milk, or on effect in nursing infants.

Usage in children under 12 years of age is not recommended. MAO inhibitors should be discontinued at least two weeks prior to the cautious initiation of therapy with this drug, as serious side-effects and death have been reported with the concomitant use of certain drugs and MAO inhibitors.

In patients who may use alcohol excessively potentiation may increase the danger inherent in any suicide attempt or overdose.

Precautions—Drowsiness may occur and patients should be cautioned against driving a motor vehicle or operating hazardous machinery. Since suicide is an inherent risk in depressed patients they should be closely supervised while receiving treatment. Although Adapin has shown effective tranquilizing activity, the possibility of activating or unmasking latent psychotic symptoms should be kept in mind.

Adverse Reactions—Dry mouth, blurred vision and constipation have been reported. Drowsiness has also been observed.

Adverse effects occurring infrequently include extrapyramidal symptoms, gastrointestinal reactions, secretory effects such as sweating, tachycardia and hypotension. Weakness, dizziness, fatigue, weight gain, edema, paresthesias, flushing, chills, tinnitus, photophobia, decreased libido, rash and pruritus may also occur.

Dosage and Administration—In mild to moderate anxiety and/or depression: 10 mg to 25 mg t.i.d. Increase or decrease the dosage according to individual response.

Usual optimum daily dosage is 75 mg to 150 mg per day, not to exceed 300 mg per day.

Antianxiety effect usually precedes the antidepressant effect by two or three weeks.

How Supplied—Each capsule contains doxepin, as the hydrochloride: 10 mg, 25 mg and 50 mg capsules in bottles of 100 and 1000.

For complete prescribing information please see package insert or PDR.

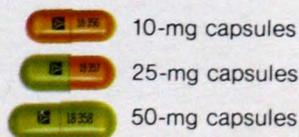


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in shades of blue...
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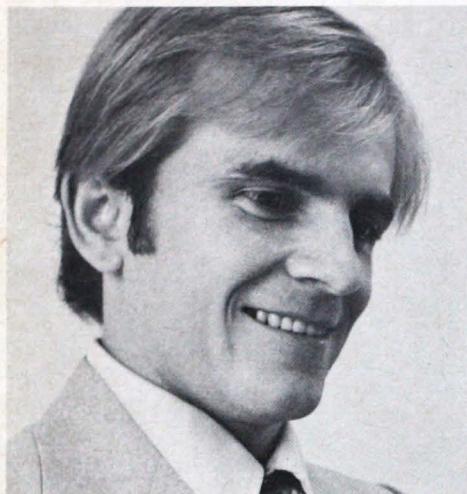


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Our Scholarship Winners

plans to establish a family practice in Texas, but says the size of the community is not important as long as there is a need for his services.



"My wife is Mexican-American, and I have enjoyed working with her family and others from her neighborhood in the past and I would like, if possible, to choose a location which would offer me opportunity of working with and helping the Mexican-American communities."

In writing about his choice of career, Christian says, "I am motivated toward osteopathy for the very reasons of its approach, both philosophically and practically, toward the human kind.

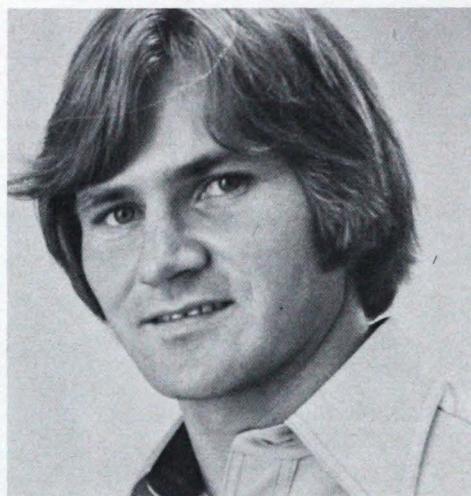
"That it is wise to treat whole entities, rather than parts and pieces, that a physician's most useful resource is compassion and that his effectiveness and willingness to listen to his patients are concepts vital to the foundation of good health care.

"I believe that the osteopathic profession best represents these principals and is the segment of the health professions which has best incorporated and instituted these ideals into the daily routine of

patient care.

"I chose medicine as a profession and osteopathy as a philosophy. I wanted to learn my profession from people who embraced the two most important ideas in medicine: the concepts of body unity and nature's role in the healing process. It is on this foundation that I intend to base my practice."

Paul Mills: TCOM '79 Stockseth Scholarship



The Stockseth Scholarship for \$1,000 was presented to 26-year-old Paul Franklin Mills, a native of

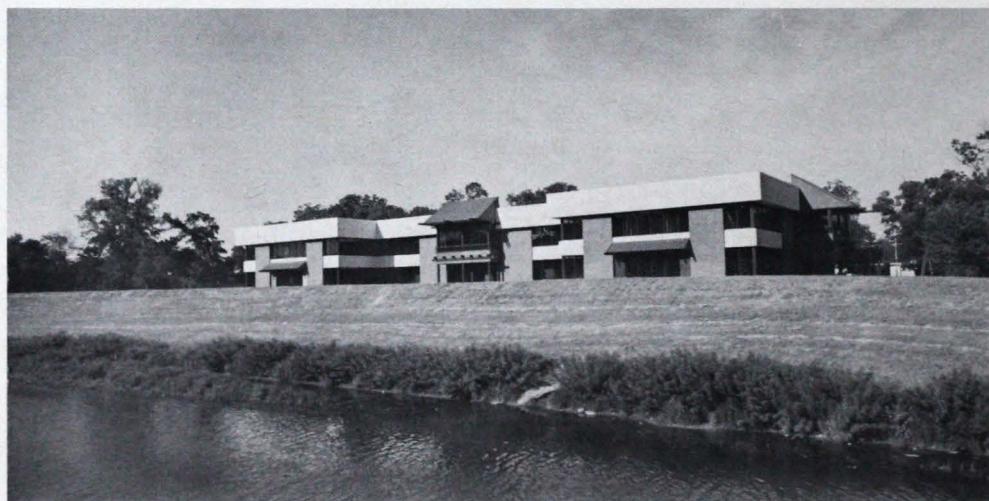
Fort Worth who took his pre-med schooling at NTSU where he earned a B.S. in biology.

Concerning his plans for the future, Paul says he plans to be a family practitioner in a small Texas town with a population of from 2,000 to 10,000. He is particularly interested in the south Texas hill country.

Paul writes that he chose osteopathic medicine for his career because "Osteopathic medicine is an opportunity to make use of the entire spectrum of the healing arts. I hope to apply all the modalities I am learning in school to become the best primary physician possible."

In outlining his knowledge of the concepts and principles of osteopathic medicine he says, "Osteopathy is the study of the structure and function of the human body, including its neural, muscular, vascular and lymphatic elements.

"Its basic aim is to assist the body's own mechanism to heal itself."



TCOM's newest building, the River Plaza Campus Center, offers a scenic view of the Trinity River and Forest Park. Located about a mile from the Administration Building, the newly leased space houses offices and classrooms, library and the instructional development department.

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We're doing something

DISTRICT III

by H. George Grainger, D.O.

Dr. Neal Pock was speaker at our district meeting which was held Saturday, September 24, and his topic was "The Poor Man's Psychiatrist" or "Nuts and Bolts of a Small Town Practice". It was very well received. The secretary recommends that he be considered to be on a state program sometime with the same topic.

♦ ♦ ♦

Dr. Bruce Petermeyer served for the first time as president.

♦ ♦ ♦

Dr. & Mrs. Grainger are on a trip to London.

DISTRICT XVI

by Ted C. Alexander, Jr., D.O.

District XVI had its September meeting at the Clipper Room of the Tradwinds Hotel.

♦ ♦ ♦

Dr. Leroy Jeske was introduced to the District as a new member. He is currently stationed at Sheppard Air Force Base. We also have a new Psychiatrist, Dr. Schepman, practicing in Wichita Falls.

♦ ♦ ♦

In the honors department, Dr. Jerry Alexander and Dr. Joe Adatto were chosen as the physicians to provide medical services for Midwestern University. This is the first time that osteopathic physicians have served this important function in Wichita Falls. Dr. Jerry has also served as chairman of the Medical Records Committee at both the Bethama and Wichita General Hospitals for the past two years and has done excellent in this difficult job.

DISTRICT IV

by Wiley B. Rountree, D.O.

District IV, TOMA, opened the 1977-78 season as it met in Abilene September 11.

The group was hosted by Janie and Joe Alexander who have been most generous in their hospitality. The usual good food and service of the Abilene Country Club was enjoyed by all.

Dr. Carl Sohns, President of District IV, presented Dr. Paul Mani, urologist of Abilene, who gave an informative program on urological problems requiring special techniques of handling and rehabilitation.

Dr. Mani was born and reared in India. He received his undergraduate degree at Cambridge University in England. A friend who knew of his desire to study medicine in the United States helped him to get the special necessary course of study to enter Baylor University School of Medicine by attending Howard Payne University in Brownwood in 1958-59. After graduating from Baylor, Dr. Mani took a five-year urological service in Houston. Eight years ago he located in Abilene.

Mrs. Mani is a Brownwood girl, the daughter of a Howard Payne University dean. The famous and inspiring Dr. Guy Newman was president at this time, and it was his influence that brought many such as Paul to the Brownwood school.

Dr. Mani presented an excellent and detailed program which reflected his competence and versatility in handling unusual and usually life-threatening problems.

The program was most informative and was appreciated by all.

♦ ♦ ♦

The membership application of Luther Martin, D.O. of Sweetwater, was approved. As his application reveals, he was born and reared in Arkansas and had his undergraduate training in Beaumont at Lamar University. He had his osteopathic education at the Kansas City College of Osteopathic Medicine, with an internship at Lakeside Hospital.

Dr. Martin has a wife, Diana, and a daughter Stacey Lynn, 15. They were no doubt influenced to settle in Sweetwater because of their acquaintanceship and respect for Dr. Jerry Smola, one of his instructors while in Kansas City, and Jerry's wife and children. We are proud to have them in our District and hope that they find a useful and rewarding service in their new location.

Sweetwater now has three osteopathic graduates. The two mentioned, and Lufkin Moses, D.O., who located there last year. I am sure that they will continue the fine tradition of service that Ellery B. Pool, D.O., gave to Nolan County in the late 'thirties and early 'forties. It has been a long time since the town has had our professional representation.

♦ ♦ ♦

Recognition of Dr. and Mrs. Denzil Truitt, who recently located in Menard, was made. Their former practice was in Petersburg.

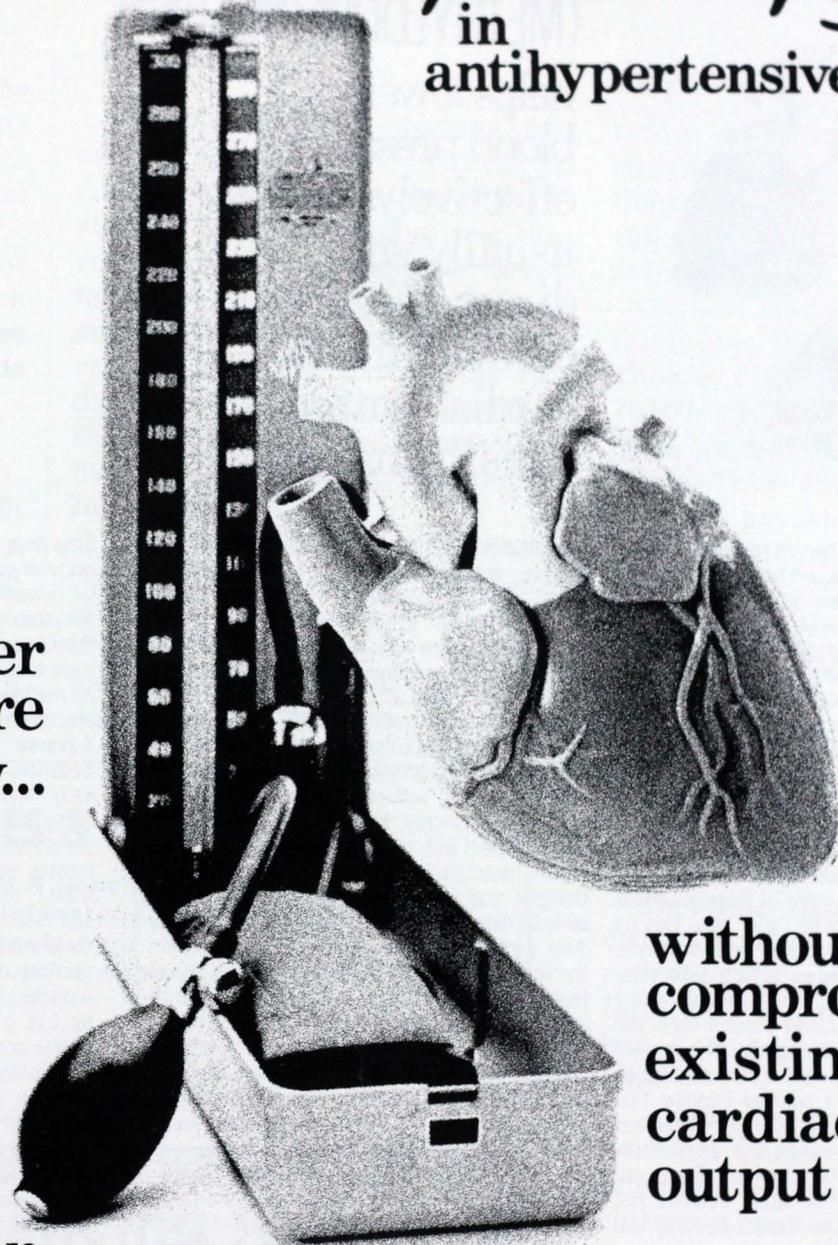
Attention was also called to Dr. and Mrs. Howard Jungman who recently settled in Mason. The Jungmans have moved to the Hill Country from Fort Worth.

To all, a hearty welcome to West Texas. We of the District hope they

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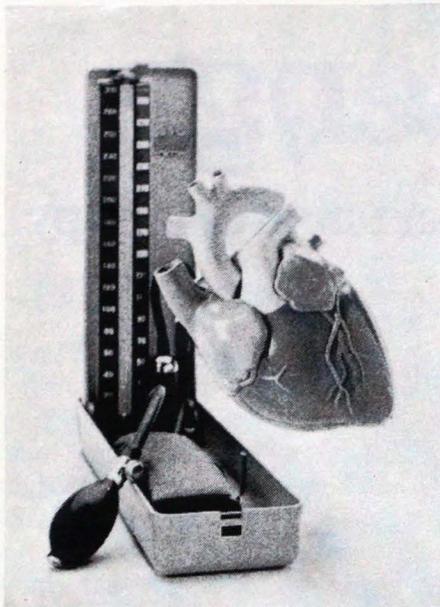
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For a brief summary of prescribing information, please see following page.

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blood pressure
effectively...
usually with no
direct effect on
cardiac function—
cardiac output is
usually maintained

Contraindications: Active hepatic disease, such as acute hepatitis and active cirrhosis; if previous methyldopa therapy has been associated with liver disorders (see Warnings); hypersensitivity.

Warnings: It is important to recognize that a positive Coombs test, hemolytic anemia, and liver disorders may occur with methyldopa therapy. The rare occurrences of hemolytic anemia or liver disorders could lead to potentially fatal complications unless properly recognized and managed. Read this section carefully to understand these reactions.

With prolonged methyldopa therapy, 10% to 20% of patients develop a positive direct Coombs test, usually between 6 and 12 months of therapy. Lowest incidence is at daily dosage of 1 g or less. This on rare occasions may be associated with hemolytic anemia, which could lead to potentially fatal complications. One cannot predict which patients with a positive direct Coombs test may develop hemolytic anemia. Prior existence or development of a positive direct Coombs test is not in itself a contraindication to use of methyldopa. If a positive Coombs test develops during methyldopa therapy, determine whether hemolytic anemia exists and whether the positive Coombs test may be a problem. For example, in addition to a positive direct Coombs test there is less often a positive indirect Coombs test which may interfere with cross matching of blood.

At the start of methyldopa therapy, it is desirable to do a blood count (hematocrit, hemoglobin, or red cell count) for a baseline or to establish whether there is anemia. Periodic blood counts should be done during therapy to detect hemolytic anemia. It may be useful to do a direct Coombs test before therapy and at 6 and 12 months after the start of therapy. If Coombs-positive hemolytic anemia occurs, the cause may be methyldopa and the drug should be discontinued. Usually the anemia remits promptly. If not, corticosteroids may be given and other causes of anemia should be considered. If the hemolytic anemia is related to methyldopa, the drug should not be reinstated. When methyldopa causes Coombs positivity alone or with hemolytic anemia, the red cell is usually coated with gamma globulin of the IgG (gamma G) class only. The positive Coombs test may not revert to normal until weeks to months after methyldopa is stopped.

Should the need for transfusion arise in a patient receiving methyldopa, both a direct and an indirect Coombs test should be performed on his blood. In the absence of hemolytic anemia, usually only the direct Coombs test will be positive. A positive direct Coombs test alone will not interfere with typing or

cross matching. If the indirect Coombs test is also positive, problems may arise in the major cross match and the assistance of a hematologist or transfusion expert will be needed.

Fever has occurred within first 3 weeks of therapy, sometimes with eosinophilia or abnormalities in liver function tests, such as serum alkaline phosphatase, serum transaminases (SGOT, SGPT), bilirubin, cephalin cholesterol flocculation, prothrombin time, and bromsulphalein retention. Jaundice, with or without fever, may occur, with onset usually in the first 2 to 3 months of therapy. In some patients the findings are consistent with those of cholestasis. Rarely fatal hepatic necrosis has been reported. These hepatic changes may represent hypersensitivity reactions; periodic determination of hepatic function should be done particularly during the first 6 to 12 weeks of therapy or whenever an unexplained fever occurs. If fever and abnormalities in liver function tests or jaundice appear, stop therapy with methyldopa. If caused by methyldopa, the temperature and abnormalities in liver function characteristically have reverted to normal when the drug was discontinued. Methyldopa should not be reinstated in such patients.

Rarely, a reversible reduction of the white blood cell count with primary effect on granulocytes has been seen. Reversible thrombocytopenia has occurred rarely. When used with other antihypertensive drugs, potentiation of antihypertensive effect may occur. Patients should be followed carefully to detect side reactions or unusual manifestations of drug idiosyncrasy.

Use in Pregnancy: Use of any drug in women who are or may become pregnant requires that anticipated benefits be weighed against possible risks; possibility of fetal injury can not be excluded.

Precautions: Should be used with caution in patients with history of previous liver disease or dysfunction (see Warnings). May interfere with measurement of: uric acid by the phosphotungstate method, creatinine by the alkaline picrate method, and SGOT by colorimetric methods. Since methyldopa causes fluorescence in urine samples at the same wavelengths as catecholamines, falsely high levels of urinary catecholamines may be reported. This will interfere with the diagnosis of pheochromocytoma. It is important to recognize this phenomenon before a patient with a possible pheochromocytoma is subjected to surgery. Methyldopa is not recommended for patients with pheochromocytoma. Urine exposed to air after voiding may darken because of breakdown of methyldopa or its metabolites.

Stop drug if involuntary choreoathetotic movements occur in patients with severe bilateral cerebrovascular disease. Patients may require reduced doses of anesthetics; hypotension occurring during anesthesia usually can be controlled with vasopressors. Hypertension has recurred after dialysis in patients on methyldopa because the drug is removed by this procedure.

Adverse Reactions: Central nervous system: Sedation, headache, asthenia or weakness, usually early and transient; dizziness, lightheadedness, symptoms of cerebrovascular insufficiency, paresthesias, parkinsonism, Bell's palsy, decreased mental acuity, involuntary choreoathetotic movements; psychic disturbances, including nightmares and reversible mild psychoses or depression.

Cardiovascular: Bradycardia, aggravation of angina pectoris. Orthostatic hypotension (decrease daily dosage). Edema (and weight gain) usually relieved by use of a diuretic. (Discontinue methyldopa if edema progresses or signs of heart failure appear.)

Gastrointestinal: Nausea, vomiting, distention, constipation, flatus, diarrhea, mild dryness of mouth, sore or "black" tongue, pancreatitis, sialadenitis.

Hepatic: Abnormal liver function tests, jaundice, liver disorders.

Hematologic: Positive Coombs test, hemolytic anemia. Leukopenia, granulocytopenia, thrombocytopenia.

Allergic: Drug-related fever, myocarditis.

Other: Nasal stuffiness, rise in BUN, breast enlargement, gynecomastia, lactation, impotence, decreased libido, dermatologic reactions including eczema and lichenoid eruptions, mild arthralgia, myalgia.

Note: Initial adult dosage should be limited to 500 mg daily when given with antihypertensives other than thiazides. Tolerance may occur, usually between second and third month of therapy; increased dosage or adding a thiazide frequently restores effective control. Patients with impaired renal function may respond to smaller doses. Syncope in older patients may be related to increased sensitivity and advanced arteriosclerotic vascular disease; this may be avoided by lower doses.

How Supplied: Tablets, containing 125 mg methyldopa each, in bottles of 100; Tablets, containing 250 mg methyldopa each, in single-unit packages of 100 and bottles of 100 and 1000; Tablets, containing 500 mg methyldopa each, in single-unit packages of 100 and bottles of 100.

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J6AM07 (707)

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♦♦♦

A resolution commending the Executive Director and Mrs. Roberts for their work in our State Office was presented and voted upon favorably.

There followed a discussion of State Association actions in which they are engaged, with the desire to have more information made available to the District.

♦♦♦

The next meeting will be held in Stanton on October 30 with a noon luncheon held at the Martin County Hospital.

Doctors Sue and Mike Fisher and Dr. and Mrs. Tom Miller will host the meeting.

ATOMA News

Antiques will be working for medical education when District II Auxiliary sponsors an antique show at Fort Worth's Roundup Inn November 11-13. All advance ticket sales will benefit a scholarship program at the Texas College of Osteopathic Medicine and are tax deductible. Proceeds of tickets sold at the door will go to the organization managing the show, Sooner Shows, Inc. of Tulsa.

The Fort Worth Antique Show Sales represents the first major scholarship drive undertaken on behalf of Texas College of Osteopathic Medicine by the District II Auxiliary. An intensive pre-show

ticket sales campaign is planned, and tickets will be available in Denton, Granbury, Mineral Wells and other area communities as well as in Fort Worth.

Tickets may be ordered by mail from Mrs. Roy B. Fisher, 1420 Thomas Place, Fort Worth, Texas 76107 or Mrs. George F. Pease, 3901 Bellaire Drive South, Fort Worth, Texas 76109. Checks should be made payable to ATOMA, District II and marked for "Scholarship Fund". Tickets are \$1.50.

H.A. Stone of Sooner Shows, Inc. predicts about 35 dealers from 11 states and Nova Scotia will have items on display. For many of the dealers, this will be the first time to exhibit in Texas. The show will also be a first in Texas for Sooner Shows.

The wide range of antiques on display and for sale will include a collection of old Lalique, country furniture, Royal Bayreuth porcelain, Lotton glass, Steuben and Tiffany.

A dealer who speaks both Japanese and Chinese will exhibit early oriental procelain, and there will be cloisonne, pattern glass, cut glass and primitives. One dealer alone will have a collection valued over \$100,000, and the total worth of thousands of items on display is expected to reach close to a million dollars.

Mrs. George F. Pease is chairman of the antique show committee and Mrs. Roy B. Fisher is president of District II Auxiliary.

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IF HE TALKS ON THE SUBJECT —
He is trying to run things

IF HE IS SILENT —
He is dumb or has lost interest

IF HE IS OUT WHEN WE CALL —
Why doesn't he stay around more often?

IF HE IS USUALLY AT THE OFFICE —
Why doesn't he get out?

IF HE IS NOT AT HOME AT NIGHT —
He must be out carousing

IF HE IS AT HOME —
He is neglecting outside contacts

IF HE DOESN'T AGREE WITH YOU —
He is ignorant or bullheaded

IF HE DOES —
That's all he had to do anyway

IF HE CAN'T HELP YOU FIND A BETTER JOB —
He's a poor contact man

IF HE DOES —
That's what he's paid for

IF HE'S MORE CORDIAL TO ONE MEMBER THAN ANOTHER —
He's playing politics

IF HE SHOULD GIVE SOMEONE A SHORT ANSWER —
Trim him down to size in the next budget

IF HE TRIES TO EXPLAIN BOTH PROS & CONS OF SOMETHING —
He's pussyfooting

IF HE IS WELL DRESSED —
He thinks he's a big shot

IF HE ISN'T —
He's not a proper representative of this Association

IF HE TAKES A VACATION —
He's been on one all year

IF HE'S BEEN ON THE JOB A SHORT TIME —
He's too inexperienced

IF HE'S BEEN ON THE JOB FOR A LONG TIME —
We need new ideas and it's time for a change

YOU CAN'T WIN!

Reprinted from AOSED Newsletter

W.D. William H.
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Consultants Specializing in

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Texas College of Osteopathic Medicine second-year student Mark White, left, points to one of many locations where he and fellow students Judy Mills and James Smith will practice upon graduation. The student physicians are recipients of scholarships from the State Rural Medical Education Board and have agreed to practice medicine in a Texas county of less than 25,000. Also receiving a SRMEB scholarship, but not pictured, is first-year student Beverly Waddleton. Ms. Mills is also a first-year student and Smith is third year.

B.W.CO. HAS PUT MORE POTENCY IN THE LINE



EMPRACET[®] with Codeine Phosphate, 60 mg, No. 4 ©

EMPRACET[®] with Codeine Phosphate, 30 mg, No. 3 ©

CONTRAINDICATIONS: Hypersensitivity to acetaminophen or codeine.

WARNINGS: Drug dependence. Codeine can produce drug dependence of the morphine type and may be abused. Dependence and tolerance may develop upon repeated administration; prescribe and administer with same caution appropriate to oral narcotics. Subject to the Federal Controlled Substances Act.

Usage in ambulatory patients. Caution patients that these products may impair mental and/or physical abilities required for performance of potentially hazardous tasks such as driving a car or operating machinery.

Interaction with other CNS depressants. Patients receiving other narcotic analgesics, general anesthetics, phenothiazines, tranquilizers, sedative-hypnotics, or other CNS depressants (including alcohol) may exhibit additive CNS depression; when used together reduce dose of one or both.

Usage in Pregnancy. Safe use is not established. Should not be used in pregnant patients unless potential benefits outweigh possible hazards.

PRECAUTIONS: Head injury and increased intracranial pressure. Respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a pre-existing increase in intracranial pressure. Narcotics produce adverse reactions which may obscure the clinical course of patients with head injuries.

Acute abdominal condition. These products or other narcotics may obscure the diagnosis or clinical course of acute abdominal conditions.

Special risk patients. Administer with caution to certain patients such as elderly or debilitated patients and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, or prostatic hypertrophy or urethral stricture.

ADVERSE REACTIONS: Most frequently include lightheadedness, dizziness, sedation, nausea, and vomiting; more prominent in ambulatory than in nonambulatory patients; some may be alleviated if patient lies down; others include: euphoria, dysphoria, constipation and pruritus.

DRUG INTERACTIONS: CNS depressant effect may be additive with that of other CNS depressants. See Warnings.

For symptoms and treatment of overdosage and full prescribing information, see package insert.

Introducing **EMPRACET[®]** **ċ CODEINE #4**

Each tablet contains: codeine phosphate, 60 mg (1 gr) (Warning—may be habit-forming); and acetaminophen, 300 mg.



Our new non-aspirin/ codeine analgesic for moderate to severe pain.

New peach-colored Empracet ċ Codeine #4 offers a potent alternative for patients in whom aspirin is not indicated.

Unlike compounds containing oxycodone which afford comparable analgesia, new Empracet ċ Codeine #4 gives you CIII prescribing convenience—up to 5 refills in 6 months at your discretion (where state law permits). And, prescribing by telephone is permissible in most states. Moreover, new Empracet ċ Codeine #4 has less addiction potential than does oxycodone.

For those of your patients requiring a less potent analgesic, non-aspirin Empracet[®] ċ Codeine #3 provides effective relief of moderate pain.

Burroughs Wellcome Co. makes codeine combination products. You make the choice.



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Research Triangle Park
North Carolina 27709

Texas Ticker Tape

PSRO APPOINTMENTS DELAYED PENDING OUTCOME OF LAWSUIT

Raymond J. Saloom, D.O., has entered a lawsuit which contests the removal of Dr. Saloom from the National Professional Standards Review Council by Health, Education, and Welfare Secretary Joseph Califano. Pending the outcome of the lawsuit, HEW's legal office has held up letters inviting Dr. Alonzo Verby and Dr. Edith Schoenrich to membership on the PSRO council to fill two of the four vacancies created by Secretary Califano.

MEMORIAL CHECK COMES TO TOMA

A TOMA member, who prefers to remain anonymous, recently sent a check to the Association as a memorial to a deceased friend. He says, "It would be a good idea to occasionally spread these little things around. There is plenty of need for support of the continued good work of the Central Office."

NO REIMBURSEMENT FOR ABORTIONS UNDER TITLE XX

Federal funding for all abortions which are provided solely as a family planning service ceased at midnight August 4, 1977. As a result of a federal court order, the Texas Department of Human Resources is unable to reimburse family planning providers for abortions under Title XX, effective August 5, 1977.

NEW PRESIDENT OF NATIONAL OSTEOPATHIC FOUNDATION NAMED

Mr. Howard W. Baldock, who has been chairman of the Board of Directors of the National Osteopathic Foundation for some years, on August 1 assumed the presidency of NOF. He replaces Dr. Morris Thompson, who retired from this post on August 1.

CALIFANO QUESTIONS LEGALITY OF DECISION ABOUT SINGLE PSRO IN TEXAS

Health, Education, and Welfare Secretary Joseph Califano has declared the approval of Texas as a single Professional Standards Review Organization by his predecessor, David Mathews, "legally unsupportable." As a result of this decision, Secretary Califano will work toward a temporary reinstatement of the original multiple PSROs in Texas and will poll the state's physicians.

EXECUTIVE DIRECTOR REAPPOINTED TO NATIONAL COMMITTEE

TOMA's Executive Director Tex Roberts, CAE, has been reappointed to the Public Relations Committee of the American Society of Association Executives. ASAE has a membership of nearly 7,000 association executives, representing millions of members of professional and trade associations throughout the country. Mr. Roberts became a Certified Association Executive by ASAE examination more than three years ago, and has recently received recertification through that organization's continuing education program.

AOHA Sponsors Risk Management Seminar

A seminar on risk management will be sponsored by AOHA and three state osteopathic hospital organizations late this fall. "Risk Management — A Systems Approach" will be held in Detroit on November 15-16 and again in Dallas on December 6-7. The Detroit seminar will be co-sponsored by the Michigan and Ohio Osteopathic Hospital Associations, with TONACK co-sponsoring the Dallas event.

Registration for both seminars will be limited; therefore, information will be sent and registration references given to hospitals in the sponsoring states and their immediate environs. A third seminar may be scheduled for early 1978 if there is enough interest expressed by other hospitals.

Faculty members for the seminars, associates of Risk Management Systems, draw on their broad and diverse backgrounds in hospital administration, architecture, law, safety and security. Their approach to risk management is a systematic one, drawing together the components already in place in hospitals with those necessary new components that give hospital managers control of the risk situation.

The two-day seminar will cover the basics of a risk management program, the communications components, the elements of effective claims review, effective facilities management, an overview of current law and suggestions on the systematic implementation of a management program to minimize risk and liability.

DALWORTH
Medical Laboratories, Inc.
Accuracy/Service/Economy
 1410 W. Rosedale
 Fort Worth, Texas 76104
 Phone 817-336-0376

Dr. Steven Smith Joins KCCOM Faculty

Steven S. Smith, D.O., a 1973 graduate of the Kansas City College of Osteopathic Medicine, has joined that school's faculty in the Department of Internal Medicine.

He is the son of Dr. Selden E. Smith (KCCOM '53), who has been in private practice in Wolfe City for 22 years.

Dr. Steven interned at Detroit Osteopathic Hospital, where he also served a three-year residency in internal medicine. Prior to entering KCCOM, he received a B.A. degree in biology from Austin College in Sherman.

Concerning his teaching assignment he says, "I feel very close to students. It's not been so long since I was one myself. I hope I can do my part to motivate and interest them as I was motivated."

He has a defined philosophy when it comes to patient care. "To me, a patient is not an academic exercise. I try to identify with them and to speak to them as though I were speaking to myself." There are no substitutes for empathy and compassion when it comes to establishing good doctor-patient rapport, he added.

Full-Time Clinical Faculty Position Texas College of Osteopathic Medicine

The Texas College of Osteopathic Medicine, under the Board of Regents of North Texas State University, seeks additional clinical faculty members in the Departments of

- Family Practice* *Pediatrics*
- Obstetrics & Gynecology*
- Internal Medicine*
- Neurology and Hematology*
- Nephrology*
- Osteopathic Principles & Philosophy*
- Ophthalmology*
- Otorhinolaryngology*
- Dermatology*
- Rehabilitation Medicine*

The pleasant City of Fort Worth affords a comfortable, unhurried life. Excellent instructional salary levels with additional benefits and practice augmentation possible.

For full details write:

Charles A. Kline, D.O., F.A.C.O.P.
 Associate Dean, Clinical Sciences
 Texas College of Osteopathic
 Medicine
 3516 Camp Bowie Boulevard
 Fort Worth, Texas 76107

DALLAS OSTEOPATHIC HOSPITAL

A NONPROFIT CHARITABLE INSTITUTION

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Dallas, Texas 75206
Phone 214-824-3071

LETTERS

. . . where credit is due

Although our documents state that the Executive Director shall be the editor of our monthly Journal, credit for making your magazine the best-read osteopathic publication in the country actually should go to the associate editor, who in eight years has brought it from a 16-pager, with total advertising revenue of \$2,500 per year, to its present size—32 to 44 pages each issue—with revenue up to \$17,000 per year.

Most of the members are aware of who is actually responsible for the hard work that has gone into bringing the magazine to this point, but for those who aren't, I directed that the following two letters of recognition, written to the associate editor, Juanita Roberts, be printed. — T.R.

Dear Mrs. Roberts:

I want to thank you for the fine coverage of the school and our construction which appeared in the issue number 6 of volume 34 of the Texas Osteopathic Physicians Journal.

We also appreciate the other articles about osteopathic education and particularly the Texas College of Osteopathic Medicine which appeared in this issue and have appeared in every issue.

Your coverage is always accurate, cogent and interesting.

We appreciate the really fine cooperation and coordination which we have had with you.

Ralph L. Willard, D.O., Dean

Dear Mrs. Roberts:

I know that you spend a great deal of time in the editing and preparation of the monthly journal of the Texas Osteopathic Medical Association. I feel this journal is always informative and well read by members of our hospital and medical staff.

I especially wanted to express our appreciation for the excellent article concerning Fort Worth Osteopathic Hospital that appeared in the August issue. It is obvious that considerable research went into this article. Since we feel that the article is so well done, we have obtained a number of copies for future use.

Claude G. Rainey
Executive Vice President

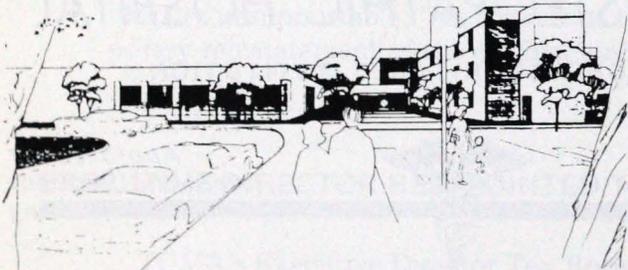
our 250-bed hospital offers the physician

AN OPPORTUNITY . . . for professional growth with a growing not-for-profit medical facility with an outstanding need for many physicians in the heart of the Dallas-Fort Worth Metroplex.

SECURITY . . . \$36,000 first year guarantee

A CHALLENGE . . . for continued excellence in internship and residency programs, as well as a comprehensive continuing medical education program for the 80 osteopathic and allopathic physicians presently on the staff.

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

2709 Hospital Blvd. Grand Prairie, Texas 75051
CONTACT: Richard D. Nielsen, Administrator
214-647-1141, Extension 200

"Ours is a health care facility that will not be content with less than excellence in everything we do."

Legislative Seminar

The third TOMA Lakeway Legislative Seminar is scheduled at Lakeway Inn, northwest of Austin, on January 27, 28 and 29, 1978.

Bill Clayton, Speaker of the Texas House of Representatives, is scheduled to headline the Friday night, January 27, reception and dinner at Lakeway Inn as principal speaker.

Through a grant to TOMA, Smith Kline & French will underwrite expenses for the Seminar, which will include speakers from state agencies affecting health care and members of the Texas Legislature.

D.O.s and wives from all over Texas are expected to attend. Room reservations beginning Friday night, January 27, are urged to be made early because there is a limit of 100 rooms available.

There will be no registration fee for D.O.s who are members of the Texas Osteopathic Political Action Committee (TOPAC); however, registration for non-TOPAC members will be \$50, according to Dr. John J. Cegelski, Jr., TOMA Governmental Relations Committee chairman. He and his vice chairman, Dr. Robert L. Peters of Round Rock, are at work on the workshops that will be held all day Saturday.

Physicians are under political attack nationally and in Texas to an unprecedented degree, and it behooves all physicians and their wives to attend the Lakeway Legislative Seminar to better understand the legislative process and gain expertise in the political arena.

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OPPORTUNITIES FOR OSTEOPATHIC PHYSICIANS IN TEXAS

GRAND PRAIRIE — Three approved residencies are available: They are in anesthesiology, general surgery and orthopedics. Apply immediately by contacting Mr. R. D. Nielsen, Administrator, Grand Prairie Community Hospital, 2709 Hospital Boulevard, Grand Prairie, 75050.

WHITESBORO—Family practice associate needed guaranteed salary plus percentage; No. O.B.; hospital near-by. Contact: John Galewaler, D.O., 304 Charlie Drive; Whitesboro, Texas 76273: Phone 214-564-3503.

HOUSTON — Guaranteed income plus fringe benefits for Spanish-speaking D.O. Call David J. Levy, D.O., 713-675-2777; 723 Shotwell, Houston 77020.

NACOGDOCHES — Young G.P. needed to help well-established practice in East Texas. Trade area of 40,000. Financial arrangement negotiable. For further information contact. Bill Hairston, D.O., 932 University Dr., Nacogdoches, Texas 75961 or call 713-564-1188.

WANTED — energetic, hard working G.P. willing to do some OB-Gyn. Busy 3 man practice needing 4th man. Guaranteed salary, offices and support personnel. Mild climate near year round recreational facilities. Contact Samuel B. Ganz, D.O., 3933 Up River Road, Corpus Christi, Texas 78408, 512-888-4281.

D.O. ANESTHESIOLOGIST — With Texas license looking for full-time opportunity, preferably in smaller community. No G.P. work. Write Box D. TOMA, 512 Bailey, Fort Worth 76107; or call Tex Roberts 817-336-0549.

FORT WORTH — G.P. needed for association in a two man family practice. No cash outlay, salary or percentage for six months to one year, leading to full partnership after one year, if desired. Contact: J. G. Dowling, D.O., 3514 E. Berry, Fort Worth, Texas 76105; Phone: 817-531-2801.

LAKE DALLAS — G.P. needed to serve a four town trade area of 10,000. Lake Dallas is seven miles south of Denton and 20 minutes from Dallas. The Lake Dallas Chamber of Commerce will help physician in every way possible to build practice. Will build clinic on lease/buy basis. Financing available at reasonable rates. Contact Ernest Ferguson, P. O. Box 399, Lake Dallas, Texas 75065; Phone: 817-497-4811.

HOUSTON — Physicians interested in the Houston area (family practice or pediatrics urgently needed). Contact Ronald Calicha, Administrator, Eastway General Hospital, 9339 N. Loop E., Houston, Texas 77029: Phone 713-583-8585

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

PETERSBURG — G.P. wanted to take over well-established rural practice in D.O. community. It has been covered by D.O.s for 20 years. Rich farming community and is 30 miles from Lubbock. Contact Norman D. Truitt, D.O., Box 10, Petersburg, Texas 79250. Phone 806-667-3581 or 806-667-3376.

MABANK — Family clinic needs doctor \$3,000 month guaranteed. Present doctor going into residency, grossing over \$100,000 a year. Contact Robert L. Hamilton, D.O., P. O. Box 267, Mabank, Texas, 75147: Phone: 214-887-2161.

DALLAS SUBURBAN—general practice available: Moving to specialize, must sell active general practice, four miles out of Dallas city limits. Two freeways near-by to provide easy availability of four large hospitals with Emergency Room Facilities within 10-20 minutes of the office. Lease-Purchase arrangements available for suitable, mature, earnest physician. References necessary. Write Box R, TOMA, 512 Bailey Avenue, Fort Worth, Texas 76107 or Call - Tex Roberts 817-336-0549.

FORT WORTH—Office space for lease. New building. Suitable for medical or dental practice. 1500 square feet. Located at 4201 Camp Bowie Blvd. Contact David M. Beyer, D.O., 4201 Camp Bowie Blvd., Fort Worth 76107. Phone 817-731-0801.

If you want to know where you're needed most - -

Here are latest statistics available on

Texas counties that are medically underserved

Since your State Office has had numerous calls and letters requesting information on medically underserved areas in Texas, and particularly the names of the counties that have no physicians, we are printing a list that we have recently compiled.

We do not claim complete accuracy, as doctors seem to have become more transient than they used to be—a fact we can attest to because of the numerous changes of address we receive.

This list was compiled before our new Membership Directory went to press and the numbers of D.O.s in some counties may have changed; so we ask that you

use this as a guide only, rather than as formal statistics.

In order to show that all except 17 Texas counties *do* have at least one physician, we have included all licensed D.O.s in the state, whether or not they are TOMA members.

Please note that the county populations are estimates; therefore, it follows that the numbers of persons per doctor must also be estimated.

We will update the list periodically to try to keep it as accurate as possible.

| County | D.O.s | Total All Doctors | Estimated Population | Persons per Doctor |
|-----------|-------|----------------------|-------------------------|--------------------------|
| Anderson | 0 | 18 | 30,000 | 1,667 |
| Andrews | 0 | 8 | 11,000 | 1,375 |
| Angelina | 3 | 50 | 50,000 | 1,000 |
| Aransas | 1 | 7 | 9,000 | 1,286 |
| Archer | 0 | 1 | 6,000 | 6,000 |
| Armstrong | 1 | 1 | 2,000 | 2,000 |
| Atascosa | 0 | 5 | 19,000 | 3,800 |
| Austin | 0 | 11 | 14,000 | 1,273 |
| Bailey | 1 | 3 | 9,000 | 3,000 |
| Bandera | 0 | 1 | 5,000 | 5,000 |
| Bastrop | 3 | 9 | 18,000 | 2,000 |
| Baylor | 0 | 4 | 5,000 | 1,250 |
| Bee | 2 | 10 | 23,000 | 2,300 |
| Bell | 12 | 237 | 125,000 | 527 |
| Bexar | 34 | 1,178 | 900,000 | 764 |
| Blanco | 0 | 2 | 3,000 | 1,500 |
| Borden | 0 | 0 | 800 | |
| Bosque | 1 | 7 | 10,000 | 1,429 |
| Bowie | 5 | 80 | 70,000 | 875 |
| Brazoria | 3 | 63 | 114,000 | 1,810 |
| Brazos | 0 | 50 | 64,000 | 1,280 |
| Brewster | 0 | 7 | 8,000 | 1,142 |
| Briscoe | 0 | 0 | 3,000 | |
| Brooks | 0 | 4 | 8,000 | 2,000 |
| Brown | 0 | 17 | 28,000 | 1,647 |

| County | D.O.s | Total All Doctors | Estimated Population | Persons per Doctor |
|---------------|-------|----------------------|-------------------------|--------------------------|
| Burleson | 0 | 2 | 10,000 | 5,000 |
| Burnet | 0 | 13 | 15,000 | 1,154 |
| Caldwell | 1 | 8 | 20,000 | 2,500 |
| Calhoun | 0 | 8 | 20,000 | 2,250 |
| Callahan | 1 | 2 | 9,000 | 4,500 |
| Cameron | 3 | 122 | 159,000 | 1,303 |
| Camp | 1 | 4 | 8,000 | 2,000 |
| Carson | 3 | 3 | 6,000 | 2,000 |
| Cass | 1 | 14 | 25,000 | 1,786 |
| Castro | 0 | 3 | 10,000 | 3,333 |
| Chambers | 0 | 8 | 13,000 | 1,625 |
| Cherokee | 0 | 33 | 34,000 | 1,030 |
| Childress | 0 | 5 | 7,000 | 1,400 |
| Clay | 0 | 3 | 8,000 | 2,666 |
| Cochran | 1 | 3 | 5,000 | 1,667 |
| Coke | 0 | 1 | 3,000 | 3,000 |
| Coleman | 1 | 8 | 10,000 | 1,250 |
| Collin | 6 | 47 | 80,000 | 1,702 |
| Collingsworth | 0 | 2 | 4,000 | 2,000 |
| Colorado | 0 | 10 | 17,000 | 1,700 |
| Comal | 0 | 15 | 28,000 | 1,867 |
| Comanche | 4 | 8 | 12,000 | 1,500 |
| Concho | 3 | 3 | 3,000 | 1,000 |
| Cooke | 1 | 14 | 24,000 | 1,714 |
| Coryell | 0 | 6 | 43,000 | 7,167 |

| County | D.O.s | Total All Doctors | Estimated Population | Persons per Doctor |
|------------|-------|----------------------|-------------------------|--------------------------|
| Cottle | 0 | 1 | 3,000 | 3,000 |
| Crane | 0 | 1 | 4,000 | 4,000 |
| Crockett | 0 | 3 | 4,000 | 1,333 |
| Crosby | 0 | 5 | 9,000 | 1,800 |
| Culberson | 0 | 2 | 4,000 | 2,000 |
| Dallam | 0 | 4 | 6,000 | 1,500 |
| Dallas | 192 | 2,419 | 1,500,000 | 620 |
| Dawson | 1 | 9 | 16,000 | 1,778 |
| Deaf Smith | 0 | 10 | 19,000 | 1,900 |
| Delta | 0 | 2 | 5,000 | 2,500 |
| Denton | 7 | 75 | 91,000 | 1,213 |
| De Witt | 0 | 10 | 19,000 | 1,900 |
| Dickens | 0 | 2 | 4,000 | 2,000 |
| Dimmitt | 0 | 4 | 10,000 | 2,250 |
| Donley | 0 | 1 | 4,000 | 4,000 |
| Duval | 2 | 5 | 12,000 | 2,400 |
| Eastland | 1 | 10 | 19,000 | 1,900 |
| Ector | 2 | 71 | 92,000 | 1,296 |
| Edwards | 0 | 1 | 2,000 | 2,000 |
| Ellis | 0 | 18 | 50,000 | 2,778 |
| El Paso | 19 | 362 | 400,000 | 1,105 |
| Erath | 0 | 13 | 19,000 | 1,462 |
| Falls | 2 | 16 | 18,000 | 1,125 |
| Fannin | 6 | 13 | 23,000 | 1,769 |
| Fayette | 2 | 11 | 18,000 | 1,636 |
| Fisher | 0 | 5 | 6,000 | 1,200 |
| Floyd | 0 | 3 | 11,000 | 3,667 |
| Foard | 0 | 1 | 2,000 | 2,000 |
| Fort Bend | 1 | 45 | 64,000 | 1,422 |
| Franklin | 0 | 2 | 6,000 | 3,000 |
| Freestone | 0 | 8 | 12,000 | 1,500 |
| Frio | 2 | 3 | 12,000 | 4,000 |
| Gaines | 1 | 2 | 11,000 | 5,500 |
| Galveston | 4 | 471 | 178,000 | 378 |
| Garza | 0 | 3 | 5,000 | 1,667 |
| Gillespie | 0 | 9 | 11,000 | 1,222 |
| Glasscock | 1 | 1 | 1,000 | 1,000 |
| Goliad | 0 | 2 | 5,000 | 2,500 |
| Gonzales | 2 | 4 | 16,000 | 4,000 |
| Gray | 0 | 24 | 25,000 | 1,042 |
| Grayson | 3 | 83 | 78,000 | 940 |
| Gregg | 0 | 80 | 79,000 | 988 |
| Grimes | 0 | 6 | 12,000 | 2,000 |
| Guadalupe | 0 | 15 | 37,000 | 2,467 |
| Hale | 3 | 32 | 36,000 | 1,125 |
| Hall | 1 | 4 | 6,000 | 1,500 |
| Hamilton | 1 | 6 | 8,000 | 1,333 |
| Hansford | 1 | 3 | 6,000 | 2,000 |
| Hardeman | 1 | 5 | 6,000 | 1,200 |
| Hardin | 0 | 10 | 33,000 | 3,300 |

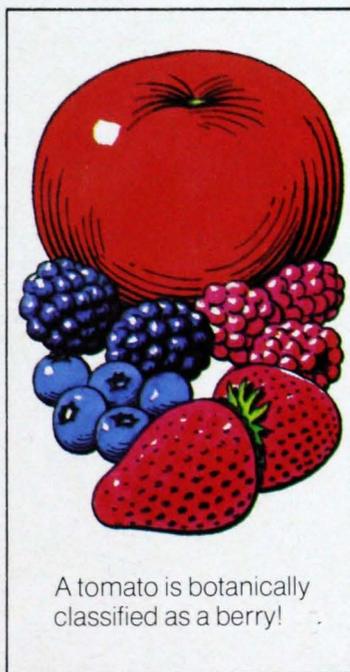
| County | D.O.s | Total All Doctors | Estimated Population | Persons per Doctor |
|------------|-------|----------------------|-------------------------|--------------------------|
| Harris | 124 | 2,918 | 1,835,000 | 629 |
| Harrison | 0 | 32 | 45,000 | 1,406 |
| Hartley | 0 | 0 | 3,000 | |
| Haskell | 0 | 3 | 8,000 | 2,667 |
| Hays | 4 | 20 | 34,000 | 1,700 |
| Hemphill | 0 | 3 | 3,000 | 1,000 |
| Henderson | 3 | 16 | 30,000 | 1,875 |
| Hidalgo | 6 | 119 | 207,000 | 1,739 |
| Hill | 1 | 19 | 23,000 | 1,211 |
| Hockley | 1 | 8 | 21,000 | 2,625 |
| Hood | 9 | 10 | 9,000 | 900 |
| Hopkins | 1 | 12 | 22,000 | 1,833 |
| Houston | 0 | 13 | 18,000 | 1,384 |
| Howard | 1 | 40 | 39,000 | 975 |
| Hudspeth | 0 | 0 | 2,000 | |
| Hunt | 5 | 30 | 47,000 | 1,567 |
| Hutchinson | 0 | 12 | 26,000 | 2,167 |
| Irion | 0 | 0 | 1,200 | |
| Jack | 1 | 4 | 6,000 | 1,500 |
| Jackson | 0 | 5 | 13,000 | 2,600 |
| Jasper | 2 | 17 | 25,000 | 1,471 |
| Jeff Davis | 0 | 0 | 1,400 | |
| Jefferson | 12 | 284 | 242,000 | 852 |
| Jim Hogg | 0 | 2 | 5,000 | 2,500 |
| Jim Wells | 0 | 17 | 34,000 | 2,000 |
| Johnson | 2 | 33 | 52,000 | 1,576 |
| Jones | 0 | 8 | 16,000 | 2,000 |
| Karnes | 2 | 5 | 13,000 | 2,600 |
| Kaufman | 2 | 29 | 36,000 | 1,241 |
| Kendall | 1 | 2 | 8,000 | 4,000 |
| Kenedy | 0 | 0 | 700 | |
| Kent | 0 | 0 | 1,400 | |
| Kerr | 2 | 39 | 21,000 | 538 |
| Kimble | 0 | 2 | 4,000 | 2,000 |
| King | 0 | 0 | 500 | |
| Kinney | 0 | 0 | 2,000 | |
| Kleberg | 2 | 17 | 35,000 | 2,059 |
| Knox | 0 | 2 | 6,000 | 3,000 |
| Lamar | 1 | 37 | 37,000 | 1,000 |
| Lamb | 0 | 12 | 18,000 | 1,500 |
| Lampasas | 0 | 4 | 12,000 | 3,000 |
| La Salle | 0 | 2 | 5,000 | 2,500 |
| Lavaca | 0 | 9 | 18,000 | 2,000 |
| Lee | 0 | 3 | 9,000 | 3,000 |
| Leon | 0 | 4 | 9,000 | 2,250 |
| Liberty | 0 | 15 | 37,000 | 2,467 |
| Limestone | 2 | 10 | 19,000 | 1,900 |
| Lipscomb | 0 | 0 | 4,000 | |
| Live Oak | 0 | 4 | 6,000 | 1,500 |
| Llano | 0 | 7 | 8,000 | 1,143 |
| Loving | 0 | 0 | 100 | |

— — where you're needed most

| County | D.O.s | Total All Doctors | Estimated Population | Persons per Doctor | County | D.O.s | Total All Doctors | Estimated Population | Persons per Doctor |
|------------|-------|----------------------|-------------------------|--------------------------|---------------|-------|----------------------|-------------------------|--------------------------|
| Lubbock | 22 | 2,191 | 192,000 | 876 | San Augustine | 1 | 4 | 8,000 | 2,000 |
| Lynn | 0 | 1 | 9,000 | 9,000 | San Jacinto | 2 | 2 | 8,000 | 4,000 |
| McCulloch | 0 | 6 | 8,000 | 1,333 | San Patricio | 7 | 26 | 50,000 | 1,923 |
| McLennan | 9 | 153 | 153,000 | 1,000 | San Saba | 0 | 3 | 6,000 | 2,000 |
| McMullen | 0 | 0 | 1,000 | | Schleicher | 0 | 1 | 2,000 | 2,000 |
| Madison | 0 | 5 | 8,000 | 1,600 | Scurry | 3 | 11 | 18,000 | 1,636 |
| Marion | 0 | 4 | 8,000 | 2,000 | Shackelford | 0 | 2 | 3,000 | 1,500 |
| Martin | 2 | 5 | 5,000 | 1,000 | Shelby | 0 | 5 | 20,000 | 4,000 |
| Mason | 1 | 3 | 3,000 | 1,000 | Sherman | 0 | 1 | 4,000 | 4,000 |
| Matagordo | 0 | 21 | 28,000 | 1,333 | Smith | 20 | 161 | 104,000 | 646 |
| Maverick | 0 | 9 | 21,000 | 2,333 | Somervell | 0 | 2 | 3,000 | 1,500 |
| Medina | 0 | 9 | 21,000 | 2,333 | Starr | 0 | 4 | 20,000 | 5,000 |
| Menard | 1 | 1 | 2,700 | 2,700 | Stephens | 0 | 5 | 8,000 | 1,600 |
| Midland | 3 | 58 | 66,000 | 1,138 | Sterling | 0 | 1 | 1,000 | 1,000 |
| Milam | 0 | 7 | 20,000 | 2,857 | Stonewall | 0 | 0 | 2,000 | |
| Mills | 1 | 3 | 5,000 | 1,667 | Sutton | 0 | 1 | 3,000 | 3,000 |
| Mitchell | 0 | 6 | 9,000 | 1,500 | Swisher | 0 | 4 | 10,000 | 2,500 |
| Montague | 1 | 10 | 16,000 | 1,600 | Tarrant | 199 | 918 | 715,000 | 779 |
| Montgomery | 2 | 29 | 71,000 | 2,448 | Taylor | 1 | 111 | 102,000 | 919 |
| Moore | 1 | 8 | 14,000 | 1,750 | Terrell | 0 | 0 | 2,000 | |
| Morris | 1 | 10 | 13,000 | 1,300 | Terry | 0 | 6 | 14,000 | 2,333 |
| Motley | 0 | 1 | 2,000 | 2,000 | Throckmorton | 0 | 1 | 2,000 | 2,000 |
| Nacodoches | 1 | 30 | 42,000 | 1,400 | Titus | 5 | 16 | 18,000 | 1,125 |
| Navarro | 0 | 34 | 32,000 | 941 | Tom Green | 2 | 78 | 73,000 | 935 |
| Newton | 1 | 3 | 12,000 | 4,000 | Travis | 15 | 435 | 339,000 | 779 |
| Nolan | 3 | 10 | 16,000 | 1,600 | Trinity | 0 | 3 | 8,000 | 2,667 |
| Nueces | 30 | 350 | 250,000 | 714 | Tyler | 0 | 4 | 14,000 | 3,500 |
| Ochiltree | 0 | 5 | 9,000 | 1,800 | Upshur | 0 | 3 | 23,000 | 7,667 |
| Oldham | 0 | 1 | 3,000 | 3,000 | Upton | 0 | 2 | 4,000 | 2,000 |
| Orange | 4 | 34 | 75,000 | 2,206 | Uvalde | 2 | 14 | 18,000 | 1,286 |
| Palo Pinto | 2 | 16 | 23,000 | 1,437 | Val Verde | 1 | 10 | 29,000 | 2,900 |
| Panola | 0 | 8 | 16,000 | 2,000 | Van Zandt | 4 | 11 | 27,000 | 2,455 |
| Parker | 1 | 14 | 32,000 | 2,286 | Victoria | 1 | 61 | 56,000 | 918 |
| Parmer | 2 | 5 | 10,000 | 2,000 | Walker | 1 | 12 | 34,000 | 2,833 |
| Pecos | 0 | 6 | 13,000 | 2,166 | Waller | 0 | 5 | 15,000 | 3,000 |
| Polk | 0 | 7 | 16,000 | 2,285 | Ward | 0 | 6 | 13,000 | 2,167 |
| Potter | 21 | 173 | 91,000 | 526 | Washington | 1 | 13 | 19,000 | 1,462 |
| Presidio | 1 | 4 | 5,000 | 1,250 | Webb | 0 | 41 | 81,000 | 1,976 |
| Rains | 0 | 0 | 5,000 | | Wharton | 0 | 35 | 37,000 | 1,057 |
| Randall | 0 | 5 | 59,000 | 11,800 | Wheeler | 0 | 4 | 6,000 | 1,500 |
| Reagan | 0 | 2 | 3,000 | 1,500 | Wichita | 9 | 135 | 121,000 | 896 |
| Real | 0 | 0 | 2,000 | | Wilbarger | 0 | 15 | 15,000 | 1,000 |
| Red River | 0 | 7 | 15,000 | 2,142 | Willacy | 2 | 7 | 16,000 | 2,286 |
| Reeves | 0 | 5 | 16,000 | 3,200 | Williamson | 2 | 18 | 45,000 | 2,500 |
| Refugio | 0 | 4 | 10,000 | 2,500 | Wilson | 0 | 5 | 14,000 | 2,800 |
| Roberts | 1 | 1 | 1,000 | 1,000 | Winkler | 1 | 8 | 9,000 | 1,125 |
| Robertson | 1 | 7 | 15,000 | 2,142 | Wise | 1 | 8 | 20,000 | 2,500 |
| Rockwall | 4 | 5 | 8,000 | 1,600 | Wood | 6 | 14 | 21,000 | 1,500 |
| Runnels | 0 | 5 | 12,000 | 2,400 | Yoakum | 0 | 3 | 7,000 | 2,333 |
| Rusk | 1 | 14 | 35,000 | 2,500 | Young | 0 | 12 | 16,000 | 1,333 |
| Sabine | 0 | 2 | 7,000 | 3,500 | Zapata | 0 | 1 | 4,000 | 4,000 |
| | | | | | Zavala | 1 | 3 | 11,000 | 3,667 |

The **ALLBEE** with C Scrapbook of Vitamin Facts & Fallacies

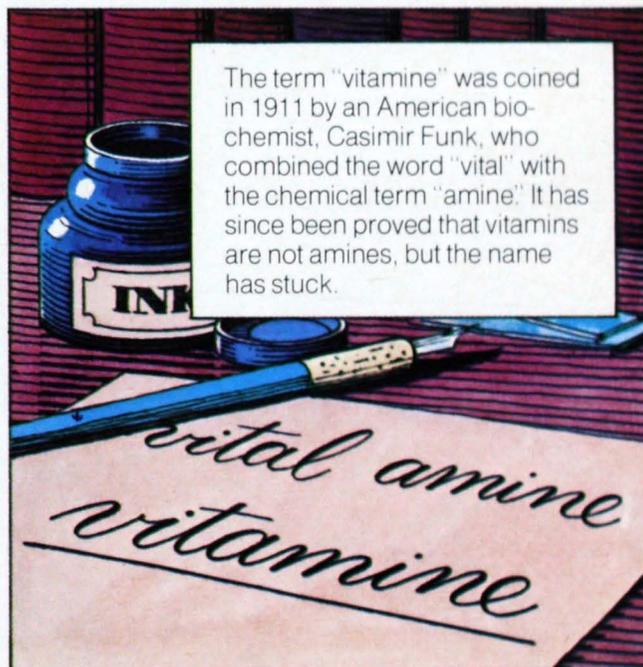
American Indians coveted fresh root tips and extracts of evergreen leaves in winter and onion-like bulbs and leaves in early spring to prevent the symptoms characteristic of vitamin C deficiency.



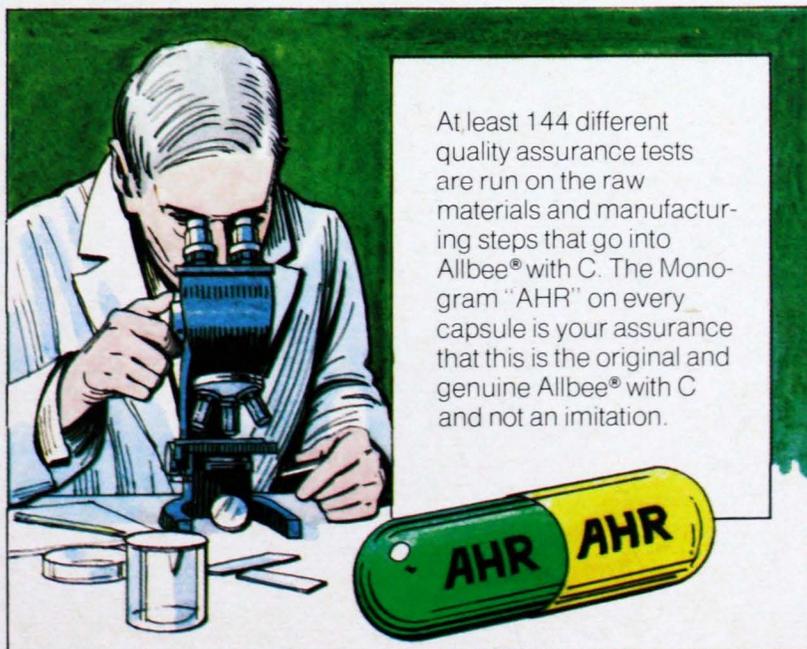
A tomato is botanically classified as a berry!



It is ironic that many of the vegetables highest in vitamin C and riboflavin are considered unappetizing by many people. These include turnip greens, kale, chard, mustard greens, spinach, water cress, broccoli and brussels sprouts.



The term "vitamine" was coined in 1911 by an American biochemist, Casimir Funk, who combined the word "vital" with the chemical term "amine." It has since been proved that vitamins are not amines, but the name has stuck.

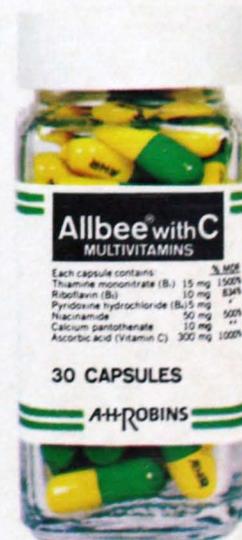


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