TEXAS OSTEOPATHIC PHYSICIANS
JOURNAL
February 1978

Her next attack of cystitis may require

the Bactrim 3-system

1. In the urinary tract

Highly effective with fewer recurrences compared to ampicillin or cephalexin

Bactrim has shown high effectiveness not only against *Escherichia coli*, the major uropathogen, but also against most other *Enterobacteriaceae* involved in recurrent UTI. Substantially fewer recurrences have been recorded with Bactrim, as compared to ampicillin or cephalexin.*

Results one month after cessation of treatment

	No. of patients	Antimicrobial therapy	% Negative cultures†
Study 1	80	10-day Bactrim	71.3
	76	10-day ampicillin	56.6
Study 2	60	28-day cephalexin	56.7

Bactrim tablets were used. Bioequivalency studies show one Bactrim DS tablet to be equivalent to two regular strength Bactrim tablets.

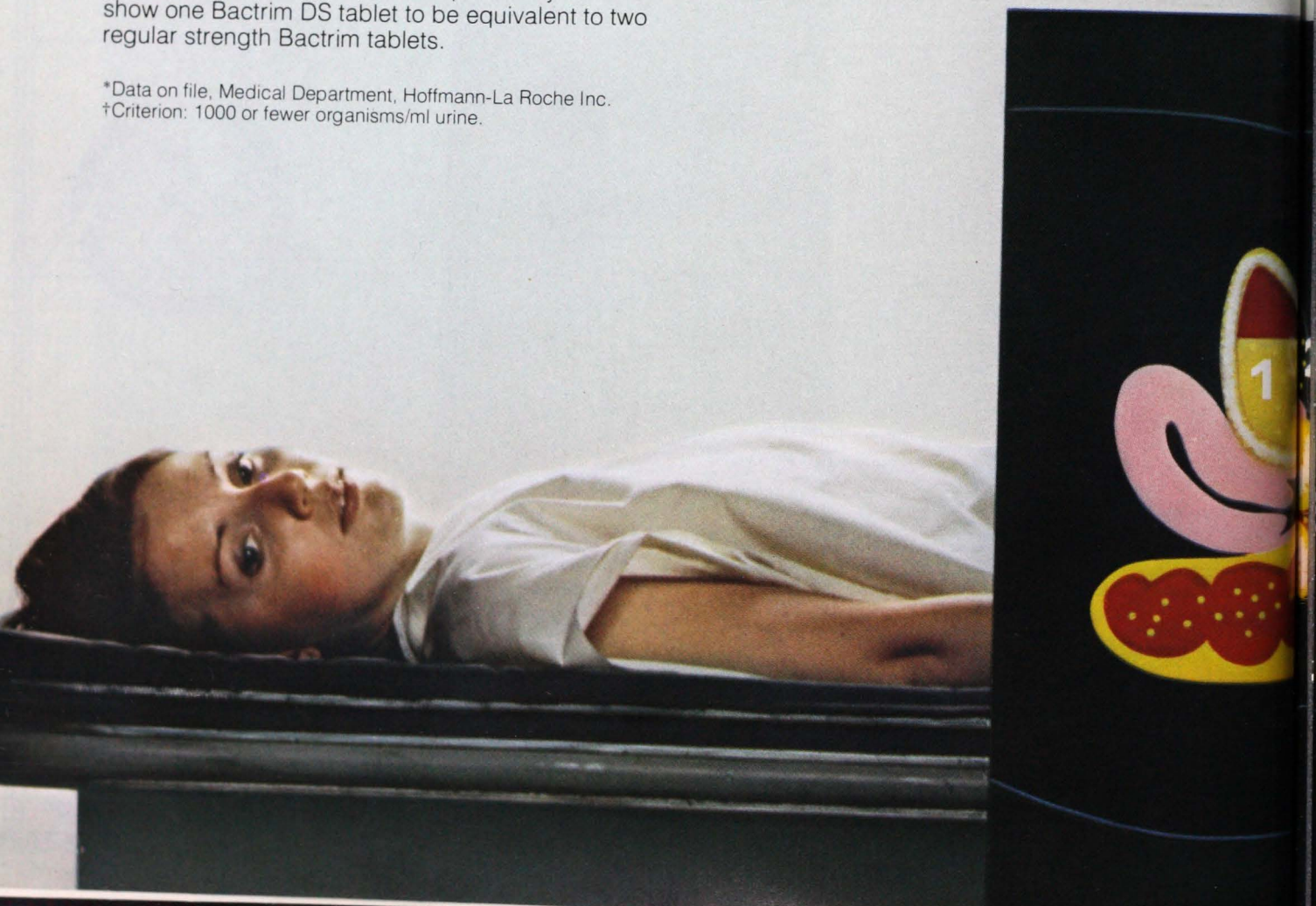
*Data on file, Medical Department, Hoffmann-La Roche Inc.
†Criterion: 1000 or fewer organisms/ml urine.

2. In the vaginal tract

It appears from recent studies that the likelihood of recurrent UTI is enhanced by the establishment of large numbers of *E. coli* or other uropathogens on the vaginal introitus.

Bactrim combats uropathogens colonizing the vaginal introitus

Trimethoprim has the distinctive ability to diffuse into vaginal fluid in effective concentrations, thereby reducing or eliminating the number of pathogens in the vaginal introitus, from which they often migrate into the urethra. Bactrim acts to minimize this source of recurrent cystitis in the female.



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ncounterattack

3. In the lower intestinal tract

By its selective action against *Enterobac-eriaceae* in the bowel, Bactrim reduces the isk of introital colonization by fecal uropathogens.

Attacks colonic reservoir of uropathogens without significant effect on normal ecologic balance

Bactrim's wide spectrum makes it valuable against most gram-negative bacteria that cause UTI recurrences, yet Bactrim has *no* significant effect on other normal, neces-sary intestinal flora. Also, Bactrim has rarely been found to cause the intestinal discom-ort or fungal overgrowth often associated with broad-spectrum antibiotics.

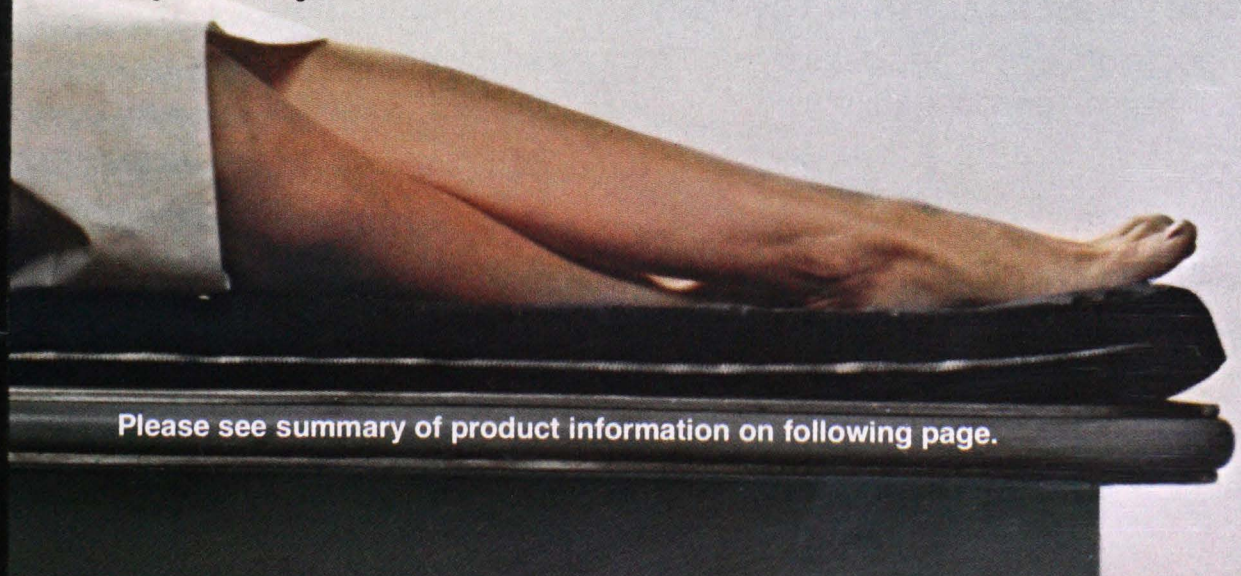
Bactrim™ DS Double Strength Tablets

Each tablet contains 160 mg trimethoprim and 800 mg sulfamethoxazole.

Just one tablet b.i.d.

To clear her infection* and combat reinfecting organisms

*Due to susceptible strains of *E. coli, Klebsiella-Enterobacter* and *Proteus mirabilis, vulgaris* and *morganii.*



Please see summary of product information on following page.

For recurrent attacks of urinary tract infection in women

the Bactrim 3-system counterattack

- Acts on pathogens at vaginal and lower intestinal sites, in addition to urinary tract; helps eliminate reservoirs of reinfecting organisms
- Antimicrobial synergism plus wide-spectrum effectiveness
- Low incidence of bacterial resistance
- Contraindicated during pregnancy and the nursing period; during therapy, maintain adequate fluid intake, perform CBC's and urinalyses with microscopic examination

Bactrim™ DS

Each tablet contains 160 mg trimethoprim and 800 mg sulfamethoxazole.

Double Strength Tablets
Just one tablet b.i.d. for 10 to 14 days

- Day-and-night action against uropathogens
- B.I.D. regimen encourages patient compliance
- Offers high effectiveness with economy

Bactrim™ Tablets

Each tablet contains 80 mg trimethoprim and 400 mg sulfamethoxazole.

Two tablets b.i.d. for 10 to 14 days

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

Indications and Usage: For the treatment of urinary tract infections due to susceptible strains of the following organisms: *Escherichia coli, Klebsiella-Enterobacter, Proteus mirabilis, Proteus vulgaris, Proteus morganii.* **It is recommended that initial episodes of uncomplicated urinary tract infections be treated with a single effective antibacterial agent rather than the combination.** *Note:* The increasing frequency of resistant organisms limits the usefulness of all antibacterials, especially in these urinary tract infections.

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

The recommended quantitative disc susceptibility method (*Federal Register, 37*:20527-20529, 1972) may be used to estimate bacterial susceptibility to Bactrim. A laboratory report of "Susceptible to trimethoprim-sulfamethoxazole" indicates an infection likely to respond to Bactrim therapy. If infection is confined to the urine, "Intermediate susceptibility" also indicates a likely response. "Resistant" indicates that response is unlikely.

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

Warnings: Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been associated with sulfonamides. Experience with trimethoprim is much more limited but occasional interference with hematopoiesis has been reported as well as an increased incidence of thrombopenia with purpura in elderly patients on certain diuretics, primarily thiazides. Sore throat, fever, pallor, purpura or jaundice may be early signs of serious blood disorders. Frequent CBC's are recommended; therapy should be discontinued if a significantly reduced count of any formed blood element is noted.

Precautions: Use cautiously in patients with impaired renal or hepatic function, possible folate deficiency, severe allergy or bronchial asthma. In patients with glucose-6-phosphate dehydrogenase deficiency, hemolysis, frequently dose-related, may occur. During therapy, maintain adequate fluid intake and perform frequent urinalyses, with careful microscopic examination, and renal function tests, particularly where there is impaired renal function.

Adverse Reactions: All major reactions to sulfonamides and trimethoprim are included, even if not reported with Bactrim. *Blood dyscrasias:* Agranulocytosis, aplastic anemia, megaloblastic anemia, thrombopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia. *Allergic reactions:* Erythema multiforme, Stevens-Johnson syndrome, generalized skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis. *Gastrointestinal reactions:* Glossitis, stomatitis, nausea, emesis, abdominal pains, hepatitis, diarrhea and pancreatitis. *CNS reactions:* Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insomnia, apathy, fatigue, muscle weakness and nervousness. *Miscellaneous reactions:* Drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L.E. phenomenon. Due to certain chemical similarities to some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia in patients; cross-sensitivity with these agents may exist. In rats, long-term therapy with sulfonamides has produced thyroid malignancies.

Dosage: Not recommended for infants less than two months of age. *Urinary tract infections:* Usual adult dosage—1 DS tablet (double strength), 2 tablets (single strength) or 4 teasp. (20 ml) b.i.d. for 10-14 days.

Recommended dosage for children—8 mg/kg trimethoprim and 40 mg/kg sulfamethoxazole per 24 hours, in two divided doses for 10 days. A guide follows:

Children two months of age or older:

Weight		Dose—every 12 hours	
lbs	kgs	Teaspoonfuls	Tablets
20	9	1 teasp. (5 ml)	½ tablet
40	18	2 teasp. (10 ml)	1 tablet
60	27	3 teasp. (15 ml)	1½ tablets
80	36	4 teasp. (20 ml)	2 tablets or 1 DS tablet

For patients with renal impairment:

Creatinine Clearance (ml/min)	Recommended Dosage Regimen
Above 30	Usual standard regimen
15-30	½ the usual regimen
Below 15	Use not recommended

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

Supplied: *Double Strength (DS) tablets,* each containing 160 mg trimethoprim and 800 mg sulfamethoxazole, bottles of 100; Tel-E-Dose® packages of 100. *Tablets,* each containing 80 mg trimethoprim and 400 mg sulfamethoxazole—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 40, available singly and in trays of 10. *Oral suspension,* containing in each teaspoonful (5 ml) the equivalent of 40 mg trimethoprim and 200 mg sulfamethoxazole, fruit-licorice flavored—bottles of 16 oz (1 pint).

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Mr. Tex Roberts, Editor

TEXAS IS A PSRO

As the *Journal* went to press, official confirmation from Washington was expected designating Texas a single PSRO area, an action sought by the physicians of Texas since mid-1973!

The prolonged, tedious, expensive and frustrating struggle began that year when TOMA, TMA, THA and other health professionals and associations in Texas formed the Texas Institute for Medical Assessment (TIMA). Since that time, there has been an almost interminable series of meetings, hearings, trips to Washington, a suit in Federal District Court and other activity designed to answer the 1972 federal statute which decreed that there would be professional standards review as to medical necessity and length of stay and that if physicians would not conduct this review, the government would appoint the PSRO personnel from the lay populace.

Officers of TIMA, including its current president, John H. Boyd, D.O. of Eden, made a recent trip to Washington to conduct what was final negotiations with HEW and Secretary Califano's representatives. Dr. Boyd was president of TOMA when work on TIMA began in 1973 and is now president of TIMA in its year of victory.

The Texans were under pressure to ask the Federal District Court in Austin to set aside its judgment remanding the matter of designation of PSRO areas in Texas back to the secretary. According to reports reaching Texas in January were to the effect that HEW had decided to forego a third public hearing and proceed to establish a provisional PSRO program in Texas on a state-wide basis by contract with TIMA.

D.O.s and M.D.s in Texas—meeting in separate cities in 1973 on the same day six months after the PSRO amendment was signed into law—passed official resolutions calling for a single state-wide PSRO designation in Texas, although the federal guidelines were calling for multiple PSRO areas.

TOMA's House of Delegates passed their resolution on May 2, 1973, and the TMA House passed their resolution on the same day in a meeting in another city without any prior consultation or contact between the two Associations whatsoever.

HEW, and the staff of the Senate Finance Committee, refused to believe from the beginning that the physicians and the health care providers in Texas were united to the degree that they were and are on the matter of PSRO being conducted on a state-wide basis by physicians.

From the beginning, physicians in Texas contended that multiple PSROs would create administrative nightmares and result in increased cost to the taxpayers.

One-fourth of the Board of TIMA is composed of D.O.s.

HEW Region VI conducted a hearing on August 24, 1973, at which time an impressive array of physicians, organizations and associations as well as state medical schools, state agencies, the federal fiscal intermediary, hospitals and other health professional groups testified that they were in favor of PSRO in Texas being conducted on a state-wide basis.

At the same time, they all supported the provision in the PSRO amendment that local utilization review committees would be in charge of the review process, and their findings would be accepted except when they failed to stay within the parameters of the guidelines of the program.

Physicians in Texas have been ready and willing, through the mechanism of TIMA, to administer PSRO in Texas for several years; and toward the end of 1977, presented Washington with an expensive detailed application for funding of the beginning phases of the program. According to word reaching Texas, as the *Journal* went to press, Washington is thinking in

WINNER

terms of bypassing the preliminary stages of development of the program and going straight to the so-called provisional status.

In his tour of TOMA districts, as state president in 1973, Dr. Boyd said it is in the best interest of the patient and the taxpayer to have a single state-wide PSRO in Texas.

"Our plan to administer the program in Texas will save the federal government a considerable amount of money and insure uniformly better care for every Texan who is under the Medicare and Medicaid programs," he said.

"Our plans call for the peer review process to be conducted by the utilization review committees of local hospitals, nursing homes and institutions without interference from the state level, unless the local UR Committee fails to perform or meet guidelines and standards.

We're going all out with the M.D.s and other health professionals in Texas to enlist the support of the Texas congressmen and senators to achieve designation of Texas as a single PSRO area.

"At the same time, the identity and the integrity of the D.O. degree will be preserved in the public interest, and D.O.s will resist any further fragmentation, whether from Washington, county M.D. medical societies or any other sources," Dr. Boyd declared.

HEW eventually designated nine PSRO areas in Texas, and soon thereafter, TMA filed a successful suit to block that designation in Federal District Court in Austin. TOMA officers testified at that trial.

An indication of how strongly HEW was responding to pressure from a U.S. Senate Finance Committee staff leader came in the fall of 1973 when it called another public hearing on the question in Texas, because it questioned the unanimity of the results of the hearing it had held three months earlier.

All physicians in Texas are members of TIMA unless they specifically resign in writing from the organization. It is designed to represent all physicians in the matters of utilization review in connection with federal aid patients. Physicians generally ask why do we want PSRO in Texas, and the answer is that utilization review is and has been decreed in several federal statutes and voluminous rules and regulations issued and binding in determining fees paid for services rendered federal aid patients.

The point being, there is and will be such review built into all the federal health programs, and it will be a cornerstone of any pending national health insurance scheme that will be considered by the Congress.

Leaders and members of TOMA and TMA, fortunately from the beginning, felt that peer review should be conducted by physicians and on a state-wide basis, and it now appears that they are triumphant in that position.

In September, 1977, this *Journal* published an open letter from Dr. Boyd to HEW Secretary Califano, stating that physicians in Texas were in favor of a single PSRO area but, at the same time, urging the secretary to proceed to make final designation—single or multiple—so that the statute could be implemented.

The plan was that in case the designation was again multiple that a poll under the so-called Senator Bentsen Amendment would be conducted, and once again the department would have been faced with an official vote from the majority of the physicians in each area demanding again a single state-wide PSRO in Texas.

The PSRO effort and the solidity of the health professional organizations in Texas on the question represents a milestone in health care affairs of the state.

COWTOWN

TOMA 79th Annual Convention

Let's call it a cowtown jamboree with lots of relevant CME. It's the 79th Annual Convention & Scientific Seminar of the Texas Osteopathic Medical Association scheduled at the Sheraton-Fort Worth Hotel May 4, 5 and 6.

The TOMA House of Delegates meets Wednesday, May 3, at the same hotel, and the ATOMA House meets Thursday, May 4.

Meetings of other affiliated groups will include the Texas GP Society luncheon at noon on Friday, May 5, and the Texas Academy of Osteopathy dinner on Thursday evening.

There will also be programs for golfers, joggers and tennis enthusiasts.

There will be genuine western flavor at Fun Night at the Roundup Inn, and the menu will include barbequed choice Colorado beef, Eckrich links, ribs, beans, potato salad, cole slaw, pickles, onions and the works. Besides that, there will be dance music for all tastes, along with redeye and some more delicate refreshments.

The annual President's Night festivities will be at the Sheraton-Fort Worth—honoring outgoing president, Samuel B. Ganz, D.O., of Corpus Christi, and incoming president, Gerald P. Flanagan, D.O., of Denton.

Alumni of all the colleges will break off into breakfasts on Friday morning. Saturday morning will be Breakfast with Dr. Donald Siehl, of Dayton, Ohio, president of the American Osteopathic Association.

Another highlight of the convention will be a hard hat tour of the Med Ed I building on the developing campus of the Texas College of Osteopathic Medicine. Buses will take all convention attendees out to the TCOM campus for cocktails, lunch and a look at the facilities of the best funded osteopathic college in America.

The ladies Auxiliary installation and lunch will be high up in the Fort Worth National Tower at the swanky Century II Club on Friday morning. The Auxiliary will also operate a hospitality room on the mezzanine of the Sheraton Fort Worth all three days of the convention for attendees and wives.

The 79th Annual Convention is expected to top 800 persons in all, which would be the highest attendance in history.

Under the heading, Continuing Medical Education, Dr. Phillip P. Saperstein, a certified GP in Fort Worth, has arranged a most interesting and informative lecture program that will continue the three days of May 4, 5 and 6.

Included in the itinerary of the convention, herewith following is a lineup of the lecturers signed so far by Dr. Saperstein. Dr. Saperstein says that Dr. David Beyer will be chairman of the tennis program, Dr. Bob Beyer will be chairman of golf, and Dr. Joel Alter (all of Fort Worth) will mark a track in Tanglewood so that the joggers can get in their stint before breakfast each day.

It is hoped when the CME program is finalized that there will be something like 20 CME Class 1-A hours accrued.

Wednesday, May 3

8:00 a.m. House of Delegates Registration
9:00 a.m. House of Delegates, Crystal Ballroom

Thursday, May 4

8:00 a.m. Registration
9:00 a.m. Dr. Ralph Willard, Dean, TCOM

Lectures — Grand Ballroom

9:30-10:00 a.m. William P. Neal, D.O.
Fort Worth
(A 1967 graduate of KC, certified in Pediatrics; and Associate Professor, Department of Pediatrics, Texas College of Osteopathic Medicine)

JAMBOREE

Sheraton–Fort Worth – May 4-6, 1978

10:00-10:30 a.m. — L. Linton Budd, D.O., Fort Worth
(A 1942 graduate of KCOM; certified in OBG; and Professfor in Department of Obstetrics and Gynecology, Texas College of Osteopathic Medicine)

10:30-11:00 a.m. — Charles D. Ogilvie, D.O., Fort Worth
(A 1942 graduate of KCOM; certified in Radiology; and Professor in Department of Radiology, Texas College of Osteopathic Medicine)

11:00-11:30 a.m. — C. Raymond Olson, D.O., Fort Worth
(A 1956 graduate of CCOM, he is certified in Internal Medicine and is Professor and Chairman of Department of Medicine, Texas College of Osteopathic Medicine)

11:30-12:00 noon — John C. Kemplin, D.O., Fort Worth
(A 1951 graduate of KCOM, he is certified in Roentgenology and is Chairman of the Department of Radiology, Texas College of Osteopathic Medicine)

12:30 p.m. — Keynote Luncheon

2:00-2:30 p.m. — Richard B. Baldwin, D.O., Fort Worth
(A 1968 graduate of KC, he is Associate Professor in the Department of General and Family Practice, Texas College of Osteopathic Medicine)

2:30-3:00 p.m. — Jay G. Beckwith, D.O., Fort Worth
(A 1967 graduate of KCOM, he specializes in Internal Medicine and Gastroenterology and is Assistant Professor in the Department of Medicine, Texas College of Osteopathic Medicine)

3:00-3:30 p.m. — Bruce G. Gilfillan, D.O., Fort Worth
(A 1970 graduate of PCOM, he is certified in Pediatrics, is a Diplomate of National Board of Examiners for Osteopathic Physicians and Surgeons, and is Assistant Professor in the Department of Pediatrics, Texas College of Osteopathic Medicine)

3:30-4:00 p.m. — William R. Jenkins, D.O., Fort Worth
(A 1951 graduate of KCOM, he is certified in Surgery, and is Chairman of the Department of Surgery, Texas College of Osteopathic Medicine)

4:00-4:30 p.m. — Richard C. Stabb, D.O., Tulsa
(A 1956 graduate of KC, he is a clinical professor of Medicine at OkCOMS and is a Fellow in the ACOI)

4:30-5:00 p.m. — David L. Bilyea, D.O., Fort Worth
(A 1953 graduate of KCOM, he specializes in Cardiovascular Disease, is certified in Thoracic Surgery, and is Assistant Professor in the Department of Surgery, Texas College of Osteopathic Medicine)

6:30 p.m. — Past President's Reception, Longhorn Room

Friday, May 5

7:30 p.m. — Alumni & College Breakfasts
Junior Ballrooms, A, B, C, D

Lectures, Grand Ballroom

9:00-9:30 a.m. — E. Lee Doyle, Ph.D., Dallas
(Co-therapist and research associate in sexual and phychotherapy with Masters and Johnson)

→

10:00 a.m. Ladies Auxiliary (ATOMA) Installation and luncheon, Century II Club, Fort Worth National Bank Bldg.

10:00-10:30 a.m. Charles A. Kline, D.O. Fort Worth

(A 1960 graduate of KCOM, he is certified in Pediatrics, is a Fellow in ACOP, and is Associate Dean for Clinical Affairs, Texas College of Osteopathic Medicine)

10:30-11:00 a.m. Lee J. Walker, D.O. Fort Worth

(A 1953 graduate of COMS, he is certified in OBG, is a Fellow in ACOOG, and is Chairman of the Department of Obstetrics and Gynecology, Texas College of Osteopathic Medicine)

11:00-11:30 a.m. Feliks Gwozdz, M.D. Fort Worth

(Dr. Gwozdz specialies in Pathology, is Medical Examiner for Tarrant County, and is Clinical Professor with the Department of Pathology, Texas College of Osteopathic Medicine)

11:30-12:00 noon Joel Alter, D.O. Fort Worth

(A 1964 graduate of KCOM, he is certified in Surgery, and is Associate Professor in the Department of Surgery, Texas College of Osteopathic Medicine)

2:30-3:00 p.m. Irwin Schussler, D.O. Fort Worth

(A 1968 graduate of CCOM, he is Associate Professor with the Department of Psychiatry, Texas College of Osteopathic Medicine)

3:00-3:30 p.m. Thomas H. Bonio, D.O. Detroit

(A 1957 graduate of KC, he is certified in Dermatology and is a Fellow of AOCD)

3:30-4:00 p.m. Stanley R. Briney, D.O. Fort Worth

(A 1964 graduate of KCOM, he specializes in Radiology, and is Clinical Assistant Professor with the Department of Radiology, Texas College of Osteopathic Medicine)

4:00-4:30 p.m. H. William Ranelle, D.O. Fort Worth

(A 1968 graduate of KC, he is certified in Ophthalmology, and is Chairman of the Department of Ophthalmology, Texas College of Osteopathic Medicine)

4:30-5:00 p.m. J. Thomas O'Shea, D.O. Fort Worth

(A 1965 graduate of KCOM, he is certified in Pathology and is Chairman of the Department of Pathology, Texas College of Osteopathic Medicine)

6:30 p.m. President's Night Grand Ballroom, Sheraton Fort Worth

Saturday, May 6

7:30 a.m. Breakfast with Dr. Don Siehl, President, American Osteopthic Association

Lectures, Grand Ballroom

9:00-10:00 a.m. Frank J. Bradley, D.O. Dallas

(A 1959 graduate of KC, Dr. Bradley is certified in Radiology)

Michael L. Budd, Ph.D. Fort Worth

(Assistant Dean for Student Affairs, Texas College of Osteopathic Medicine)

10:30-11:00 a.m. John B. Locke, D.O. Bedford

(A 1972 graduate of KCOM, he is certified in Internal Medicine and is an Assistant Professor in the Department of Medicine, Texas College of Osteopathic Medicine)

11:00-11:30 a.m. Paul A. Stern, D.O. Dallas

(A 1945 graduate of KC, he is certified in Anesthesiology and is Chairman of the Department of Anesthesiology, Texas College of Osteopathic Medicine)

11:30-12:00 noon Richard C. Wright, D.O. Fort Worth

(A 1954 graduate of KCOM, he is Associate Professor in the Department of Osteopathic Philosophy, Principles and Practice, Texas College of Osteopathic Medicine)

6:30 p.m. Fun Night, Bar B Que and Dance Roundup Inn, Wil Rogers Complex

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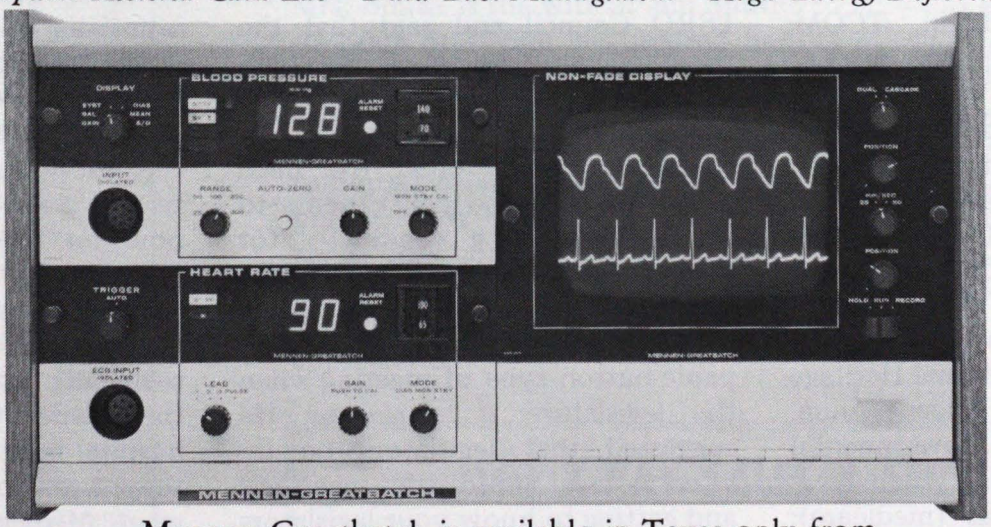

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Lakeway Theme:

Know Your Legislator

A consistent theme voiced by the speakers at the third Lakeway Legislative and Governmental Operations Seminar was "know your legislator back home."

Dr. John Cegelski, Governmental Relations committee chairman, said that there were 100 persons in attendance at the opening dinner Friday evening of the three-day seminar, at which time Attorney General John Hill, candidate for governor, delivered the principal address. Saturday evening, an address was delivered by another distinguished visitor, Rep. Bill Clayton, the speaker of the Texas House of Representatives.

Other members of the faculty for the seminar included State Senators Ray Farabee of Wichita Falls, Ike Harris of Dallas, Bill Meier of Euless, and Carlos Truan of Corpus Christi; and State Representatives Gib Lewis of Fort Worth, Bill Clark of Tyler, and Charles Evans of Hurst. Also serving on the faculty were L. G. Ballard, D.O., Vice President, Texas State Board of Medical Examiners; Ralph L. Willard, D.O., Dean, TCOM; Mike Sharp, Austin attorney; Lee Baker, Chairman of the Board of the American Osteopathic Hospital Association; Raymond T. Moore, M.D., Deputy Commissioner, Texas State Board of Health; Earl Sloan, lobbyist for Upjohn; Dr. Fred Lucas, Medical Director for National Heritage Insurance Company (Medicaid); Nathan Lansford, National Heritage Insurance Company; Eugene Aune, Vice President for Governmental Relations, and Bill West, Blue Cross Blue Shield of Texas (medicare); and Irene Lump, Smith Kline & French Laboratories governmental affairs staff officer.

Smith Kline & French made a grant to TOMA to help defray expenses of the seminar; and in addition to Mrs. Lump, their representative Don Fletcher attended the seminar.

Throughout the three days, the speakers emphasized the importance of physicians becoming more active in the political process and in legislative action. Invaluable suggestions were made to the participants as to how you get acquainted with and make friends with your legislators. One legislator illustrated the point by saying that he separates the calls received in his office by those he knows and those he doesn't know, and he makes his return calls to the latter group first.

A wide range of health care delivery problems were discussed during the three days, including health legislation, regulation, Medicare, Medicaid, Certificate of Need, pharmacology, medical education, public health, malpractice insurance and governmental operations in general.

At the general session Sunday morning, Dr. Lucas of NHI Company said that he expected PSRO to come to Texas within 90 days. He is a member of the National PSRO Council and said that the program would be more concerned with quality assessment than cost containment.

Senator Truan cited the need for physicians and constituents to get together with candidates for the legislature early in the game and know each other back home rather than wait for a last minute panic-button type of meeting when the legislature is in session. He suggested that legislators be invited to local and district meetings; and getting to know your legislators was a matter of simple human relations and establishment of a good working relationship.

Senator Farabee said government intrusion into health care matters is a matter of mathematics. He said 30 per cent of health care is paid by the federal government and a additional 43 per cent is paid b prepaid health insurance. The de sire for a risk free society is a added reason why government i interested.

Mike Sharp, Austin attorney who is the first general counsel fo the Health Facilities Commissio (Certificate of Need) said that th forces calling for regulation of th health care industry will come o stronger in the state and in the Co gress; and he said if you like regu ation, you can look forward t increased enjoyment. He said the place to begin to help shape th direction of the government actio is to work with the congressiona delegation from Texas. He sai many bills passed by the stat legislature are mandated by th Department of HEW.

Mr. Aune, of Blue Cross Blu Shield, said that Medicare an Medicaid care for about 1.5 millio Texans and that, therefore, th private sector was still large an needed to occupy more attention He said government involvemen is growing at the state level.

Dr. Dwight Hause, of Corpu Christi, in commenting on cos of federal health programs, sai the public needs an incentive no to get sick. He said the burden i now on the doctor to keep th patient out of the hospital be cause "of my insurance".

Mr. Aune said that Medicare recipients are now paying abou the same proportion of thei hospital and doctor bills now a they were in 1966. At that time when Medicare began, the federa government was paying 60 per cen of the health bill and the private sector was paying 40 per cent.

Senator Farabee said he i skeptical of an Austin lobby a such. He recommends a grass roots type legislative program. →

Now That It Is All Over

Driving back from attending the rd Legislative and Governmental erations Seminar held January -29 at Lakeway Inn near Austin, e thought hit me with tremen- us impact that the greater part our Association membership ssed perhaps one of the most ormative governmental seminars ever held in this state. Yet, s greater part of our profession dormant while laws that are in make-ready department of our te and national legislatures will firing bullets at all of us, the iverers in the health care system. The old thought still appears exist: "Let Joe Blow handle problems; I am too busy with practice; who will care 25 years m now whether I was involved h government relations or not." After listening to the fine panel legislators and agency speakers the seminar, I feel we have very le time left not to become in- ved. Our lack of interest in the keway Seminar was not due to lack of mailings (there were eral) or a non-functioning vernmental Relations Com- tee, or a poor promotional gram in our *Journal*. I believe t part of the problem of parti- ation can be solved by greater olvement of the official family he State and District levels.

f we were told today that the te of Texas would no longer nse D.O.s, I believe every D.O. this state would suddenly wake and come out swinging for this nt. This *did* happen some years k; and thank the good Lord, had the gallant fighters of that e to give us the profession we e today in this state. Have we otten the events of yesteryear soon? Now, where do we go n here?

t happens to be your next move, fellow members!

John J. Cegelski, Jr., D.O.
Chairman, Governmental
Relations Committee

LETTERS

THANKS!

Dear Sirs:

The semester is finally over and I am happy to say that I have done well. Let me thank you immensely for the scholarship you gave me in September. I was so worried and involved in trying to pass my courses that I could not write you a proper thank you letter.

Your scholarship relieved me of financial worries which would have burdened me through the semester. Thank you for giving me the peace of mind. I am very grateful to you.

I plan to work hard to live up to your expectations. Thank you again and God be with you.

S/D Rahul N. Dewan

OMT still practiced by Rural Doctors

Dear Dr. Grainger:

Enclosed is a copy of a poem written by Mrs. Helen Smith that I felt you might enjoy reading. Mrs. Smith is the wife of Jim Smith of Lone Star. She had injured her back just before the Christmas holidays requiring treatment.

Contrary to popular belief, osteopathic manipulation is still practiced by doctor's in the rural areas. Mrs. Smith was so pleased with the results of treatment that she composed this little poem in appreciation.

I hope that you enjoy the poem and I wish you and your family a happy new year.

James W. Coldsnow, D.O.

enclosure:

I lifted the pot
and set it aside
Then went in the house
where I abide;
I had done it all wrong
but all seemed well;
Until I leaned over
and almost fell.
I had a catch
that wouldn't let go,
I cried out loud
and wailed in woe;
The pain had a hold
like an alligator,
Until I was hoisted
on Doc's Spinalator.
It hurt so good yet
relaxed my spine,
So Doc could take hold
and do so fine.
He gave my old back a
professional twist,
Although it was knoxxed
as tight as a fist;
Then with kind words
and a few pills,
He sent me home
with lesser ills.
Now after three days
of Loving Care,
I'm just about ready for
Christmas fare.

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State May File Charges

In Dallas Infant Death

DALLAS (AP) — Since hospital personnel failed to report that a baby was not given a blood transfusion and then died, the state Department of Human Resources said it wants to institute criminal charges.

The baby, who medical authorities said required blood transfusions, was born by Ceaserian section last week to Richard and Kathleen Modigill. The infant died Sunday, three days after birth.

The couple said they came to Dallas from Michigan to have the baby delivered because their religious beliefs prohibit whole blood transfusions, a common treatment when an infant has an RH blood incompatibility. The baby was delivered at the East Town Osteopathic Hospital here.

"I think this is a classic situation if you want to run on it," said Larry Anderson, regional attorney for the department. "But on these types of things, it's entirely a matter of what the district attorney wants to do about the case and what kind of testimony we can come up with."

The court probably would have granted an order allowing transfusions, Anderson said Monday, if hospital personnel had sought a court order for protective conservatorship.

The Texas Family Code requires all persons who believe a child's health is in danger to report it to proper authorities.

"We have threatened people with this before but no one has been filed on," he said. "This looks like it might be a classic situation to test the statute."

Dallas City Councilman John Walton, who is also a doctor at the hospital, said the Modigills belong to the Jehovah's Witness faith. He said they knew the unborn child would need the massive blood transfer because of an incompatibility that made it allergic to its own blood.

The couple found the physician they were looking for in Dr. W. E. Winslow, a hospital staff member and a member of the same faith. Winslow defended his decision to deliver the child without the transfusion, explaining that Jehovah's Witnesses believe the Bible prohibits the taking of blood into the body by transfusion or other means.

"Who am I as a doctor to take away the Constitutional rights of individuals and question their religious beliefs?" asked Winslow. "The parents have the decision to make and they have the God-given right to do so."

Walton described Winslow as "an excellent physician. . .one of the top surgeons in Dallas."

"We have had this problem with the Jehovah's Witnesses for several years." he said. "Sometimes, the patients pull through, but other times they don't. But I don't think we've ever been faced with exactly this kind of problem before, though everybody feared it.

"Our staff is dedicated to saving lives. Naturally, it got to a lot of people when they couldn't do anything. There is always a high infant mortality rate in this kind of situation but it is 100 per cent if you don't do something."

Walton said he knows of no attempts to have Winslow removed from the staff. However, he added, "There's an awful lot of mad doctors right now."

He said the time is long past for the courts to address the issue and take the burden off the doctors, the churches — even the parents.

"I can only say to you that we have a dead baby. I don't know who is at fault," he said. I only know that we have a dead baby."

[Reprinted from the Tyler Courier-Times]

We're doing something

DISTRICT III

by H. George Grainger, D.O.

The Rockwoods had a baby December 13. That makes three of a kind. Jason Howard who weighed in at almost 8 pounds, makes a fitting addition to his handsome siblings, James and Jon.

* * * * * *

Earl Christian Kinzie, our Lindale commuter is after twenty two long years basking in the reflected glow of the Tyler Rose. Seems as how Earl, back in '55, was in on the delivery of one male child in the Campbell homestead. He did such a good job they named the husky little fellow after him. That folks, is how Earl Campbell got his name.

* * * * * *

Anent that London interlude, visitors will be disappointed if they expect to look up at the Parliament tower and see the famous Big Ben. They'll see the clock all right, and it's a wondrous sight, but it's not Big Ben. Where's Big Ben? He's inside the tower. What's he doing there? He's ringing out the hour. Big Ben is the bell.

* * * * * *

Young David Norris, son of the Dr. Norris of Tyler, found a beautiful sleek skateboard under the tree Christmas morning. Christmas Monday found young David in the hospital with his leg in a cast. All three are recovering.

DISTRICT XVI

by Ted Alexander, Jr., D.O.

TOMA District XVI met January 11, 1978 at the Tradewinds Hotel for a very interesting meeting. Richard Wright, D.O., pathologist from Normandy hospital in St. Louis, Missouri spoke to our group on the office laboratory. He gave an excellent presentation.

* * * * * *

Dr. Jerry Alexander and his wife are expecting at any time.

Dr. Charles Skinner receives $38,138 on Research Project

Dr. Charles Gordon Skinner, a sistant dean for basic sciences a North Texas State Universit Health Sciences Center/Texas Co lege of Osteopathic Medicine, ha received $38,138 from the Nationa Cancer Institute for the continu ation of a research project on oxa teridine analogs of folic acid.

The project is in its third year o study. According to Dr. Skinner the research project deals with th preparation of compounds whic are designed to inhibit tumor growt by interfering with the biochemis try of the vitamin folic acid. H said the research is a continuing a tempt to make new compound which will supplement the presen therapy in the treatment of leuke mia.

Working with Dr. Skinner are D Merritt Winchester and Judi Froehlich, research associates. Stu dents working on the project in clude a graduate student, Mar Miller of Richardson, and sopho more Larry Zappone of Azle. Bot are chemistry majors at NTSU.

ALCOHOLISM:

The Predictable Progression

The pattern for alcohol addiction is substantially the same for almost every excessive drinker. The sequence of symptoms to follow is seen in about 80% of those who become victim to this powerful addiction and is the basis for the diagnosis of excessive drinking:

1. The excessive drinker begins drinking "socially" like millions of others. He soon begins drinking more than those around him in the same length of time.
2. He drinks faster than those around him. As a natural consequence, he becomes "drunk" more often than others.
3. Now he "has a few" before the party, or orders doubles. He has developed the addicts' classic tolerance for the drug. Drinking more and more, he experiences temporary amnesia.
4. He begins to find himself drunk nearly every time he drinks. The social consequences of drinking are now causing noticeable problems in his work and relationships.
5. He then loses the ability to control his drinking. He drinks until he can drink no more, and sometimes goes on weekend binges.
6. Eventually early morning drinking becomes necessary. He now begins to hide his dependence — and his bottles.
7. At this time most victims are beginning to enter the stage of severe physical deterioration. During periods of alcohol withdrawal, tremors and "butterflies" begin to appear.
8. In many cases delirium tremors begin. Hallucinations are very subjective and the excessive drinker now has difficulty obtaining rest. He is assailed by waves of unwarranted fear and emotional trauma.
9. With this deterioration comes brain damage sufficient enough that less and less alcohol is needed to induce intoxication. At this stage, his tolerance plummets greatly.
10. Liver damage is now severe, due to the toxic effects of the alcohol, inadequate diet and, some research indicates, the inability of the alcohol-ridden body to absorb vitamins. The cardiovascular system deteriorates.
11. Excessive drinking can now be fatal with an increased risk of accident, stroke or heart attack: Chance of death from other mortal diseases becomes much higher than normal.
12. Without immediate professional treatment the prognosis is guarded.

VOLUNTEERS HONORED AT FWOH

Fifty-six men and women serving as volunteers with the Fort Worth Osteopathic Hospital Guild will be honored at a 10:00 a.m. brunch Wednesday, January 25, in the hospital's East/West Meeting Rooms.

These volunteers, having made a collective contribution to the Hospital of nearly 13,000 hours during the past year, will be recognized with special awards presented by Claude G. Rainey, FWOH executive vice president, and Mrs. William Burt, the hospital's director of Volunteer Service.

The highest award will go to Mrs. Raymond Fetter, who will receive an emerald pin in recognition of her contribution of more than 4,725 hours of volunteer service to the hospital. Mrs. Fetter, immediate past president of the FWOH Guild, will become the second volunteer in the hospital's 31-year history to receive this award.

An FWOH volunteer since 1972, Mrs. Fetter is currently serving as corresponding secretary for the National Osteopathic Guild Association. She was also recently appointed council woman for District V, Area I, of the Texas Association of Hospital Auxiliaries of the Texas Hospital Association.

Mrs. Paul Squires, vice president of the FWOH Guild, will be awarded the 2,000-hour pin for contributions of time and service to the hospital as a volunteer.

Certificates which recognize more than 1,000 hours of service will go to Mrs. Norman Beard, Mrs. J. R. Hodnett, Mrs. M. E. Johnson, Mrs. Hazel Lindsay, Miss Kathleen McCarty, Mrs. Hugo Ranelle, Mrs. Joe Saurenmann and Mrs. P. L. Wickliffe.

Volunteers receiving the 1,000-hour bar will include Norman Beard, Mrs. C. H. Croxton, Mrs. Howard Greiner, Mrs. C. D. High, Mrs. Ruth Knight and Mrs. A. D. Toten.

Those volunteers receiving certificates in recognition of less than 1,000 hours of volunteer service to the Hospital will include Mrs. Marie Collins, Mrs. Marion Coy, Mrs. Ed Eckert, Mrs. George Esselman, Mrs. Fern Johnson, Mrs. W. R. Phipps and G. M. Unger.

Bars respresenting 500 hours of volunteer service will be presented to Mrs. Roy Gates, Mrs. W. M. Harvison, Mrs. Gladys Head, Mrs. J. A. Johnson, Mrs. Bessie Stewart and Mrs. J. W. Stoddard.

Volunteers receiving certificates for giving less than 500 hours of volunteer service to the Hospital include Mrs. Hortense Benson, Mrs. W. Y. Cox, Mrs. Mabel Huddleston, Mrs. M. L. Jennings, Miss Sally Keylor, Mrs. Marian King, Mrs. V. A. Norris and Mrs. Ima Pitts.

The 100-hour pin will be presented to Randy Askins, Mrs. Mary Berry, Mrs. Jennie Burton, Miss Janet Cornett, Miss Sonnie Cottam, Mrs. Lois Cottle, Ray Cottle, Mrs. June Franks, Miss Viola Hodgdon, Mrs. Lois Isham, Mrs. G. L. Lilly, Rick McKinney and Mrs. Camilla Reynolds.

Those volunteers contributing less than 100 volunteer hours will receive a certificate in recognition of their service to the Hospital. They include Mrs. Helen Devine, Mrs. William Falter, Mrs. Doris Fulkerson, Ms. Deborah McKinney, Mrs. Nina Page and Mrs. Joie Reavis.

Rainey and W. D. Poteet, associate administrator, will give an update to the honorees on plans for Phase I of the hospital's construction and modernization program.

J. Thomas O'Shea, D.O., the hospital's chief of staff, will deliver a message of appreciation to the volunteers on behalf of the medical staff and the hospital.

The hospital's chaplain, Allen Hall, will deliver the invocation.

In Memoriam

ALAN J. POAGE, D.O.

Alan J. Poage, D.O., who practiced 43 years in El Campo, died January 4, 1978, at his retirement home at Elkins Lake, near Huntsville. Dr. Poage was active in legislative affairs in Texas on behalf of TOMA for many years and was elected a life member in May, 1968. He was also a life member of the American Osteopathic Association.

He was born January 21, 1897, at Gillette, Arkansas, attended Valpariso University in Indiana, Austin College, Baylor University, and graduated from the Chicago College of Osteopathy in June, 1930. He interned at Jefferson Park Hospital in Chicago and was a member of the American Osteopathic Society of Proctology.

He is survived by his wife, June; a son, Charles of Pasadena; two grandsons, Charles and David, of Pasadena; a great granddaughter, Tracy, of Pasadena; three sisters, Mrs. Alberta Loyd of Bay City, Mrs. Margaret Haizlip of Nederland; and Mrs. Gertrude Cox of Bay City.

Physicians advised to Review Estate tax changes

Our Congress and president passed, in 1976, some estate tax laws that every physician will want to know about, and apply to his personal circumstances. The end result will be markedly higher estate taxes, which means that physicians will leave a lot less to their heirs and a lot more to the government. For example, all taxable gifts made during one's life (from the effective date of the law) will be added on to the individual's estate at the time of his death, and the tax figured on that gross amount. Conceivably, one could give most of his estate away during his lifetime, and wind up with a very large estate tax. That could be amusing, however tax law is written to eliminate all humor. The point is, that individuals with substantial assets cannot independently make gifts and do their estate planning at the same time.

Congress, while rearranging the tax laws, did add a sweetener in allowing a larger maximum marital deduction of 50% of the a justed gross estate or $250,0 which is larger. But for the ben ficiary of an estate the Congre laid on a heavier burden by requi ing that the beneficiary must use his tax base the cost of the asset the hands of the decedent. So, on sees the assets of an estate bein taxed at market value—but bein transferred to the beneficiary whatever was the decedent's cos Thus when the beneficiary sells th asset, at some later date, he will pa a far higher tax. What it amounts is an intentional imposition double taxation.

Sometimes the tax court com to save us from the IRS. In a ta court case, decided last summe the court concluded that a taxpay is not required to seek the cheape form of medical treatment possib in order to take a tax deduction. that particular case the taxpayer physician had advised the ta payer to install a swimming po and use it daily to prevent possib paralysis following a spinal injur The taxpayer followed the phy cian's advice, and put in $194,000 pool, deducti $82,000 of that amount. The t court said the taxpayer was rig the IRS was wrong. The on test is, the tax court said, what w the actual cash payment, n whether or not it was the cheape possible means of accomplishi the end.

[Reprinted from the Badger D.(Wisconsin Association of Oste pathic Physicians and Surgeons]

Dr. Ralph L. Willard, dean of the North Texas tate University Health Sciences Center/Texas ollege of Osteopathic Medicine, accepts a check or $1000 from Mrs. Roy B. Fisher, left, and Mrs. V. W. Bailes of the District II Auxiliary to the Texas steopathic Medical Association. The check repreents the proceeds from the November antique show nd sale sponsored by the Auxiliary to benefit the ollege scholarship fund. The scholarship will be warded to a second or third-year student physician n the basis of academic achievement and financial eed. Mrs. Fisher is president of the District II uxiliary and Mrs. Bailes served as co-chairman of he antique show and sale.

Fort Worth Osteopathic Breaks Ground For $7.5 Million Project

Fort Worth Osteopathic Hospital, the primary teaching hospital for the Texas College of Osteopathic Medicine, is breaking ground in February with Phase I of the $7.5 million construction and renovation program.

Nine construction firms submitted bids last month, but they exceeded the approved budget and are undergoing review.

Claude G. Rainey, executive vice president of FWOH, said meetings were being conducted with the architects to modify building design and bring the project within budget.

Included in new construction will be a 24-hour emergency department, surgery, labor/delivery, radiology and outpatient services. Business offices will be moved into the new area.

Administration, cardiopulmonary/respiratory therapy, central supply, dietary, physical therapy, the laboratory, pharmacy, medical education, medical records and purchasing will be expanded in their present locations or in areas left vacant by departments transferred to the new addition.

The fifth floor of the existing hospital will be renovated and modernized to provide for the relocation of 20 patient bedrooms. Existing patient rooms will be completely redecorated, and a new entrance for the hospital will be built to include a lobby and gift shop. A new central core of three elevators will be added. At 200 beds available, Fort Worth Osteopathic is the largest osteopathic hospital in Texas.

GRANGERGRAM

Some of these crowded Convention CME sessions are more like PSRO: Physicians Standing Room Only!

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* * * * * *

TROUP—opportunity to grow with industrial expansion soon to be announced. Excellent osteopathic hospital 15 miles away. Practice built over a period of 30 years. Free office rent. Gross 50 Gs first year. Call Carl F. List, D.O. 214—842-3366.

* * * * * *

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 — The Professional Medical & Surgical Clinic Association has openings for Physicians in family practice, general surgery, pediatrics and internal medicine. Write or call Chris S. Angelo, D.O. at 2902 Berry Road, Houston, Texas 77093 or P. O. Box 340 East Bernard, Texas 77435. Phone 713—695-5149 or 713—335-4881.

* * * * * *

HALTOM CITY—needs physicians devoted to family practice, unusual opportunity to design your own clinic in approximate 3000 sq. ft. building. Large parking area in front and on side. Contact Tom Abbott at 817—838-6048.

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, Texas 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.

* * * * * *

GROOM — Small town — large practice that has supported four D.O.s. Now there is only one who is in desperate need of help. Practice draws patients from four states. 32-bed osteopathic hospital. Less than an hour's drive on I-40 to Amarillo. Contact John L. Witt, D.O., Groom Osteopathic Clinic, P.O. Box 490, Groom, Texas 79030; Phone: 806—248-3221 or 806—248-5311.

* * * * * *

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

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.

* * * * * *

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, Texas 76107. 817—731-0801.

* * * * * *

TYLER — 1,000 sq. feet available next to Doctors Memorial Hospital in Tyler, Texas. Location convenient to new central mall shopping area and in "best" section of town. Contact: Neal A. Pock, D.O., 1420 West Southwest Loop 323, Tyler, Texas; Phone: 214—561-5040.

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

Texas Ticker Tape

GP LEADER BRAVES ICESTORM

Eli H. Stark, D.O., past president of the American College of General Practitioners, AOA Trustee, Chairman of the Department of Family Medicine and Assistant Dean at the New York College of Osteopathic Medicine and Editor of *Osteopathic Annals* braved a hazardous icestorm early in January to reach TCOM to address student doctors on new concepts in osteopathic general practice.

NEW ICU UNIT OPENS AT KANSAS CITY

A new ten-bed intensive care unit has opened at the Center for Health Sciences of the Kansas City College of Osteopathic Medicine. The unit has all the latest in design and layout and emergency equipment built in.

HOW MUCH DOES IT COST?

Under a recently announced program, the Texas Medical Association is asking physicians to look at their patients' hospital bills and seek ways to eliminate possibly unnecessary procedures or substitute less expensive ones without decreasing quality of care. The TMA thinks medical schools should teach student doctors about the costs of health care as well as how to deliver quality health care.

TEXANS WORK ON HOSPITAL COST CONTAINMENT

On the theory that the private sector can voluntarily do more to stem rising costs than can be done by federal mandate, the Texas Hospital Association is leading out with several other health care associations, including TOMA, in a voluntary program of hospital cost containment. Across the nation, similar programs have impressed some congressmen that this may be a better answer than the nine per cent cap proposed in the current legislation in Congress.

PHYSICIANS FOR AGED ORGANIZED

A new organization has been formed called the Texas Health Care Medical Directors Association, composed of D.O.s and M.D.s in Texas who are active in medical care for older patients, with emphasis on medical directors for nursing homes. The association has been divided into 12 regions coinciding with HSAs and Dareld Morris, D.O. of Smithville is vice president for HSA-6 area. Any physician interested in geriatrics is welcome into membership. Watch your mail for details.

OMAR BURLESON TO THE RESCUE AGAIN

When HEW Secretary Califano issued regulations last fall threatening small hospitals all across the country, U.S. Representative Omar Burleson of Texas followed up with a resolution in the U. S. House of Representatives, pointing out the danger to rural hospitals. Several years ago, Representative Burleson passed a statute which negated a regulation threatening small hospitals with closing by requiring a registered nurse be on duty 24 hours a day. A law had to be passed to stop a haywire HEW regulation.

AOHA COMMENTS ON PROPOSED PLANNING GUIDE

In a letter to the HEW Office of Planning, Evaluation and Legislation, AOHA President Michael F. Doody outlined general and specific objections the Association has to the proposed National Guidelines for Health Planning.

The primary objection he raised was the inflexibility of the guidelines which he characterized as "arbitrarily developed and presented as a staff document," without Congressionally mandated input from the public.

The guidelines address only the cost implications of hospital care, Doody said, and do not take into account accessibility, which is one of the priorities identified in PL 93-641.

"The problem of accessibility would be further aggravated" under the guidelines, he said, because they would lead to "a further maldistribution of physician services."

The guidelines may "precipitate the closing of the smaller and more rural hospitals," which Doody said would remove the only source of inpatient care available in many areas. Closing of these hospitals would also lead to physicians leaving the communities and the subsequent lay off of hospital personnel would "adversely affect the economy of these communities."

One of the most serious consequences of the guidelines would be the devastating effect they would have on osteopathic education. A survey of osteopathic hospitals taken in October indicated that only 23.3 per cent of osteopathic teaching hospitals could meet the requirements for OB units.

Because the unique rotating internship in osteopathic medicine requires obstetrics, Doody explained, nonformance to the proposed guidelines could force osteopathic hospitals to close their OB units, thereby irreparably damaging the post-doctoral education of the primary care osteopathic physician.

"There has been a strong effort to return to a family/general practice of medicine," Doody pointed out. "This has been encouraged by the federal government with regulations and millions of dollars." He noted that the proposed guidelines contradict that effort because their rigidity would destroy osteopathic post-doctoral training; more than 70 per cent of practicing D.O.s are engaged in family/general practice.

Doody pointed to a number of other failings in the proposed guidelines:

* They exclude the federal hospital system, which has a major impact on health care.

* They address only hospital services—long term care, ambulatory care, home care needs and other alternative methods of care must also be addressed.

* They do not take into consideration or provide exceptions for the unique health care needs of a particular population group, population growth trends, incidence or prevalence of diseases, case mix, demographics, income or education of the population served, alternative types of care available, quality of care or existing efficiency efforts such as utilization review, admission screening, PSRO and length of stay review.

Doody was also critical of the method by which the guidelines were developed and published, contrary to Congressional intent. He protested the failure of HEW to provide background data sought by AOHA under the Freedom of Information Act in a timely fashion and remonstrated the Department's failure to grant a reasonable extension of the comment period or to respond in any fashion to requests by AOHA for the data and the extension.

[Reprinted from AOHA Newsletter, December 1977]

From the cowardice that shrinks from new truths,
From the laziness that is content with half-truths,
From the arrogance that thinks it knows all truth,
O God of Truth, deliver us.

Old Prayer

TOMA Group Claims Exceed Cash Paid in by 31%

In March 1974 the association joined with Blue Cross and Blue Shield of Texas to make available to all TOMA members, for themselves and their employees and families a comprehensive health and life insurance program. During the last two years the program gained momentum as more and more members enrolled in the program.

In March 1976, it was necessary to make a rate adjustment as Blue Cross and Blue Shield experienced a 114 per cent loss ratio (not including administration charges or reserves) on our group. Even with a substantial rate increase, over 90 per cent of the members retained coverage. We have now regained that ten per cent and have more than 465 members and a total of almost 2,000 persons covered.

As another March approaches, Wil Griffin, Blue Cross and Blue Shield representative, reports that the loss ratio for the twelve month period ending 10-31-77 is 131 per cent ($210,951.00 health income versus $277,477.00 in incurred claims). During this period Blue Cross and Blue Shield processed over 95 claims from over 200 families. Thirty-three families received benefits exceeding $2,000.00; four families received benefits of more than $10,000.00 and one family received benefits of more than $37,000.00. A total of $45,000.00 in death benefits were paid during the past year. The life program is part of the state wide pool so losses do not directly affect life insurance rates.)

Obviously this March there will be a rate adjustment. You will be notified prior to March 1 exactly what changes are to be made.

Your support of this TOMA sponsored program is vital to its continued success.

Brief Summary of Prescribing Information

Actions: Pyrvinium pamoate appears to exert its anthelmintic effect by preventing the parasite from using exogenous carbohydrates. The parasite's endogenous reserves are depleted, and it dies. Povan is not appreciably absorbed from the gastrointestinal tract.

Indication: Povan is indicated for the treatment of enterobiasis.

Warnings: No animal or human reproduction studies have been performed. Therefore, the use of this drug during pregnancy requires that the potential benefits be weighed against its possible hazards to the mother and fetus.

Precautions: To forestall undue concern and help avoid accidental staining, patients and parents should be advised of the staining properties of Povan. Care should be exercised not to spill the suspension because it will stain most materials. Tablets should be swallowed whole to avoid staining of teeth. Parents and patients should be informed that pyrvinium pamoate will color the stool a bright red. This is not harmful to the patient. If emesis occurs, the vomitus will probably be colored red and will stain most materials.

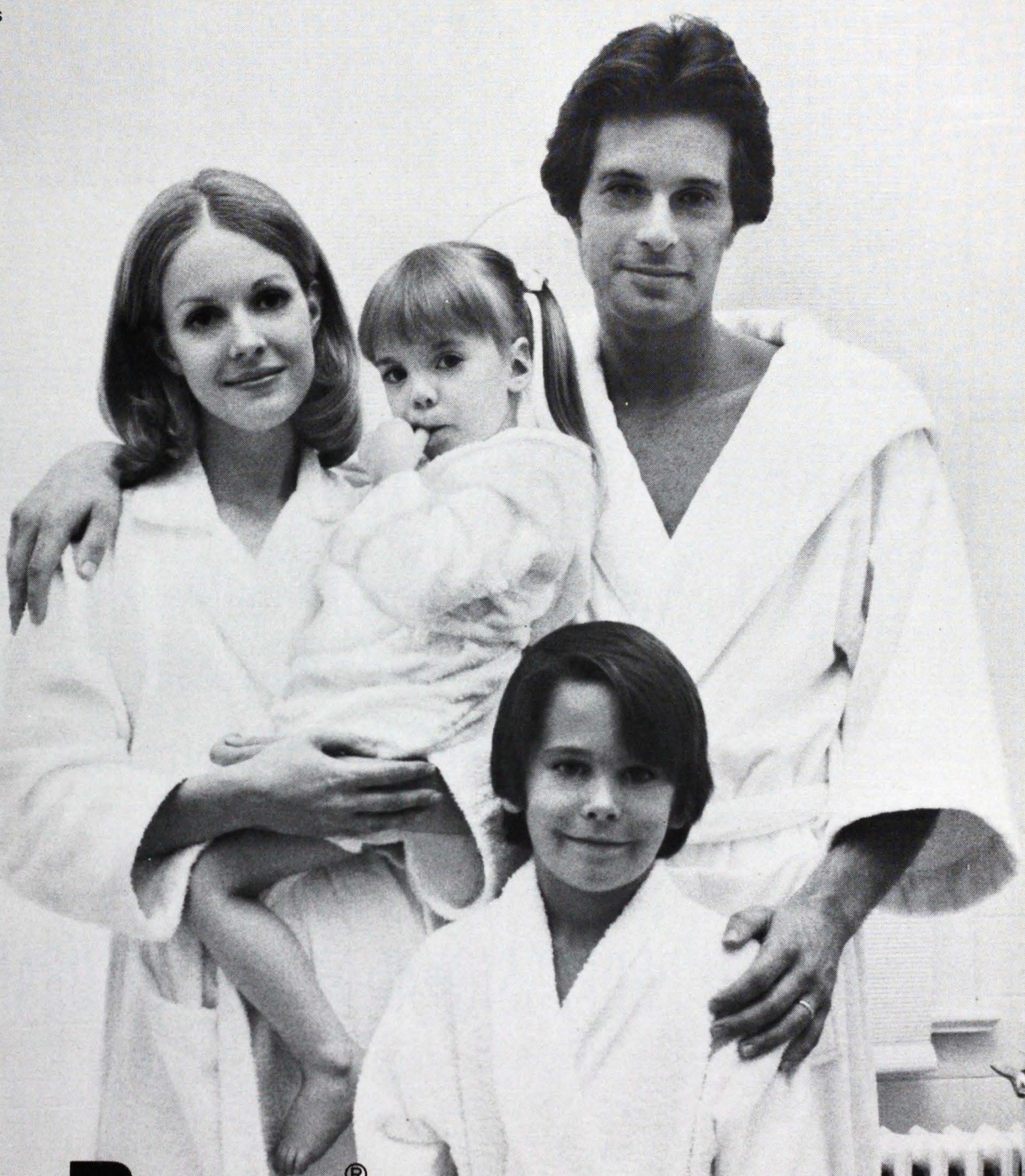
Adverse Reactions: Nausea, vomiting, cramping, diarrhea, and hypersensitivity reactions (photosensitization and other allergic reactions) have been reported. The gastrointestinal reactions occur more often in older children and adults who have received large doses. Emesis is more frequently seen with Povan Suspension than with Povan Filmseals.

How Supplied: Each Povan Filmseal® contains pyrvinium pamoate equivalent to 50 mg pyrvinium, supplied in bottles of 50 (NDC 0710-0747-50; NSN 6505-00-134-1966). Povan Suspension, a pleasant-tasting, strawberry-flavored preparation containing pyrvinium pamoate equivalent to 10 mg pyrvinium per milliliter, is supplied in 2-oz bottles (NDC 0071-1254-31; NSN 6505-00-890-1093).

RC/RD PD-JA-1699-2-P (8-76)

Parke, Davis & Company
Detroit, Michigan 48232

When it's pinworms, treat the family



Povan® (pyrvinium pamoate)

- over 17 years of proved clinical effectiveness and safety
- no measurable absorption from the GI tract—minimal systemic side effects
- one dose—one time—that's all that's usually required
- two dosage forms: Tablets and Suspension—suitable for the entire family

Povan—there's a form for every member of the family.

PARKE-DAVIS

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