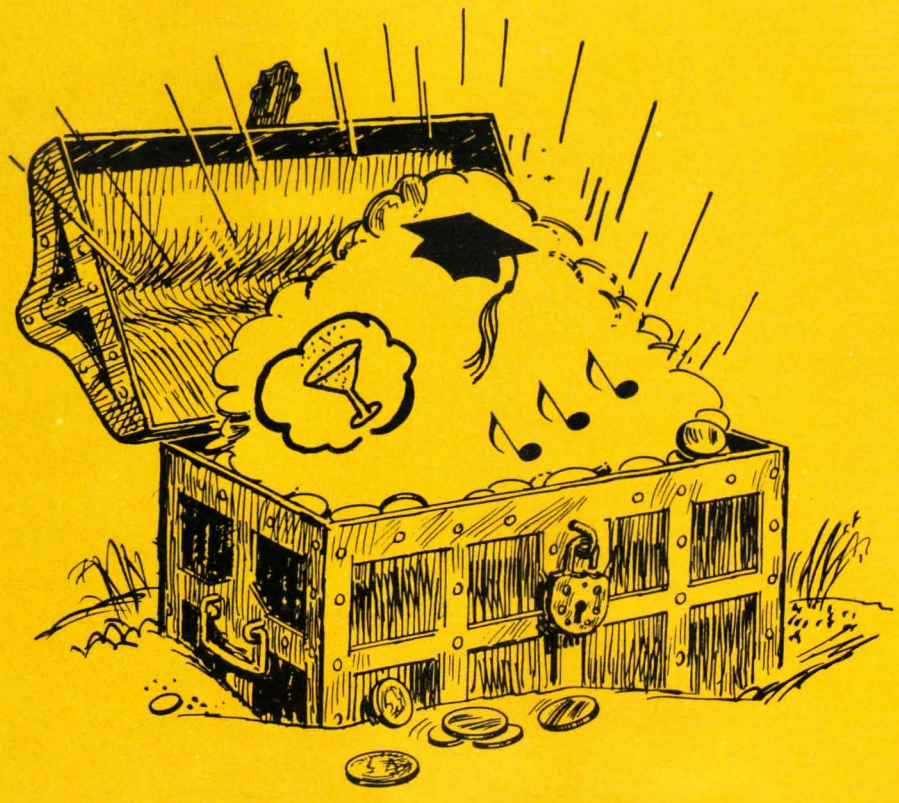
TEXAS OSTEOPATHIC PHYSICIANS

JOURNAL

March—April 1976

Galveston Island –

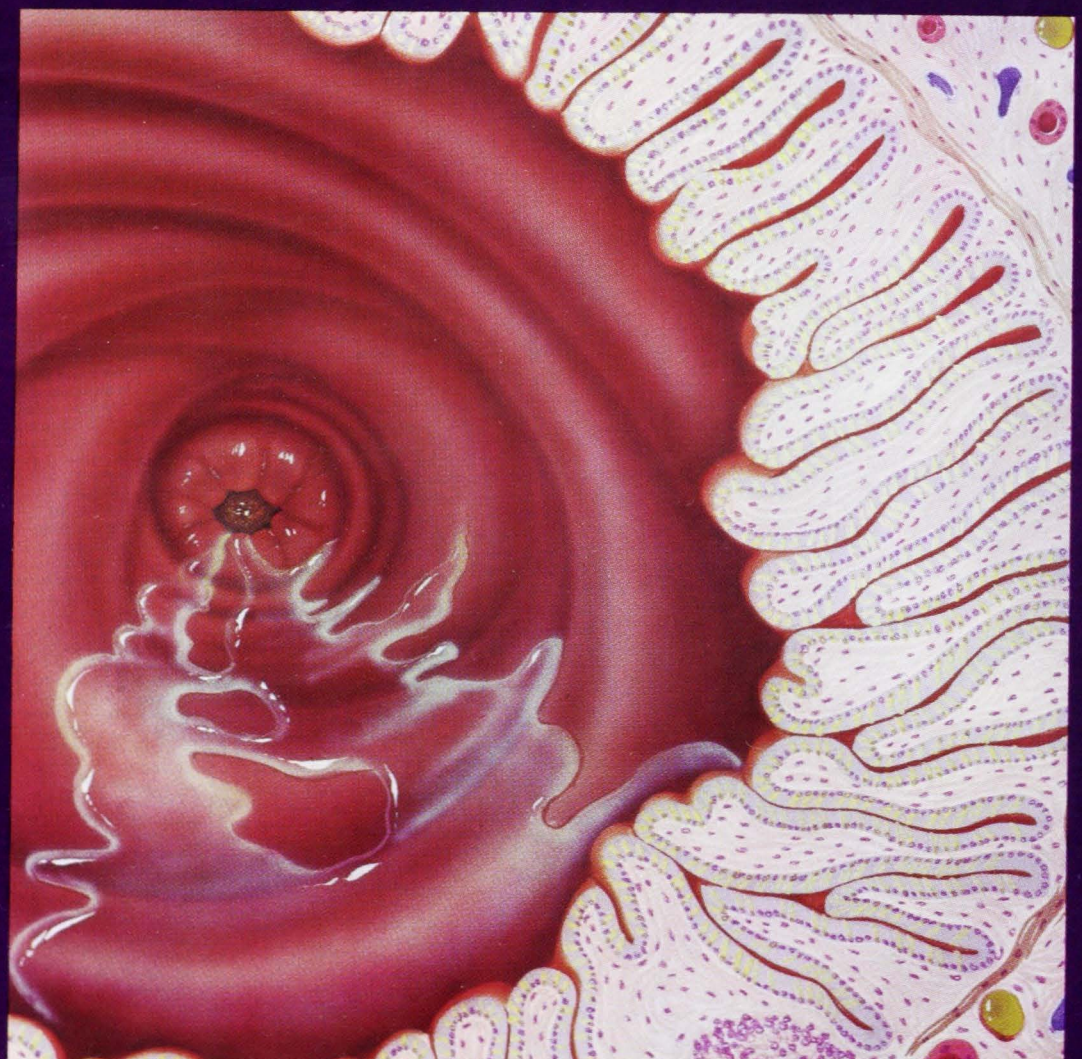


Treasure Island for TOMA

April 8–10

Presenting Gastrointestinal Complaints

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



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

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

If it's irritable bowel syndrome, consider Librax as adjunctive therapy

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

A distinctive antianxiety-anticholinergic agent

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

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

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

helps relieve anxiety and associated symptoms of irritable bowel syndrome

Librax®

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

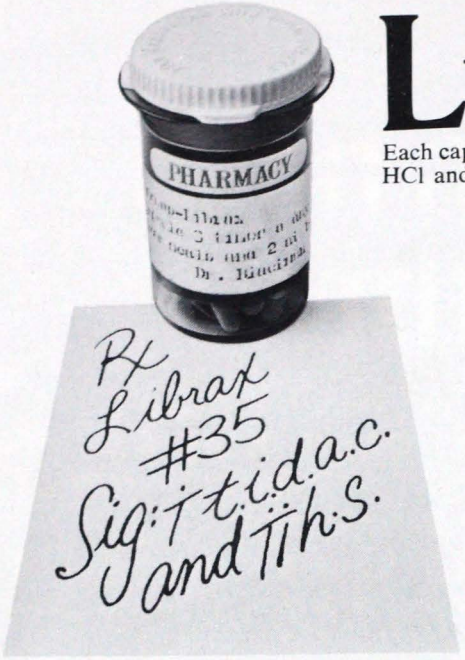
ROCHE

Please see following page for summary of product information.

Dual-action adjunctive

Librax®

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



Initial Rx

The initial prescription allows evaluation of patient response to therapy.

Follow-up

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

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

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

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

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

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

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

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

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

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

ROCHE

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

HELP US - TO HELP YOU!

This *Journal* is published 11 times a year. The month it is not published is the one just prior to, or immediately following the TOMA Annual Convention.

Usually it is the May issue, but since the convention is in early April this year, this is the last issue you will receive before the big event.

In the January and February issues the CME program was covered, in most cases with pictures and biographical sketches of the speakers.

In this issue we are bringing you additional information about the convention in general . . . news about the social functions, special speakers, the Auxiliary program, et cetera.

Although the advance convention registration and hotel accommodation request forms were included in the February issue, and each member has also received these in a special mailing, they are reprinted in this issue, in case you have mislaid those you previously received.

We again urge that you return these at your earliest opportunity so we can order a special badge printed for you. Also, the discount for advance registrants will no longer apply after March 15. Good fiscal management requires that we have a nose count that is at least somewhere in the ballpark.

Remember that if you wait to register until you get to Galveston—or don't send in your advance registration (with your check for same) before March 15, the convention fee will be $60—which is still less than the total cost of all the social functions—and about a third of what many state associations charge.

TEXAS OSTEOPATHIC PHYSICIANS
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Mr. Tex Roberts, Editor

The January and February issues of this *Journal* were devoted in large part to the CME portion of the TOMA 77th Annual Convention. Since each member receives 19 credit hours for participation in the CME Seminar, it is probably the most important portion of this annual meeting.

But "all work and no play" is so much a part of the life of a physician in active practice, that most members look forward to the social part of the convention, as well as the camaraderie with their colleagues.

Although the CME program will start off Thursday morning, April 8, the official launching is the Keynote Luncheon at noon that day.

As noted elsewhere in this issue, C. C. (Jitter) Nolen, President of NTSU (and of TCOM since the merger) will be the speaker for this event. He will no doubt comment on the progress of TCOM since it became a state-supported school.

Exhibits will open at 8:00 a.m. Thursday, and members are urged to visit with exhibitor representatives as often as possible. The exhibit hall is on the first floor of Moody Civic Center.

In the past few years "Champagne with the Exhibitors" has become an official part of the Convention program. Champagne will be served in the exhibit hall from 6:00 to 7:00 p.m. Thursday, and this is an ideal time to get to know the exhibitors.

No tickets will be furnished for this function, but each registrant must wear his badge to gain admittance. Roving waiters will be making the rounds during this hour so that it won't be necessary for participants to interrupt a conversation to go for a refill.

Exhibits will also be open from 8:00 to 5:00 Friday, and from 8:00 to noon Saturday.

The Annual G.P. Breakfast will be held in Moody Civic Center Friday morning at 7:00. There is no charge for this breakfast for dues-paying members of the Texas G.P. Society.

Dr. Gilbert Rogers of Galveston has made arrangements for the TOMA Annual Golf Tournament to be held at the Galveston Country Club Friday, with tee-off time set for 10:00 a.m.

Dr. Rogers will be assisted by Pat Patterson of Marion Labs, who will also present trophies to the winners Friday night. Again this year, Marion Labs is donating these trophies.

The College Luncheon is scheduled for 12:30 Friday, with TCOM Dean Dr. Ralph Willard as emcee. Presidents of all osteopathic colleges have been invited to attend. Short alumni meetings will follow the luncheon.

A festive affair is planned for Friday night when registrants will honor President Michael A. Calabrese with a reception.

The Presidential Banquet follows the reception, at which time Dr. Calabrese will present the gavel of office to incoming President Dr. David R. Armbruster.

Dr. Calabrese has asked Senator Tati Santiesteban to emcee the proceedings. With the Senator at the helm (or podium), not too much solemnity is expected.

The Frank Incaprera Orchestra has been engaged to play during the reception and at the dance following the banquet. A number of District VI members have given their unqualified approval of this choice, as the group is much in demand in that area.

Saturday morning starts off with "Breakfast with Dr. Luibel" at 8:00. All registrants will be interested in hearing his plans for steering the AOA through smooth waters during his year as President of the organization.

Fun Night, which begins at 6:30 Saturday night after all the work is done, will be just what the name implies—FUN.

Costumes always add to the enjoyment, and if you have a pirate's hat, a pegleg, or an eye patch, bring them along.

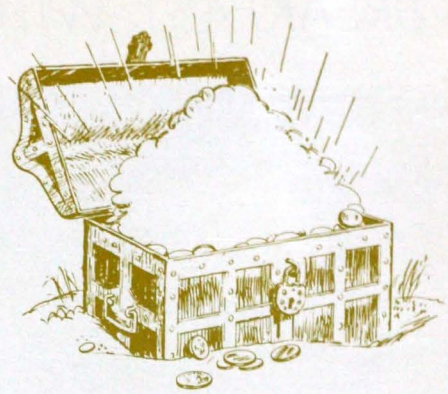
Although the spirits served may not all appear to be pure liquid gold, they should be rich enough to tempt the appetite for the Island Feast that follows the first hour of gaiety.

"Inky's" band will play for dancing again Saturday night, and his repertoire includes music for the rock or rocking chair set—and for everyone in between.

This event will be the windup of the 77th Annual Convention.▲

Good Ship "ATOMA"

Preparing for Annual Voyage



Treasures indeed are in store for those who attend the Ladies' Brunch on Friday, April 9, during the 77th Annual Convention in Galveston.

This affair is always the bright spot on the ladies' Convention program and Auxiliary members of District VI have gathered treasures from the four corners of the earth to display on this occasion.

The big event starts off at 9:30 Friday morning with a reception that will include "Liquid Gold". If you do not know what that is, you will find it to be a spirited concoction, the ingredients for which may come from Russia, as well as the orange groves of Texas. Of course, a bowl of pure gold, minus the spirited additives, will be provided for those who prefer it unalloyed.

Aboard the Spanish Galleon (an adjunct to the Flagship) will be the Admiral of the Fleet (otherwise known as the President of the Auxiliary to the American Osteopathic Association), Mrs. Harriet Dabney of Youngstown, Ohio.

At 10:00 she will lead a work detail (workshop) in which the entire crew is expected to participate. She will then introduce the ship's new officers, who will be elected at the Auxiliary House of Delegates meeting Thursday morning, and give them their orders for the 1976-77 voyage of the Good Ship ATOMA.

The ship's purser, Mrs. Betty Rogers of Galveston, has gathered the finest delicacies from land and sea to be served to all the members of the crew and ship's passengers, following the introduction of the officers.

While this gourmet brunch is being enjoyed, Mrs. Rogers has planned for a pirate's treasure of gems to be paraded throughout the galleon.

For this gala annual event, the vessel will be lavishly festooned with other treasures that have been gleaned from Galveston Island.

This year's Captain of the ship, Mrs. Marie Wheeler of Fort Worth, says that it is not necessary to be a member of the crew to come aboard. All ladies who register for the Convention are invited to book passage.

In addition to this feast of treasures, the ladies are invited to attend all social functions aboard the Good Ship TOMA (now in drydock at Moody Civic Center on Seawall Boulevard for refurbishing after a lengthy voyage, and awaiting a new complement of ship's officers.)

These functions will include the Keynote Luncheon on Thursday, Champagne with the Exhibitors Thursday evening, the President's Reception, Banquet and Dance Friday evening, Breakfast with the AOA President-Elect, Dr. George Luibel, Saturday morning, and the big climax to the voyage, Fun Night Saturday evening.

The decks have been swabbed, the brass polished and everything made shipshape so that this voyage will be a delight for all participants.

Calm seas and smooth sailing are anticipated.

The remainder of the Auxiliary program follows:

WEDNESDAY – APRIL 7

10:00 a.m.	Pre-Convention Board Meeting
3:00–5:00 p.m.	Registration [House members only]

THURSDAY – APRIL 8

8:00 a.m.	Registration
8:30 a.m.	House of Delegates
9:00 a.m.–2:00 p.m.	Hospitality House

FRIDAY – APRIL 9

9:00 a.m.–2:00 p.m.	Hospitality House

SATURDAY – APRIL 10

10:00 a.m.	*Post-Convention Board*
10:00 a.m.	Post-Convention Board Meeting

"BREAKFAST WITH DR. LUIBEL" CONVENTION HIGHLIGH

Although there are many things the President-Elect of the American Osteopathic Association *does* like, among those he *doesn't* are early rising and breakfast meetings.

This year Dr. George J. Luibel is stuck with both on Saturday, April 10 at the TOMA Convention in Galveston.

Knowing that Friday night's "red-eye" may leave a pinkish tinge in the eyes of some members come Saturday morning—and knowing that a number of you share Dr. Luibel's dislike of early rising—the Annual Program Committee has scheduled "Breakfast with Dr. Luibel" for 8:00 a.m. that morning, instead of the heretofore 7:30.

The Committee has tried to convince the good doctor that this is the latest possible time this event can take place, since as much CME as possible must be scheduled in order for you to receive your cr hours.

The reason Dr. Luibel do like a breakfast meeting is tha believes no one really listens t speaker. Let's prove him wron this point. Even though som us may not be bright-eyed by a.m., our hearing should not b paired to the point that we are able to comprehend what Dr. Lu has to tell us concerning his p for *your* AOA during the co year.

Since he will be the first A President from Texas in more t a third of a century, let's see we can help him to make the c ing year an outstanding one for osteopathic profession through the country ^

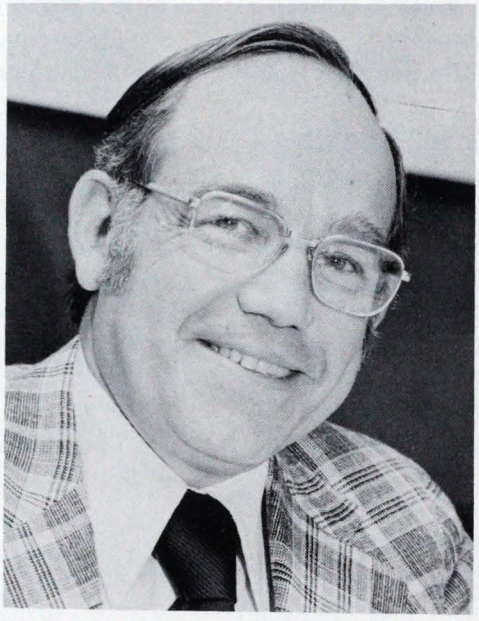
"JITTER" NOLEN TO BE KEYNOTER AT CONVENTION

When we asked for a picture and curriculum vitae of the keynote speaker for our upcoming convention, we immediately received both from the Public Information Office of NTSU/TCOM.

The curriculum vitae of the speaker, President C. C. Nolen, gives all information strictly necessary for publicity and program purposes; however, no one seems to know what the "C. C." stands for.

At the age of 15 he was given the nickname, "Jitter" by a fellow Boy Scout (no reason stated). So, since Dr. Nolen is known throughout Texas and the academic community in the rest of the country as "Jitter", probably no one would know who was being written about if his baptismal name was used.

Although he was born in Colorado, Dr. Nolen moved to Texas when



he was a year old and has been a Texan since.

He graduated from Austin High School in 1942 and went on from there to the University of Texas at Austin, where he earned his Ba lor of Arts degree in educati psychology. He also took grad work there in educational psych gy.

In 1971 Texas Christian Un sity conferred on him an Hono Doctor of Law Degree.

He worked in several departm in the University of Texas Sy from 1951 to 1968, when he named Vice Chancellor for Dev ment at Texas Christian. He that post until 1971 when he selected to be President of N With the merger last year of N and TCOM, he became presider TCOM as well.

As Jitter is well-known as a complished public speaker, as w a topnotch university administr the Keynote Luncheon should lively and informative affair. ^

"Who Loves Ya?"

Many of you will know that the headline above as borrowed from Telly Savalas (or "Kojak"), but e thought it apt, in that the firms listed below must ink we're doing something right, since they have gned up to exhibit at our 77th Annual Convention, are supplying grants to help defray the costs of our ME program.

The Annual Program Committee tries to put together a CME Seminar that will cover subjects the ajority of you are interested in. However, we must y the travel and out-of-pocket expenses, as well as honoraria, for these speakers.

Since we try to make this convention self-supporting, the exhibit fees and grants we receive from these suppliers to the profession will hopefully cover these expenses.

Please check the list below, and may we urge that you support these firms when their representatives call on you in your offices, and that you make a particular point to visit with each of them during the convention?

erican Medical International
H. W. Anderson Products
Armour Pharmaceuticals
B. F. Ascher & Company
Ayerst Laboratories
Beecham-Massengill
Blue Cross/Blue Shield
Boehringer-Ingelheim
Business Data Center
Ciba Pharmaceuticals
Comatic Laboratories
Control-O-Fax
Cornish Medical Products
Vm. H. Dean & Associates
Flint Laboratories
Frigitronics
Geigy Pharmaceuticals
Hill Laboratories
Hoechst-Roussell Pharm.
Internat'l Medical Electronics
Ives Laboratories
Kremers-Urban Co.
Landry Pharmaceuticals
Miller Pharmacal
Lederle Laboratories
Lemmon Laboratories
Marion Laboratories
McFarland Company
Mead Johnson Labs
Ortho Pharmaceuticals
Professional Mutual Ins.
Reed & Carnrick Pharm.
Riker Laboratories
A. H. Robins Company
Roche Laboratories
Ross Laboratories
Sandoz Pharmaceuticals
Southwest & Johnson X-Ray
Stuart Pharmaceuticals
E. R. Squibb & Sons
Syntex Laboratories
Texas Pharmacal Co.
S. J. Tutag Pharm.
The Upjohn Company
USV Pharmaceuticals
Western Research Labs
Wyeth Laboratories
X-Ray Sales & Service

GRANTORS

Abbott Laboratories
Bristol Laboratories
Eli Lilly & Company
Merck Sharp & Dohme
Savage Laboratories

Texas Osteopathic Medical Association

77th ANNUAL CONVENTION

HERE'S THE ADVANCE REGISTRATION FOR _____ PERSONS @ $40.00 EACH

TO TAKE ADVANTAGE OF THE LOW ADVANCE REGISTRATION FEE
PAYMENT MUST ACCOMPANY THIS REGISTRATION FORM
– AND BE IN THE TOMA STATE OFFICE NO LATER THAN MARCH 15 –

Name _____ [please print] First name for badge _____

My wife _____ [first name for badge] will ☐ will not ☐ accompany me

Address _____

City _____ State _____ Zip _____

Arrival Date _____ Time _____ Departure Date _____ Time _____

AOA Membership No. _____ Amount of check enclosed _____

Texas Osteopathic Medical Association

77th ANNUAL CONVENTION *HOTEL RESERVATION REQUEST* APRIL 8–10, 1976

This form may be sent to TOMA, along with your Convention Registration, or send it to:
RESERVATIONS, GALVESTON CONVENTION & VISITORS BUREAU
2106 Seawall Boulevard – Galveston, Texas 77550 – Phone: 713–763-4311

DO NOT SEND YOUR RESERVATIONS DIRECT TO ANY HOTEL

HOTEL RESERVATIONS MUST BE RECEIVED NO LATER THAN MARCH 22

Hotels/Motels	Single	Double	3 to a room	4 to a room
Flagship	$21.75	$24.75	$27.75	$30.75
Holiday Inn	19.00	23.00	27.00	4.00 each additional person
Galvez	17.00–20.00	21.00–26.00	Dbl/Dbl – $28.00	
Anchorage	18.00	22.00	28.00	28.00

Name _____ Address _____

City _____ State _____ Zip _____

Hotel _____ Type of room _____ Arrival date _____

Second Choice _____ Arrival Time _____ Checkout date _____

* *FOR LATE ARRIVAL GUARANTEE, INCLUDE CHECK FOR FIRST NIGHT ACCOMMODATIONS* *

YOU *CAN* GET THERE FROM ANYWHERE!

Although there is a Union Sta-on still noted on the map, we're ot sure whether you can get to alveston by rail anymore. But ever mind. Any other mode of ansportation is available to con-ntion goers.

Of course, all roads lead to Gal-ston come early April, and the iving is easy — unless you're oming some 800 miles from El aso, or 650 miles from Amarillo. such case, we'd suggest you get early start—or take a plane.

We haven't checked out ocean-oing passenger liners, but we do now you can get there by Ferry om Port Bolivar if you're driving from the Beaumont-Orange-Port rthur area.

If you fly, most airlines will land ou at the Houston Intercontinen-l Airport; however, those who ave from Dallas' Love Field can et closer to Galveston by using an rplane that takes you to Hobby irport in South Houston.

You can fly on to Galveston om Houston, a 30-minute journey, ut will need to change planes and ke Metro Airlines to go on south. s of mid-February there are seven heduled flights from Houston In-rcontinental, so you should be ble to make pretty good connections. However, some flights are not scheduled for Saturday or Sunday. Also, all Metro flights originate at Intercontinental and, if you land at Hobby you are probably nearer to Galveston than you are to Intercontinental, so you would want to take the limousine service.

The Galveston Limousine Service has frequent schedules to and from Galveston. You can use that service almost anytime of the day—from 7:30 a.m. to 1:30 p.m.—going to Galveston from Houston Intercontinental or from Hobby.

The service operates out of Galveston with schedules starting at 4:30 a.m. until 10:30 p.m. The fee is $9.50 one way to or from Houston Intercontinental, or $7.50 to or from Hobby.

This service advertises that equipment is available for private and special groups, so if a number of you are traveling together, you may want to check this out with them. They may be contacted at P. O. Box 566, Galveston, Texas 77550.

Since airline and limousine schedules are always subject to change, we suggest you check with your connecting airline for the most convenient schedule for leaving Houston by Metro. The limousine service no doubt schedules its departures and arrivals to coincide with those the major airlines. ^

Pat's Pix to Be Convention Feature

Not only is Pat Patterson of Marion Labs an honorary and sustaining member of TOMA, but last year he was the quasi-official photographer for our convention in Dallas.

One of the high spots of that convention was his slide show of the pictures he had taken during the meeting. These were flashed on a large screen during the President's Banquet and at Fun Night.

After the Dallas convention, he asked if he could do this again at our 1976 convention in Dallas. Naturally, he was urged to do so. The Moody Civic Center has a 40-foot wide screen, which should be more than adequate to display Pat's pix.

Pat also supplied this *Journal* with most of the post-convention pictures used in the May-June 1975 issue; and we are particularly indebted to him for the last photo taken of Dr. Phil Russell, which was used on the cover of the August 1975 *Journal.* ^

Dr. Candelaria Outlines Budget Problems of Welfare Department

Dear Dr. M. Calabrese, President and
Mr. Tex Roberts, Executive Secretary:

As a member of Texas Medical Care Advisory Committee, I feel and want to relate to you some information concerning our last meeting held on January 10, 1976.

The subject of the meeting was budget deficit for the Medicaid and Medicare programs.

Due to a miscalculation on the part of the State Department of Public Welfare; the Public Welfare program got into budget problems. The main reason was due to inflationary rises in medical care that the State Department did not anticipate. Also, the defensive type medical practice that we are practicing has made medical care more expensive. Along with this, the ever expanding Medicaid and Medicare programs and actual number of patients utilizing these programs.

FACTS:

POSITIVE:

1. The Medicaid and Medicare Programs of Texas are the finest in the nation. This is not our evaluation, but a report from sources outside the State Department of Welfare.
2. The advisory committee consists of all health fields: TOMA, TMA; Nursing; Hospital Assn.; Nursing Homes Assn.; Chiropractic Assn.; Podiatric Assn.; Pharmaceutical Assn.; etc.; and, therefore, there is a tremendous amount of input and discussion of health related problems.

NEGATIVE:

1. General public as a whole are against welfare programs.
2. Health Board and State Representatives do not believe that a financial problem exists and are reluctant in approving budgets. I feel that they do not really understand the problems, and generally feel that physicians and hospitals are making money from the welfare programs are always expanding for many reasons, and therefore the demand for services increases. Medicaid and Medicare recipients are expanding in number. Basic economic levels and aging does this on a yearly basis.
3. Reimbursement policies as they now exist are very unrealistic for physicians and hospitals.
4. The legal profession does not participate in any level and probably has not been invited. Maybe if they were aware of the problems, we could cut our health costs.

SUGGESTIONS:

1. Make the representative in our particular area aware of the services being presently provided.
2. Explain in as much detail as possible the present system of Medicaid and Medicare to these representatives.
3. All physicians must exercise restraint in ordering tests and treating welfare patients, utilization.
4. Set up patient teaching programs, and make patients also aware of the responsibility for utilizing welfare programs.

Hope this information will give some background into the present budget problems of the Medicaid and Medicare programs.

Sincerely,
L. A. Candelaria, D.O.
Member of the State Welfare Advisory Committee

Butazolidin® alka

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

A fast way to put out the fires of arthritic pain.

Rheumatoid arthritis can sometimes spread like wildfire, with joint after joint going up inflamed.

Whenever long-term antiarthritics fail to provide the short-term pain relief your patients need, consider Butazolidin alka. With as little as one capsule, four times a day, it can provide pain-relieving, anti-inflammatory action within three or four days. A week is the most you and your patients should wait to get results.

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

Butazolidin® alka

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

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

Geigy

A fast way to put out the fires of arthritic pain.

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

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

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

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

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

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

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

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THE ATTORNEY GENERAL
OF TEXAS

AUSTIN, TEXAS 78711

JOHN L. HILL
ATTORNEY GENERAL

January 30, 1976

Dear Mr. Roberts:

Your letter of January 12, 1976, to the Texas State Board of Medical Examiners regarding the Garcia case has been referred to the writer for reply.

While the medical board has no position paper on the case, the language of the Court is clear that a physician may not work for a corporation or other lay entity (including a hospital) *if* a bill is rendered for physicians' services, the hospital retains the fee and pays the physician a salary.

The prohibition of the corporate practice of medicine does not preclude a hospital, health maintenance organization, or other health service facility from hiring a physician to make himself available for emergency room coverage or duty, for supervising the emergency room, for training personnel in the emergency room, or for other administrative or technical duties. The law prohibits the hospital from hiring a physician to practice medicine which is defined as treating or offering to treat, diagnosing or offering to diagnose any illness, injury or condition, mental or physical and charge therefor. Thus, the physician employed by a hospital may perform such duties as he is capable of performing in administrative or technical aspects, but he may not be employed to treat patients as the employee or agent of the hospital. The hospital may not charge and retain the fee for the physicians' services to individual patients, The payment for services rendered to the hospital may be born by the hospital, but the compensation for services provided to patients must be paid to the physician.

Pathologists, radiologists, anesthesiologists, and other specialists who normally provide their services almost totally in-house or to hospitalized patients should be extremely wary of any contract which provides for a set compensation for medical services. Some contracts may be couched in the language of an independent contractor relationship, but in fact the contract provides for the patient to pay money, or other valuable consideration, to the hospital for professional medical services, and the hospital compensates the physician by salary or other said compensation for those services, the physician is in danger of being found in violation of the Texas Medical Practice Act, and as a consequence, losing his license.

Further, a physician in an emergency room should render a bill to the patient for the professional services, collect the bill, and retain the fees so that an employee-employer relationship is not established. In like manner, physicians specializing in other so-called "hospital based" fields of medicine may receive set salaries or compensation for administrative, teaching, or supervisory functions. However, such physicians should bill patients, collect the fees, and retain these for the medical services provided for such patients.

Yours very truly,

Bill Campbell
Assistant Attorney General

Fables, Foibles and the Awful Truth

A couple of items crossed the editor's desk recently that, although different, make more or less the same point.

The first (printed below) was contained in Rep. Omar Burleson's news release of February 12, a fable with a moral.

The second is reprinted from the Southwest Association News, published in Austin by Don R. McCullough. He leaves it up to you to see the moral in this fable, allegory, parable—or you name it.

* * * * * * * * * * * * * * *

It seems there once was a squirrel who collected nuts and stored them. In this way, he was able to see himself safely through the long, hard winters.

Other squirrels soon noticed how good he was at finding nuts and bringing them home. So they asked if he would do the same for them. They, in turn, agreed to pay him for his services.

Soon, he was finding and delivering nuts to other squirrels far and near. In fact, the demand was so great that, in his range, nuts became harder to find. Because the search became more difficult, it cost much more. So he had to raise the price he charged the other squirrels.

This, of course, caused some concern, particularly among those squirrels who were not familiar with all the problems involved. A group of them filed a suit, appealing to the High Squirrel Court. They got a favorable decision.

The enterprising squirrel asked the question, "Why should I knock myself out? This is tough work and it's risky business to contract for delivery and risk being sued if I don't come through." Besides that, he had other squirrels working for him and had an investment.

So — his incentive being greatly reduced by cont and lower profits, he stopped searching for nut hard-to-find places. Pretty soon, they begun to out of supplies. Naturally, the enterprising squi began to cut back on deliveries to other squirrels w lived some distance. His customers were upset. T could not understand why there were not eno nuts to go around.

The business squirrel patiently explained to customers that if they wanted nuts they simply co not have them as cheap as when they were plenti and supply and demand governed the price. He t to show them how much more expensive it had come to discover new sources of supply and how cost of operation increased.

Not all his customers were convinced. In fact, greater number thought his position was one exaggeration and called on the governing squi body to impose more controls and more restraint was enough to drive the enterprising squirrel up a t

Moral: Unless the entire economy is placed un government control, which would mean changing entire economic system, a few controls just have worked and throw a lot of other things out of kil

* * * * * * * * * * * * * * *

Once upon a time there was a little red hen w scratched about the barnyard until she uncove some grains of wheat. She called her neighbors said, "If we plant this wheat, we shall have brea eat. Who will help me plant it?"

Not I," said the cow.
Not I," said the duck.
Not I," said the pig.
Not I," said the goose.

Then I will," said the little red hen, and she did.

t last it came time to bake the bread. "Who will me bake the bread?" asked the little red hen.

That would be overtime for me," said the cow.
'd lose my welfare benefits," said the duck.
'm a dropout and never learned how," said the

f I'm the only one helping, that's discrimination," the goose.

Then I will," said the little red hen.

e baked the five loaves and held them up for her bors to see. They all wanted some and, in fact, nded a share. But the little red hen said, "No, I at the five loaves myself."

Excess profits!" cried the cow.
Capitalistic leech!" screamed the duck.
demand equal rights!" yelled the goose.
Company fink," grunted the pig.

Then I will," said the little red hen. And she did.
wheat grew tall and ripened into golden grain.
will help me reap the wheat?" asked the little en.

Not I," said the duck.
ut of my classification," said the pig.
d lose my seniority," said the cow.
d lose my unemployment compensation," said oose.

nd they painted 'unfair' picket signs and marched nd and around the little red hen, shouting enities.
nen the farmer came to investigate, he said to ittle red hen, "You must not be greedy."

But I earned the bread," said the little red hen.

Exactly," said the wise farmer. "This is the won- l free enterprise system. Anyone in the barnyard earn as much as he wants. But under our modern nment regulations, the productive workers must e their product with the idle." And they lived ily ever after, including the little red hen, who ed and clucked, "I am grateful, I am grateful." her neighbors wondered why she never baked more bread. ^

Bylaws Amendments Proposed

The following Bylaws changes are proposed by District VIII:

1. Article III Section 11. Change the first sentence to read as follows; "A regular or sustaining member in government service, in medical research, education or administration, or who has greatly reduced his practice, may request that his dues be reduced."

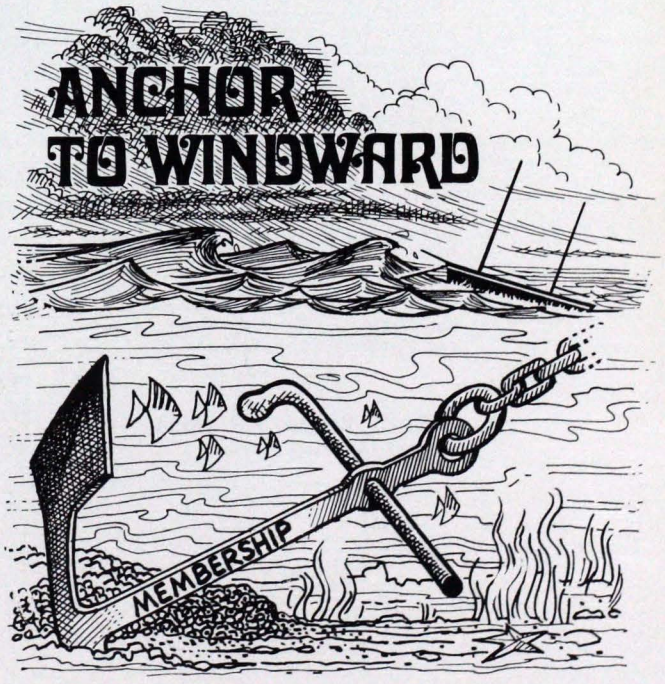
   Reason: This would permit the Board to reduce fees for physicians with less than normal income.

2. Article III Section 11. Add the following sentence at the end; "Any reduction shall be only for the current fiscal year."

   Reason: A reduction once granted should not be continued indefinitely.

3. Article III Section 12. Change the entire section to read as follows; "A physician who initially becomes a regular member or reverts to regular member from student membership shall pay pro rata of the annual dues based on the remaining portion of the fiscal year."

   Reason: This would require a member who transfers from another state association to pay dues for that year or portion thereof regardless of his previous association status. The present Section 11 is now being followed. ^



Before prescribing, see complete prescribing information in SK&F literature or *PDR*. The following is a brief summary.

* **WARNING**
This fixed combination drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual patient. If the fixed combination represents the dosage so determined, its use may be more convenient in patient management. The treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

* **Indications:** *Edema:* That associated with congestive heart failure, cirrhosis of the liver, the nephrotic syndrome; steroid-induced and idiopathic edema; edema resistant to other diuretic therapy. *Mild to moderate hypertension:* Usefulness of the triamterene component is limited to its potassium-sparing effect.

Contraindications: Pre-existing elevated serum potassium. Hypersensitivity to either component. Continued use in progressive renal or hepatic dysfunction or developing hyperkalemia.

Warnings: Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired. Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia (>5.4 mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, **check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently**—both can cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe patients on 'Dyazide' regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

Precautions: Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect. 'Dyazide' interferes with fluorescent measurement of quinidine.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

Supplied: Bottles of 100 capsules; in Single Unit Packages of 100 (intended for institutional use only).

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HYDROCHLOROTHIAZIDE TO HELP KEEP BLOOD PRESSURE DOWN AND TRIAMTERENE TO HELP KEEP POTASSIUM LEVELS UP

TCOM Enters Medical Research and Development Field with Naming of Assistant Dean

)r. J. Warren Anderson, assistant fessor in the Office of Medical cation Research and Develop- it at Michigan State University, been named assistant to the n for medical education at Texas ege of Osteopathic Medicine ding approval of the North Texas e University Board of Regents. ctive in the medical education , Dr. Anderson has worked with n the osteopathic and M.D. medi- colleges at MSU since 1971. He also taught graduate courses in MSU College of Education, MSU tinuing Education and Office of lical Education.

)r. Ralph Willard, dean of TCOM, he is very pleased that Dr. lerson is joining the college's inistration. "He has a specialty medical education and will be king with our faculty to improve evaluation of courses and stu- t performance. He will also help ne methods of delivery of educa- in both the basic health sciences clinical sciences," Dr. Willard

With Dr. Anderson's appoint- nt, TCOM becomes the second opathic college in the nation to er the medical research and de- pment field. "The first osteo- ic college and a pioneer in the d was Michigan State. This (medi- research and development) is the est growing area of the medical fession. During the past 15 years as grown from pioneer programs four colleges to about 70 units medical colleges across the na- n," Dr. Willard explained.

n accepting his appointment, Dr. lerson said he is very pleased to joining TCOM and looking for- d to the Dallas-Fort Worth area. MSU I have worked with both osteopathic and medical colleges like what I see in the osteopathic profession. I like the ways health care is delivered not only in the hospitals but also in the community," he said.

Dr. Anderson holds a doctorate of education degree in education from Indiana University, a master of science degree in industrial psychology from San Diego State College and a bachelor of science degree in psychology from Iowa State University.

Prior to joining MSU, Dr. Anderson was a graduate research fellow with the division of instructional systems technology at Indiana University. He has also served as research and faculty assistants at San Diego State University.

While serving in the U. S. Navy, he was a programmed instruction officer with the Service Schools Command at the U. S. Naval Training Center in San Diego, California.

Dr. Anderson has numerous publications in educational and osteopathic journals to his credit and has presented papers at various meetings. In addition to a research grant from Pi Lambda Theta at Indiana University, he has received research grants from Indiana University.

He holds membership in Psi Chi, American Education Research Association for Educational Communications and Technology.

Dr. Anderson and his wife, Marilyn, have one 7-year-old son, Jay. ^

AOHA '76 Directory Released for Distribution

The American Osteopathic Hospital Association Annual Directory for 1976 has been released for distribution. The annual reference lists alphabetically by state all 206 osteopathic hospitals in the United States.

The Directory identifies each hospital's chief executive officer, bed size, accreditation status, intern and resident training programs, and corporate structure (whether investor-owned or not-for-profit status). Names of trustees and officers of the national association, bylaws and committees of the association are included in the work.

The 56-page book also includes listings of personal and organizational members of the Association, Award of Merit recipients, dates of past and future association meetings, and officers of state osteopathic hospital associations.

The osteopathic hospitals in the nation represent in excess of 23,000 patient beds and employ more than 61,000 persons. In 1975 these hospitals spent more than $900 million and treated 9.5 million persons in both outpatient services and inpatient care.

The 1976 Directory is available from the Association's headquarters at 930 Busse Hwy., Park Ridge, Ill. 60068. ^

LETTERS

Dear Tex:

As you know the welfare department is running short of funds. The purchased health program for 1976-77, is estimated to be a minimum of fifty million dollars short of sustaining the current program through this biennium. In order to cope with this projected deficit, Commissioner Raymond Vowell has proposed three plans, A, B, C, (copies of which are enclosed). The Medical Care Advisory Committee went on record as to advising Commissioner Vowell to support plan C as an alternative solution.

I have become increasingly concerned of the number of physicians who have eliminated welfare patients from their practice. In some areas it has reached almost a crisis level for these patients to obtain adequate medical care. I advised Mr. Vowell and the Committee that in order for any physician or provider to be interested in participating in the medicaid program, it must be made attractive either financially or simplicity in receiving payment for services rendered, for without providers' participation there is no program.

I think it would be interesting if we could poll our physicians and see how many are willing to accept medicaid patients and in what areas of the state these physicians are located. It seems providers of services state-wide are becoming increasingly reluctant to accept medicaid patients because of their difficulty in receiving payments, or not being paid their usual and customary fee for services rendered.

Sincerely,
Roy C. Mathews, D.O.
TOMA Member
Medical Care Advisory Committee of Texas Department of Public Welfare

Dear Tex:

You will find enclosed a bank authorization on the Bank of Fort Worth to deduct $20.00 a month as a contribution to the Texas Osteopathic Political Action Committee.

You will also find enclosed an initial check made out to TOPAC for $20.00.

I believe that this activity is most important to the people of Texas. Our College of Osteopathic Medicine must grow and become strong and the profession must remain strong.

Sincerely,
Ralph L. Willard, D.O.

Dear Tex:

I have left McAllen and moved to Kerrville. I retired the 22nd of November and arrived here the day before Thanksgiving. We like our new home and neighbors very much. If you are ever by this way we would like for you to stop. Our subdivision is four miles west of Kerrville on the Junction highway. In the country but still quite close to town. Quiet with lots of old live oak trees all around us. And I am enjoying my retirement very much. Probably a lazy man's view but nevertheless it is true.

Thought you should have my address. All state correspondence should go to Joe Suderman.

Sincerely,
Ralph H. Moore, D.O.
105 Oakview Drive
Greenwood Forest
Kerrville, Texas 78028

TOMA News

District VI
by Mrs. Jerry W. Smith

Dr. David Sufian was the prog chairman who organized the *E gency Medicine Seminar* held Houston on February 7 and About 150 doctors were in att ance. The Harris County Societ Osteopathic Medicine presented event with the help of Lar Pharmaceuticals and Rieker Lab tories.

* * * *

The district meeting, Februa at the Whitehall in Houston, was attended. Dr. Michael Calab state president of TOMA, was guest speaker. Mrs. Jerry Armb ter, district president, was in ch of the auxiliary meeting.

State delegates this year are Richard Wiltse, Mrs. Edward V and Mrs. Leo Bricker. Alterna Mrs. Ralph Cunningham, Mrs. Miller, and Mrs. Arthur John

* * * *

Mrs. Gilbert Rogers and Mrs. Miller are busy with plans for state convention in April. "S of 76" will be the theme "Liquid Gold and Family Jew brunch is planned for Friday, A 9. A hospitality room will be o at Moody Civic Center from 10- Thursday and Friday, April 8 9.

Surgeons to Meet with TOMA

The Texas Society of Osteopathic Surgeons will hold its annual convention in conjunction with the TOMA convnetion in Galveston April 8-10, according to Dr. Carl V. Mitten of Houston, program chairman for the Society.

This program will run concurrently with the TOMA CME program. Although details had not been finalized at press time, Dr. Mitten reports the following lecturers will participate, and names their topic:

Alex Remincheck, M.D.
"Office Management of Hypertension"

William Axelrod, M.D.
"Management of Prostatism"

Jack Blumenthal, D.O.
"Patho-Physiology of Peptic Ulcer Disease"

David Sufian, D.O.
"Management of Thoracic Injuries"

More information concerning this program will be included in a forthcoming convention flyer, as well as in the official souvenir program. ^

TCOM Class Officers Named

Texas College of Osteopathic Medicine fourth-year student Randy Lofton of Port Arthur has been elected president of the fourth-year class.

Elected recently, the officers will serve during 1976.

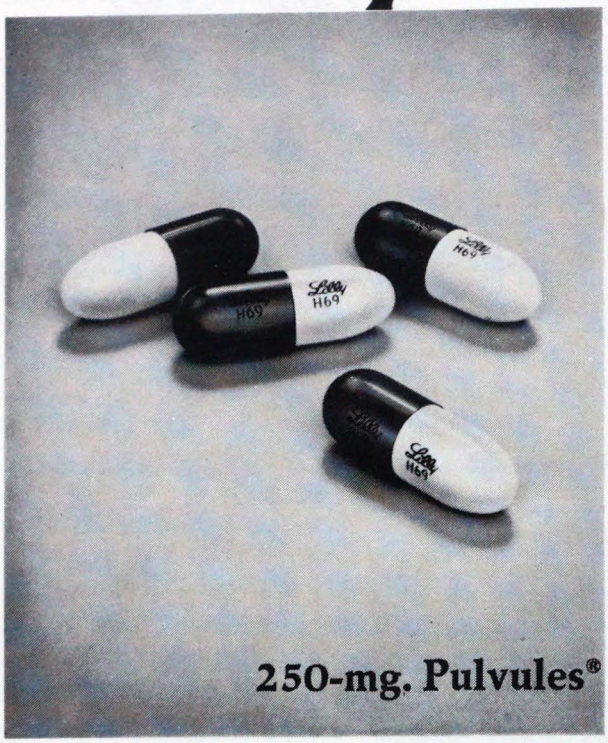
Assisting Lofton are Dale Zimmerman of Dallas, vice-president; Randy Collins of Honey Grove, secretary-treasurer; Bobby Kennedy of Llano and Terry Leever of Richardson, curriculum committee representatives; and Lofton, Zimmerman, Student Council representatives.

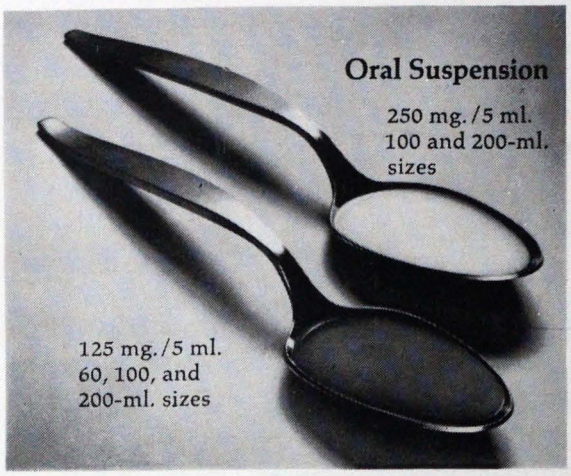
Recently elected to lead the third-year class are Fred White of Cisco, president; James Brien of Calvert, vice-president; Webb Key of Union City, Tenn., secretary; Gary Wolf of Commerce, treasurer; Tommy Noonan of San Antonio, curriculum committee representative; and Steve Farmer of Lubbock, J. B. Gilleland of Sage, Ariz. and White, Student Council representatives.

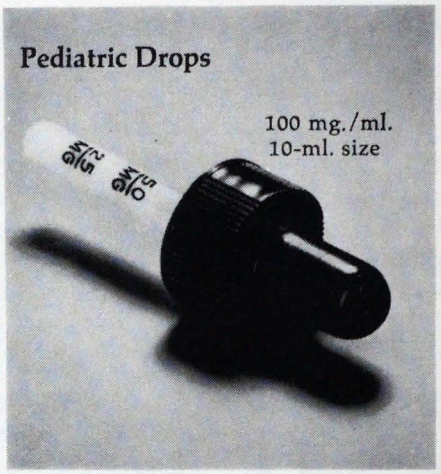
Ron Jackson of Joshua has been elected to serve as president of the second-year class. Other officers elected are John Cox of Palestine, vice-president; Jerry Liles of Austin, secretary; Mike Cole of San Antonio, treasurer; Mike Whiteley of Houston and Betsy Schenck of Denton, curriculum committee representatives; and Mike Cawthon of Fort Worth, Ken Leckie of Dallas and Jackson, Student Council representatives.

Officers of the first-year class are Gery Smith of Hollywood, Fla., president; Bob Coleman of Tyler, vice-president, Chris Roenn of Brooklyn, N. Y., secretary; Bill Garretson of Austin, treasurer; Phillip Woods of Houston and John Wilkinson of Fort Worth, curriculum committee representatives; and Paul Mills, John Cowsar of Bryan and Smith, Student Council representatives. ^

easy to take







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Dr. Willard Honored at Reception

Dr. Ralph L. Willard, dean of Texas College of Osteopathic Medicine, was honored February 21, at a reception and dinner at Shady Oaks Country Club.

Hosting the event were the TCOM Sustainers, an organization of 124 special friends of the College. Special guest speaker was John D. "Jack" Jackson, flight instructor for American Airlines, Inc.

Formerly associate dean of Michigan State University College of Osteopathic Medicine, Dr. Willard was named dean of TCOM Aug. 30 by the North Texas State University Board of Regents, TCOM's governing body. Dr. Willard is the first dean of Fort Worth's medical school since it became a fully state-supported college during the last legislative session.

The TCOM dean brings a special distinction to his newest appointment, he now has served as dean or acting dean of one-third of the nine osteopathic colleges in the United States. In addition to serving as dean at TCOM, he has been dean at Kirksville College of Osteopathic Medicine and acting dean at the Michigan State University of Osteopathic Medicine.

Dr. Willard attended Cornell College and Coe College in his native state of Iowa and received the Doctor of Osteopathy degree from KCOM.

Before joining the staff of the Michigan State University College of Osteopathic Medicine, Dr. Willard was vice-president for academic and health affairs, dean of the college and director of the Health Center at Kirksville. He left the Missouri college in January 1974 to become assistant dean for clinical affairs at MSU-COM.

Active in both civic and professional affairs, Dr. Willard is currently a member of the committee on colleges of the American Osteopathic Association. Also in the AOA, he is a past member of the Advisory Board of Osteopathic Specialists, National Board of Examiners for Physicians and Surgeons, Inc. and past delegate to the AOA House of Delegates. From 1970-73 he was chairman of the Council of Deans of the American Association of Colleges of Osteopathic Medicine and is on the AACOM Board of Governors.

Dr. Willard is a member of the York Rite and Scottish Rite Masonry and the Shrine. He is a member of the Fort Worth Downtown Rotary. ^

In Memoriam

Sidney W. Harris, D.O.

Sidney W. Harris, D.O., of Granbury died Thursday, February 5, in his native St. Joseph, Missouri.

The 44-year-old family physician was a member of the active staff of Fort Worth Osteopathic Hospital at the time of his death.

A 1961 graduate of Kansas City College of Osteopathic Medicine, Kansas City, Mo., Dr. Harris served a rotating internship at Mid-Cities Memorial Hospital, Grand Prairie, in 1961.

Dr. Harris was a member of the American Osteopathic Association, The Texas Osteopathic Medical Association and the Texas Society of General Practice.

Surviving are his mother, Mrs. Dollie Harris, St. Joseph, Mo., a brother, William R. Harris, D.O., Kennedale; three sisters. Mrs. Nanette Hale and Mrs. Patty Redpath, both of St. Joseph, Mo., and Mrs. JoAnn Tindale of Kansas City, Mo.:

The funeral services were held, February 7, at Clark Funeral Home in St. Joseph, with burial at Memorial Park Cemetery. ^

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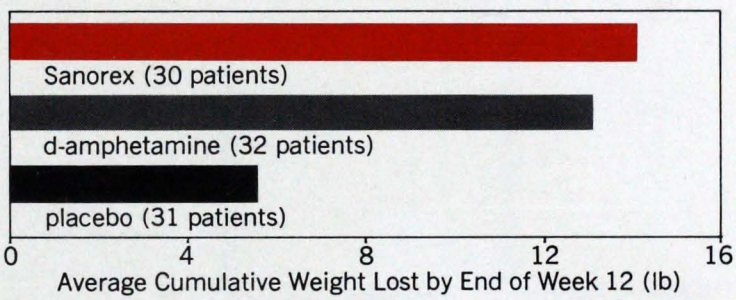
PUNCTURES THIS MYTH:

SANOREX (MAZINDOL) IS AS EFFECTIVE AS d-AMPHETAMINE

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

During the 12-week phase of active medication, patients on Sanorex lost an average of 14.1 lb, compared with 13.1 lb for d-amphetamine patients and 5.6 lb for placebo patients. Throughout the active medication phase, 63% of patients on Sanorex lost more than 1 lb/wk, compared with 38% of the d-amphetamine group and 29% of the placebo group.



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

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

Different Chemical Structure

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

Different Neurochemical Action*

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

Action of d-Amphetamine*

In animal studies, d-amphetamine (like food) activates afferent neurons leading to appetite centers in the hypothalamus. Resulting release of norepinephrine activates the receptor neurons. Unlike food, however, d-amphetamine also suppresses norepinephrine synthesis. Thus, increasingly larger doses of d-amphetamine become necessary to produce an effect.

Action of Sanorex*

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

Simplicity and Flexibility of Dosage

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

*The significance of these differences for humans is uncertain.

75-391 R2

For Brief Summary, please see following page.

SANDOZ

SANOREX®
(MAZINDOL)℃ III

TABLETS, 1 mg and 2 mg

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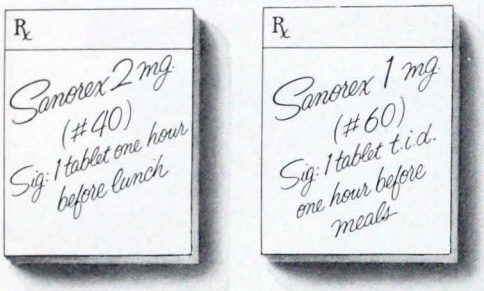

1. Vernace BJ: Practical considerations for managing obese patients: Initial interview and effective treatment in the office. Scientific Exhibit presented at the American Medical Association, 27th Clinical Convention, Anaheim, Calif, Dec 1–4, 1973.

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

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

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

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

Drug Dependence: Mazindol shares important pharmacologic properties with amphetamines and related stimulant drugs that have been extensively abused and can produce tolerance and severe psychologic dependence. Manifestations of chronic overdosage or withdrawal with mazindol have not been determined in humans. Abstinence effects have been observed in dogs after abrupt cessation for prolonged periods. There was some self-administration of the drug in monkeys. EEG studies and "liking" scores in human subjects yielded equivocal results. While the abuse potential of mazindol has not been further defined, possibility of dependence should be kept in mind when evaluating the desirability of including the drug in a weight-reduction program.

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

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

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

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

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

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

How Supplied: Tablets, 1 mg and 2 mg, in packages of 100.

Before prescribing or administering, see package circular for Prescribing Information.

75-391R2

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ARANSAS PASS—Excellent op- ortunity available for physician esiring to practice in this small ulf Coast town located near the orth Padre Island gateway. D.O. ecently moved, leaving large prac- ce behind. Contact C. H. Lewis, .O., Chief of Staff, Aransas Hos- ital, Inc., phone 512—776-2571.

DALLAS SUBURB — Acute ractice available in Dallas suburb miles out of city limits. Practice ailable free with all charts and rays. Purchase modern 2,000 sq. . building fully equipped at reason- le price. Annual gross over $150, 00 for ten years and no malprac- ce suits. Phone collect: Jack oyder, D.O.; Office 214—225-1111 d 225-1112; home 214—227-1005

KIRBYVILLE—in Deep South- ast Texas has GP practice oppor- unity. Potential unlimited—Salary o start negotiable—Good schools, ospital, lakes and hunting, mild weather. Contact John L. Sessions, .O., 713-423-2166.

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

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

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

MABANK—Needs General Practitioner. Two doctor clinic. Guaranteed $3,000 month salary; expectations much more. For further information contact: Robert L. Hamilton, D.O., Box 267, Mabank, 75147 or call 214-887-2161.

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

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

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

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

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

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

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

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Texas Ticker Tape

DR. ESSELMAN NAMED VP OF AODME

George M. Esselman, D.O., director of medical education, Fort Worth Osteopathic Hospital, has been reelected to a second term as vice president of the Academy of Osteopathic Directors of Medical Education.

Already a serving member of the academy's Board of Directors, Dr. Esselman was in New Orleans at the time of his reelection to participate in the third annual educational symposium of the American Association of Colleges of Osteopathic Medicine, Council of Deans, AODME and American Osteopathic Hospital Association.

DR. FRANK THOMPSON APPOINTED TO JOB CORPS OFFICE

Frank W. Thompson, D.O., of Dallas, has received word from Washington of his appointment as Regional Medical Consultant to the Job Corps. He remains in private practice but will travel to the five states in the federal Region VI to review health programs related to the Job Corps.

TWILA WADE RECEIVES SCHOLARSHIP

Twila Wade, a second-year student-doctor at Texas College of Osteopathic Medicine, has received a $175 schoalrship from the Business and Professional Women Club, Fort Worth, Inc.

According to Daisy Young, president, the scholarship is based on helping young women and the community.

A native of Groom, this is the second year Miss Wade has received a scholarship from the Fort Worth Club.

She is a graduate of Stephen F. Austin State University where she was a member of Alpha Chi and Beta Beta Beta. She is the daughter of Mr. and Mrs. Max Wade of Groom.

ZONTA CLUB AWARDS SCHOLARSHIP TO BARBARA SMITH

Barbara Jean Smith, a third-year student-doctor at Texas College of Osteopathic Medicine, has been named the recipient of a $700 scholarship from the Zonta Club.

Awarded to Ms. Smith because she is a female medical student and a registered nurse, this is the first scholarship Zonta has presented to a TCOM student.

SURVEILLANCE MECHANISMS FOR ARBOVIRAL ENCEPHALITIS

By M. S. Dickerson, M.D., Chief
Bureau of Communicable Disease Services,
Texas Department of Health Resources

Arboviral encephalitis is a mosquito-borne disease.

The arboviral group of encephitides includes Western Equine Encephalitis (WEE), Eastern Equine Encephalitis (EEE), and Venezuelan Equine Encephalitis and are classified as Group A viruses. St. Louis Encephalitis is a Group B virus. Although the true reservoir of these viruses (or means of winter carry-over) is unknown, it appears that certain birds, rodents, bats, reptiles, or surviving adult mosquitoes could be implicated. Transmission of the virus to man and other hosts take place through the bite of the infected mosquito.

The procedures of surveillance are aimed at detecting virus activities in birds, mammals, and mosquitoes long before the virus can be spread to the human population. The early detection of virus activity will enable the rapid implementation of mosquito abatement procedures, thus eliminating the vector transmission to man.

The current surveillance program covers the principal populated areas of the state.

The Bureau of Laboratories of the Texas Department of Health Resources receives shipments of mosquitoes, bloods from wild birds, domestic and wild mammals and sentinel chicken flocks periodically.

Mosquitoes are *identified.* If they are determined to be potential vectors, the local health department is notified promptly. Mosquitoes are then processed for *virus isolation.* If EEE, WEE, SLE, VEE or other mosquito-borne encephalitis viruses that are communicable to human populations are isolated, they are reported through the Bureau of Communicable Disease Services to the local health departments.

Likewise virus activity as determined by *serological* testing of bloods collected periodically from chicken flocks, wild birds, and mammals is reported promptly to the local health authority.

The foregoing procedures have been a function of Laboratory of the Texas Department of Health Resources for several years. The guidelines for arboviral surveillance for 1976 are currently being inaugurate Health agencies desiring to participate in this surve lance program are advised to contact the Bureau Laboratories.

The marked decline in encephalitis morbidity sinc 1967 in Texas is attributed to the aforementione surveillance techniques. Further intensification of th methods are invisioned for 1976 and the years to follow.

According to the morbidity reports of the Texa Department of Health Resources, Arbovirus Encepha litis was first reported in Texas in 1941. There are ver little detectable activity in the state until 1954 when major outbreak of St. Louis Encephalitis occurred Cameron, Hidalgo, Willacy and Starr Counties whe 373 cases were reported.

In 1956 sporadic cases of SLE and WEE occurre in many Panhandle and South Plains counties. A though there were 64 cases of SLE and 13 cases WEE, the distribution was widespread and rural character.

In 1957 Cameron County experienced a recurrin outbreak of SLE with 83 cases reported. SLE an WEE persisted sporadically throughout Texas fo several years. WEE continued to be confined largel to the western and northwestern counties.

In 1964 Harris County experienced a major ou break of SLE when 100 cases were reported. This wa followed in 1966 with major outbreaks in Dalla County of 128 cases and Nueces County with 75 case

Since 1966 the morbidity for Arbovirus Encepha litis has been drastically reduced. In 1971 an outbrea of Venezuelan Equine Encephalitis occurred in Cam eron and Hidalgo Counties with small spread int adjacent areas. There has been no further evidence o VEE since 1971.

A single case of EEE occurred in Southeast Texa in 1973. An outbreak of SLE of smaller dimension occurred in Houston and Harris County in 1975; 3 cases were confirmed. ^

HEW Publishes Index Limitation of Physicians' Prevailing Charges

Medicare carriers' updating of reasonable charges for use in paying Part B claims during fiscal year 1976 include an additional computation which may limit increases in physicians' prevailing charge levels. The basis for this change in determining prevailing charges for physicians services is Section 224 of the 1972 Social Security Amendments. The provision ties increases in prevailing charges to economic index factors. Regulations implementing this provision were published in the *Federal Register* on June 16, 1975.

Under this provision, increases in prevailing services for physicians' services above those in effect for fiscal year 1973 (July 1972—June 1973) are allowed only if they are justified on the basis of relevant economic changes. As suggested in the Senate Finance Committee report accompanying the legislation, the index includes two factors—the costs to physicians of conducting their practices and general earnings levels.

The current economic index limitation is based on cumulative changes in these two economic factors from calendar 1971 through calendar 1975 since prevailing charge levels in effect during FY 1973 were based on physicians charges during calendar year 1971 and those in effect during FY 1976 are based on physicians' charges in calendar year 1974. The economic index limitation was not applied in FY 1974 and FY 1975 on the assumption that calendar year 1972 and 1973 charge levels were restrained to a greater extent by the Economic Stabilization Programs in effect during those years than they would have been by applying the economic index limitation.

In the current updating of reasonable charges, physicians' customary charges were computed in the usual manner by taking each physicians' actual charges in calendar 1974 for each procedure and arraying the charges in ascending order. The median charge for each procedure was established as the physicians' customary charge for that service. Then the usual prevailing charge calculations were developed. The customary charges in calendar 1974 for each service within a locality and specialty classification were weighted by the total number of times the service was performed, and the 75th percentile of the weighted customary charges was established as the prevailing charge for that service in each locality and specialty classification.

After these calculations, each new prevailing charge was compared to its counterpart in use during FY 1973. Under the economic index limitation, the adjusted prevailing charge for FY 1976 could not be more than 17.9 per cent above the comparable FY 1973 prevailing charge. Application of the calculated economic index of 17.9 per cent has resulted in prevailing large levels for some physician services being rolled back in some areas of the country, rather than only restraining increases as was intended by the Congressional provision. Legislative action is now being considered to rectify this unintended effect on reimbursement for physicians' services under Medicare.

Dr. Mauer to Speak on Nutritional Abuse

One Friday morning CME session will be concerned with "Medical Answers to Personal Abuse".

Pictures and biographical sketches of three of the four speakers were published in the January and February issues of this Journal.

The fourth speaker will be William J. Mauer, D.O., of Deerfield, Illinois. He will speak on nutritional abuse, including obesity and malnutrition.

Dr. Mauer, a Fellow in the American Academy of Osteopathy and in the American College of General Practitioners, is a 1956 graduate of the Chicago College of Osteopathic Medicine and interned at the Chicago Osteopathic Hospital.

Presently he is an assistant professor in the CCOM Department of Osteopathic Principles and Techniques.

AOA Submits Position Paper to IOM

by Edward P. Crowell, D.O.
Executive Director, American Osteopathic Association

(The following was printed in the November/December, 1975 AOA Executive Director's Report, and was received in this office in January. To date we have no further information on the deliberations of the Project Steering Committee at its January 9 meeting.)

A position statement of primary health care has been submitted to the Institute of Medicine (IOM), National Academy of Sciences, by the American Osteopathic Association. IOM has initiated a two-year study, funded by the Robert Wood Johnson and W. K. Kellogg Foundations, "to develop a cohesive manpower policy for primary care." That policy, according to IOM, is to be based upon, "(1) a policy determination of what functions should be served by the primary care system, and (2) the specification of what role should be played by various categories of health care personnel in the delivery of primary care services."

Late last month IOM invited AOA, and 91 other national professional, labor and consumer organizations, to submit position papers on the "issues" involved in primary care. A "number" of these papers will be presented next January 9, during the first opening meeting of the Project Steering Committee, chaired by E. Harvey Estes, M.D. of Duke University.

While reiterating most familiar "issues," IOM's study proposal focuses more sharply on what might best be described as the primary health care "pecking order."

For example: "Although many innovative 'team' delivery models are being tried, there is little policy agreement on 'who' should be educated to serve as 'captain' of the team." and . . ."The logical development of a manpower strategy for meeting health care needs clearly requires as a basic building block a definition of the functions of primary care and a determination of the roles of various health care providers in providing primary care services. Without basic policy assumptions on the nature and practice of primary care, the development of a more rational approach to overall health manpower planning will likely be even further delayed."

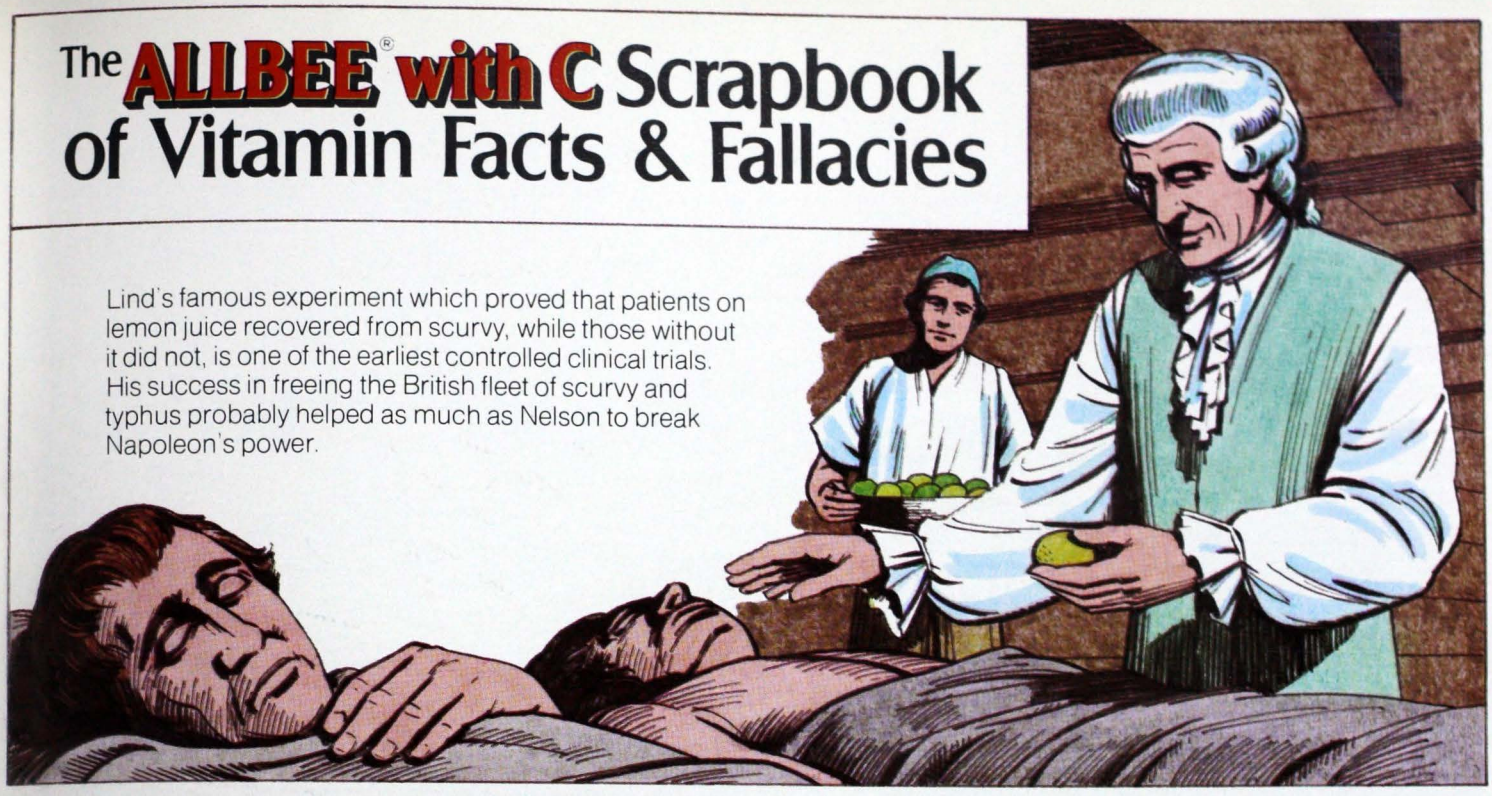
The AOA's position statement frontally challenges this inflated assumption.

"In the Association's view, providing primary health care when and where it is needed is far more critical than achieving universal consensus on a definition of such care. Training sufficient numbers of physicians to deliver primary care is far more urgent than further fractionating the delivery of health care through arbitrary categorization of physicians."

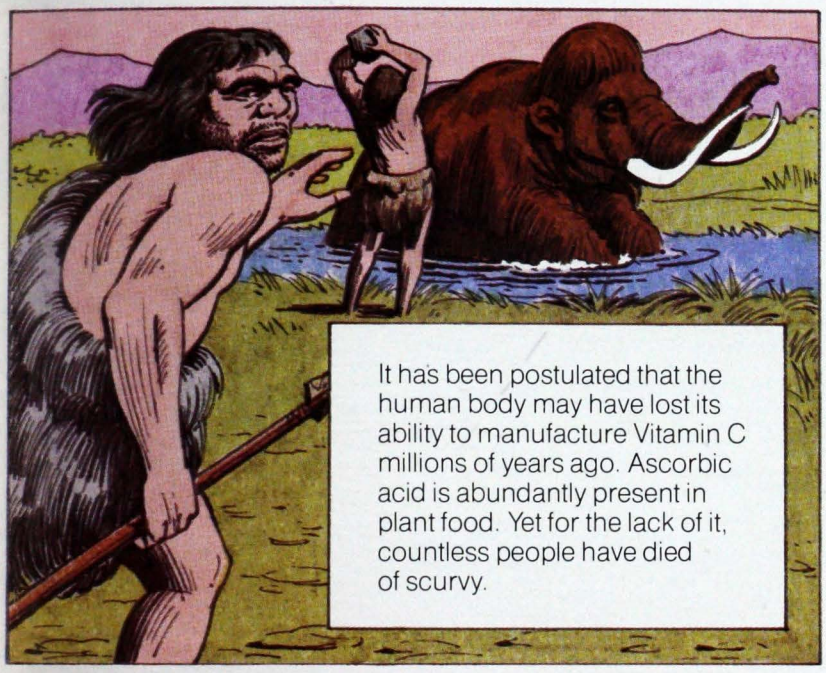
"This Association is concerned that a disproportionate emphasis on formulating precise definitions and mutually exclusive job descriptions will result in *semantic jousting* by groups seeking to perpetuate vested interests. The ultimate result of such jousting can only be even more profound stratification of structures, functions and roles than already exist within the health care system."

The position paper goes on to suggest that there already exists a viable, proven model which can provide solutions to the most urgent problems of primary health care delivery in the United States today. The model is osteopathic medical education. ^

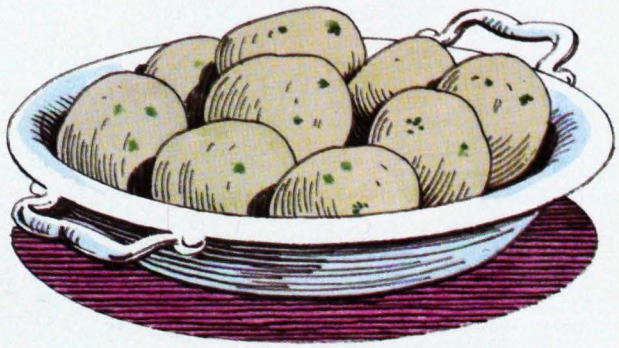
The ALLBEE® with C Scrapbook of Vitamin Facts & Fallacies



Lind's famous experiment which proved that patients on lemon juice recovered from scurvy, while those without it did not, is one of the earliest controlled clinical trials. His success in freeing the British fleet of scurvy and typhus probably helped as much as Nelson to break Napoleon's power.

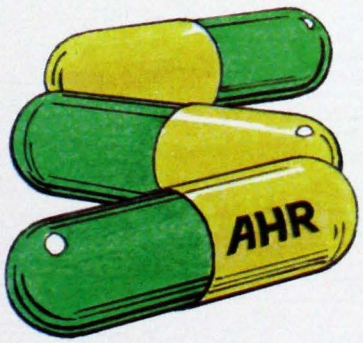


It has been postulated that the human body may have lost its ability to manufacture Vitamin C millions of years ago. Ascorbic acid is abundantly present in plant food. Yet for the lack of it, countless people have died of scurvy.



A potato in storage for 3 months loses about half its Vitamin C from oxidation and leaching. If scrubbed, scraped, pared and boiled for 20 minutes, it loses half of the remaining ascorbic acid. Hence, the 26 mg in a new potato may be reduced to about 6.5 mg when it reaches the dinner table. That's a 75% loss!

Riboflavin was once known as the "old yellow enzyme."



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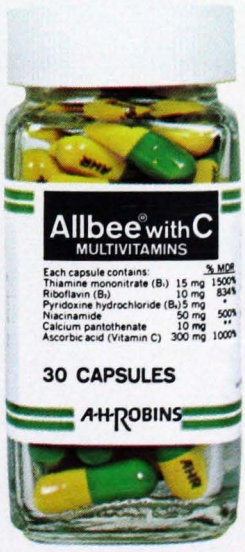

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