

What's the Future of Medicine in Texas?

See Page 8

IN G.I. THERAPY

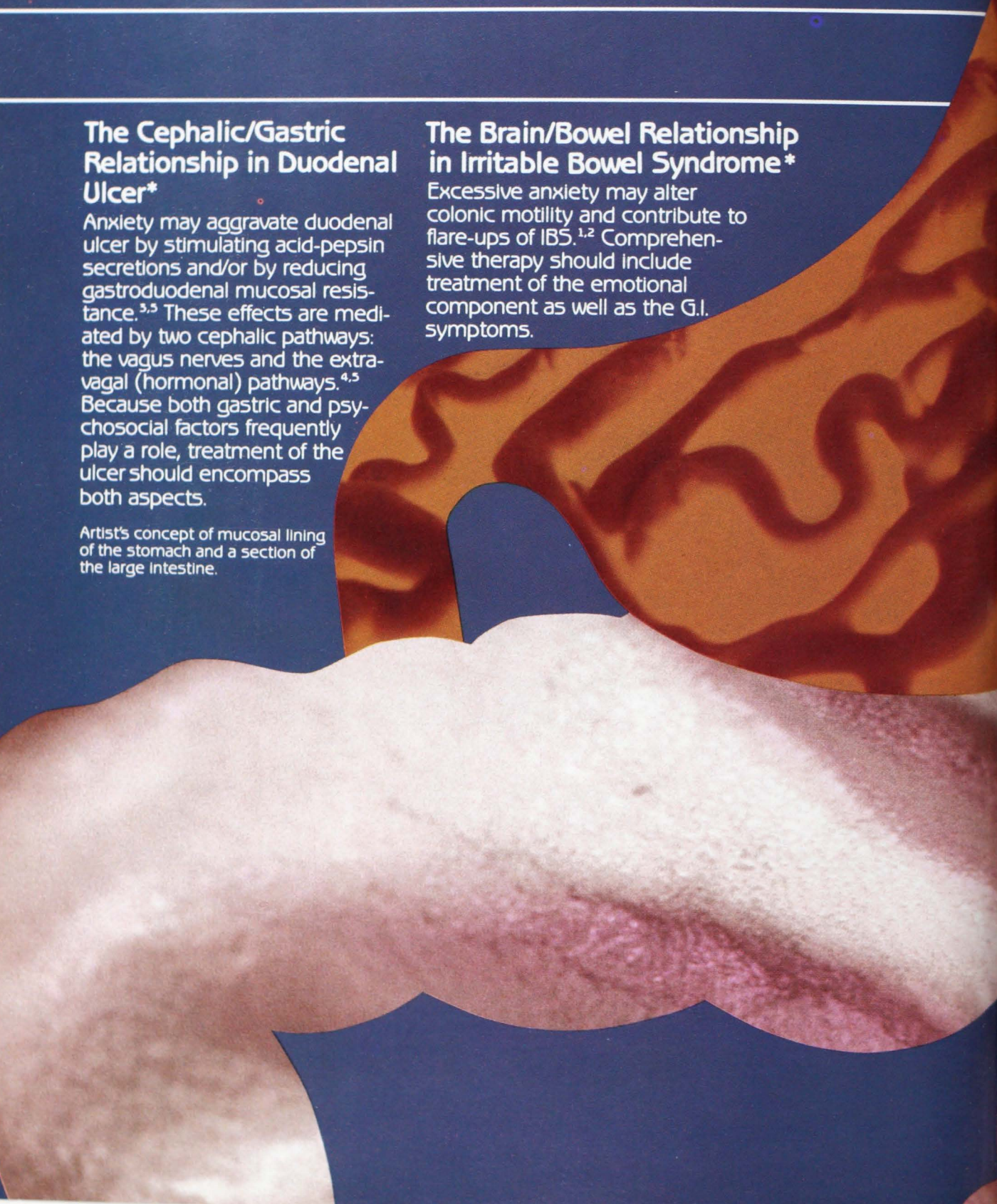
The Cephalic/Gastric Relationship in Duodenal Ulcer*

Anxiety may aggravate duodenal ulcer by stimulating acid-pepsin secretions and/or by reducing gastroduodenal mucosal resistance.^{3,5} These effects are mediated by two cephalic pathways: the vagus nerves and the extravagal (hormonal) pathways.^{4,5} Because both gastric and psychosocial factors frequently play a role, treatment of the ulcer should encompass both aspects.

Artist's concept of mucosal lining of the stomach and a section of the large intestine.

The Brain/Bowel Relationship in Irritable Bowel Syndrome*

Excessive anxiety may alter colonic motility and contribute to flare-ups of IBS.^{1,2} Comprehensive therapy should include treatment of the emotional component as well as the G.I. symptoms.



The Librax Relationship to Both

The Quarzan® (clidinium bromide/Roche) component of Librax reduces colonic spasms and gastric hypersecretion and helps relieve painful G.I. symptoms. The Librium® (chlordiazepoxide HCl/Roche) component of Librax reduces excessive anxiety which often aggravates G.I. symptoms.

References:

1. Snape WJ, Jr, Cohen S: *Practical Gastroenterology* 3(3): 21-25, May/June 1979
2. Drossman DA, Powell D, Sessions JT, Jr: *Gastroenterology* 73(4): 811-818, 1977
3. Isenberg J, Richardson CT, Fordtran JS: Pathogenesis of peptic ulcer, chap. 46, in *Gastrointestinal Disease*, ed. 2, edited by Sleisenger MH, Fordtran JS. Philadelphia, W.B. Saunders Company, 1978, vol. 1, p. 800
4. Sun DCH: Etiology and pathology of peptic ulcer, chap. 27, in *Gastroenterology*, ed. 3, edited by Bockus HD et al. Philadelphia, W.B. Saunders Company, 1974, vol. 1, pp. 579-610
5. Fordtran JS: *Practical Gastroenterology* 3(6): 24-31, Nov/Dec 1979

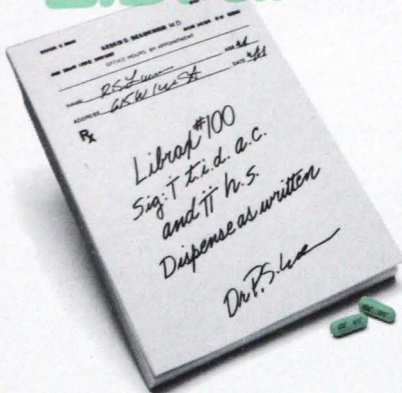
* Librax has been evaluated as possibly effective for these indications. Please see summary of prescribing information on last page of this advertisement.

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

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Please consult complete prescribing information, a summary of which follows:

Indications: Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.

Final classification of the less-than-effective indications requires further investigation.

Contraindications: Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCl and/or clidinium bromide.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Physical and psychological dependence rarely reported on recommended doses, but use caution in administering Librium® (chlordiazepoxide HCl/Roche) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions) reported following discontinuation of the drug.

Usage in Pregnancy: Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.

As with all anticholinergics, inhibition of lactation may occur.

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established.

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



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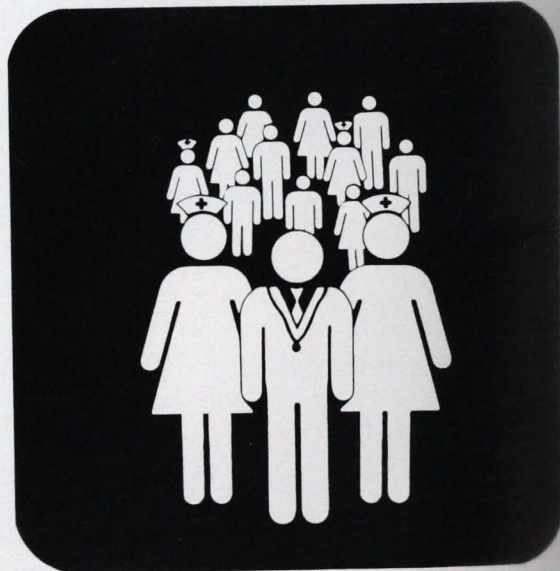
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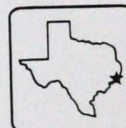
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Mr. Tex Roberts, Editor

Calendar of Events

july

4

Independence Day

15

15-21

*Board of Trustees & House of
Delegates Meetings—American
Osteopathic Association*

Drake Hotel
Chicago, Illinois

Contact:

Ms. Ann M. Wittner,
Executive Assistant
212 East Ohio Street
Chicago, Illinois 60611
312-280-5814

18

★TOMA District III Meeting
Petroleum Club, Citizens First
National Bank Building
Tyler
7 p.m.

Contact:

H. George Grainger, D.O.,
Secretary
214-593-9731

AUGUST

7

7-9

*24th Annual Clinical Sym-
posium and Seminar*

*Texas Society, ACGP
Flagship Inn*

*(Formerly Inn of Six Flags)
Arlington*

27 CME Hours, Category I-A

Contact:

T. Robert Sharp, D.O., or
Douglas R. Sharp, D.O.
4224 Gus Thomasson Road,
Suite 1
Mesquite, 75150

17

*First Day of Classes
Texas College of Osteopathic
Medicine*

28

28-29

*Chronic Low Back Pain: A Multi-
disciplinary Approach*

Sponsored by TCOM

Hilton Inn

Fort Worth

Registration: Physicians, \$100;

Interns, \$35;

Deadline August 14

Contact:

Carol Eisenberg
Office of CME
Camp Bowie at Montgomery
Fort Worth 76107
817-735-2539

SEPTEMBER

7

Labor Day

13

13-19

*National Osteopathic Medicine
Week*

19

★TOMA District III Meeting
Petroleum Club, Citizens First
National Bank Building

Tyler
7 p.m.

Contact:

H. George Grainger, D.O.,
Secretary
214-593-9731

Calendar of Events

23

23-25

*Annual Postgraduate Course:
"Controversial Women"*

*American College of Osteopathic
Obstetricians & Gynecologists*

*Philadelphia College of Osteo-
pathic Medicine*

20 CME Hours, Category I-A

Contact:

Barbara L. Hawkes,
Executive Secretary

900 Auburn Road

Pontiac, Michigan 48057

313-332-6360

OCTOBER

18

18-22

*54th Clinical Assembly of Osteo-
pathic Specialists*

*Sheraton Boston Hotel
Boston, Massachusetts*

Contact:

Ms. Wanda Highsmith,
Convention Manager

3132 Ponce de Leon Blvd.

Coral Gables, Florida 33134

305-444-2267

NOVEMBER

15

15-19

Annual Convention

*American Osteopathic
Association*

*Los Angeles Convention Center
Los Angeles, California*

Contact:

Ms. Ann M. Wittner,

Executive Assistant

212 East Ohio Street

Chicago, Illinois 60611

312-280-5814

26

Thanksgiving Day

DECEMBER

25

Christmas Day

★ TOMA DISTRICT MEETINGS

District III

July 18

District III

September 19

Legislature to Address Medical Practice Act Issue

Included in the call for a special session of the legislature to convene July 13 will be a new medical practice act for Texas.

The regular session adjourned June 1 without action on a bill that provided for a composite state board of medical examiners that would have included nine M.D.s, three D.O.s and three general public members.

TOMA and the Texas Medical Association had agreed on writing in three D.O.s into membership on the Board and D.O. membership on all committees of the Board including the Executive Committee.

The two organizations failed to reach agreement on an equality clause that would prevent discrimination against either degree or school of practice and medical training.

Both associations are expected to reopen negotiations on the equality clause in the hopes of drawing up an agreed bill for presentation to the special session.

Unless an equality clause can be agreed upon, TOMA will continue its efforts for a separate board of osteopathic medicine.

Bill numbers died with the measures at the end of the regular session and, therefore, the process starts from scratch. A version of S. B. 980 is being worked on, as well as, a new version of S. B. 315, but the numbers will not be the same.

S. B. 980, calling for a board of osteopathic medicine, passed the Senate but died in the House when the House brought out its own version of a medical practice act calling for a composite board of medical examiners composed of nine M.D.s, three D.O.s and three general public members.

The House leadership supported an equality clause in the composite board bill.

The House included several provisions emanating from the Sunset Commission and most of those provisions were agreed to by the two medical associations.

TCOM Graduates 75 D.O.s

Annual Banquet Honors Seniors

Philip Thorek, M.D., whose name is known to almost every medical school student in the country through his textbooks on surgery, told 75 graduates and their families at Texas College of Osteopathic Medicine's eighth commencement May 16 the three reasons he sees or the sagging image of the physician.

The Chicago surgeon interjected his own brand of wit and humor into his talk, entitled "Sir William, Where Are You?," but he was serious about the problem of image. Dr. Thorek referred to Sir William Osler, the late American/Canadian physician, as "the greatest physician of our century if not of all time.")

The three causes Dr. Thorek pointed to for the ebb in popularity included one "we" and two "theys." The first was the profession itself. "We take no time to explain and to console," he said. "Where's the human touch? Sir William always had the time."

As for the egotism associated by the public with physicians, Dr. Thorek said, "I was so egotistical I once wanted a group picture of myself. But I get the ego knocked out of me when I recall that in 50 years we haven't reduced the death rate from certain cancers one percent."

The other two reasons for poor image he identified as the press and lawyers, the five percent of the press who have to be "the firstest with the worstest," and the five percent of lawyers who engage in "legalized blackmail."

Dr. Thorek, one of the country's leading medical educators, has practiced for 50 years and has also taught for many of those. He is now

clinical professor of surgery emeritus at the University of Illinois College of Medicine and serves as president and medical director of Chicago's



Dr. Philip Thorek signs one of his textbooks for an admirer after making the major address at Texas College of Osteopathic Medicine's eighth commencement May 16.

Thorek Hospital and Medical Center.

During the commencement ceremonies nine graduating seniors were recognized as cum laude honor graduates. They were Harold R. Nicolette of Grand Rapids, Michigan, Donald Holcomb of Quanah, Rahul N. Dewan of Pasadena, Philip E. Pearson of Louisville, Mississippi, David W. Tyler of Dallas, David L. Kuban of Fort Worth, James A. DiRenna, Jr. of Kansas City, Missouri, Harold Bafitis of New York City and Thomas Perkins of Austin.

Several seniors from Texas College of Osteopathic Medicine were recognized for special achievements at the annual senior awards banquet May 15.

Three students were honored for their academic standing in the class of 75. As top graduate, Harold Nicolette of Grand Rapids, Michigan, received the Upjohn Achievement Award. Donald Holcomb of Quanah, as second in the class, received the Lemmon Company Award.

The T. Robert Sharp, D.O., Award for an outstanding student in general and family practice was presented to Virginia (Jean) Farrar of Fort Worth. The award is given by T. Robert Sharp, D.O., of Mesquite.

Nicolette also won the Stockseth Award, awarded annually to a student who has demonstrated outstanding comprehension of osteopathic principles and practice. It is given by Wayne O. and Norma Stockseth of Corpus Christi. Stockseth is vice president of the TCOM Foundation and member of the TCOM Advisory Council.

Named outstanding senior by members of Sigma Sigma Phi honor society was Robert Simonson of Fort Worth.

Four students receiving citations for academic performance from the American Medical Women's Association were Jane Kelley of Webster, New York; Judy Pickett, Fort Worth; Felicia Cheng, Wilmington, California; and Ann Nolen, Houston.

Also receiving recognition as the three seniors named to Who's Who Among Students in American Universities and Colleges were Robert McFaul of Snyder, Mike Williams of Fort Worth and Nicolette.▲

Harold Bafitis
New York, New York
Grandview Hospital
Dayton, Ohio

Edward L. Baker
Fort Worth
Grand Prairie Community Hospital

William Lee Bradshaw, Jr.
Lake Jackson
Martin Army Hospital
Fort Benning, Georgia

Michael Charles Buben
San Antonio
Dallas Osteopathic Hospital

Betsy Dee Buehrer
McAllen
Eastmoreland General Hospital
Portland, Oregon

Larry Thomas Bumguardner
Weatherford
Osteopathic Hospital of Wichita
Wichita, Kansas

Donna H. Butler
Abilene
Public Health Service
New Orleans, Louisiana

Richard M. Carter
Phoenix, Arizona
Womack Army Hospital
Fort Bragg, North Carolina

Felicia Yen Cheng
Los Angeles, California
Pacific Hospital of Long Beach
Long Beach, California

John N. Christensen
El Paso
Naval Regional Medical Center
Bremerton, Washington

Darryl S. Cohen
Fort Worth
Normandy Osteopathic Hospital
St. Louis, Missouri

Jon W. Copeland
Denver City
Fort Worth Osteopathic Medical Center

Sam P. Copeland, III
Silsbee
Martin Place Hospital
Madison Heights, Michigan

William Forrest Cothorn
Denton
Fort Worth Osteopathic Medical Center

Aaron David
Brooklyn, New York
University Hospital of Brooklyn
New York, New York

Peter L. Davidson
Farmersville
Fort Worth Osteopathic Medical Center

Jerry Thomas Davis
Denton
Fort Worth Osteopathic Medical Center

Robert Jeffrey Davis
Aubrey
Phoenix General Hospital
Phoenix, Arizona

Rahul Nath Dewan
Pasadena
Brooks Army Medical Center
San Antonio

Shirley M. Dougherty
Odessa
Stephens Park Osteopathic Hospital

James Scott Ellis
Austin
Fitzsimmons Army Medical Center
Denver, Colorado

Virginia (Jean) Farrar
Fort Worth
Fort Worth Osteopathic Medical Center

Robert Allen Frank
Gainesville, Florida
Oklahoma Osteopathic Hospital
Tulsa, Oklahoma

James E. Froelich
Houston
Sun Coast Osteopathic Hospital
Largo, Florida

David Dean Gafford
Dallas
Jacksonville General Hospital
Jacksonville, Florida

Ray Neil Gibson
Glen Rose
Stephens Park Osteopathic Hospital

Bernadette A. Goheen Kohn
Fort Worth
Dallas Osteopathic Hospital

Brent E. Gorman
Salina, Kansas
Dallas Osteopathic Hospital

Donald Holcomb
Quanah
Methodist Hospital of Dallas

James E. Hoogeboom
Grand Rapids, Michigan
Chicago College of Osteopathic Medicine
Chicago, Illinois

Phillip D. Isbell
Hurst
Dallas Osteopathic Hospital

Carol C. Kavanaugh
Oklahoma City, Oklahoma
Oklahoma Osteopathic Hospital
Tulsa, Oklahoma

Jane Kelley
Webster, New York
Botsford General Hospital
Farmington Hills, Michigan

Peter T. Kropf
Budapest, Hungary
William Beaumont Army Medical Center
El Paso

David L. Kuban
Fort Worth
Normandy Osteopathic Hospital
St. Louis, Missouri

William B. Ledbetter
Arlington
Grand Prairie Community Hospital

Hector Lopez
El Paso
Doctors Hospital
Columbus, Ohio

of 1981

Wayne Love
Chita Falls
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Augustine
Medical Branch, Galveston

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and Rapids, Michigan
rt Worth Osteopathic Medical Center

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and Prairie Community Hospital

riette L. O'Connor
rt Worth
rst General Hospital

ichael A. O'Neal
chardson
Vincent's Medical Center
acksonville, Florida

ry Daniel Paradiso
ford, Connecticut
rtin Place Hospital
lison Heights, Michigan

lip E. Pearson
uisville, Mississippi
rt Worth Osteopathic Medical Center

Lillian E. Perez
Stockdale
Brooke Army Medical Center
San Antonio

Thomas A. Perkins
Austin
Brooke Army Medical Center
San Antonio

James C. Pettit
Austin
Tucson General Hospital
Tucson, Arizona

Kenneth R. Phillips
Arlington
Darnell Army Hospital
Fort Hood

Judy D. Pickett
Fort Worth
Chicago Osteopathic Hospital
Chicago, Illinois

Raymond Mark Probst
Amarillo
Texas Tech Regional Academic
Health Science Center
Amarillo

Randall W. Rodgers
Tyler
Stephens Park Osteopathic Hospital

Daniel R. Rouch
Irving
Dallas Osteopathic Hospital

John L. Sawtelle
Madisonville
Dallas Osteopathic Hospital

J.P. Schwartz
Lufkin
Chicago College of Osteopathic Medicine
Chicago, Illinois

Karen Jane Scott
Midland
U.S. Public Health Service
Staten Island, New York

Roger C. Sessions
Stamps, Arkansas
Grand Prairie Community Hospital

Robert B. Simonson
Fort Worth
Jacksonville General Hospital
Jacksonville, Florida

Tracey Michael Skotnik
West Columbia
Hillcrest Osteopathic Hospital
Oklahoma City, Oklahoma

Sonya W. Sorensen
Arlington
Stephens Park Osteopathic Hospital

David Wayne Tyler
Dallas
Grand Prairie Community Hospital

Frank M. Vasovski
Bryan
Eisenhower Army Medical Center
Fort Gordon, Georgia

Jesse W. Vrendenburgh
Albuquerque, New Mexico
William Beaumont Army Medical Center
El Paso

Beverly Lynne Waddleton
Quitman
Hurst General Hospital

Michael Ray Williams
Fort Worth
Methodist Hospital of Dallas

Stuart Williams
Waco
Eisenhower Army Medical Center
Fort Gordon, Georgia

Gary L. Wilson
Dighton, Kansas
Womack Army Hospital
Fort Bragg, North Carolina

Thomas James Wray
Abilene
Texas Tech Regional Academic
Health Science Center
Amarillo

Michael R. Young
Dallas
Stephens Park Osteopathic Hospital



Members of the TCOM Class of 1981 are from left top row, Peter Kropf, John Christensen, Mike Williams, Rick Martin, Randall Rogers, Mike Young, Dean Gafford, Donald Holcomb, Darrel Cohen, Harold Bafitis, Jim Hooageboom, Jerry Davis, Thomas Wray, Ray Gibson, Ralph Love, Gary Wilson, Harold Nicolette, Peter Davidson; second row, David Kuban, Tracy Skotnik, Bob Simonson, John Sawtelle, Harriet O'Connor, Ann Nolen, Aaron David, William Cothorn, Darrel Nix, Philip Pearson, Danny Rouch, Roger Sessions, David Tyler, Larry Baker, Jim Pettit, Ed Luke, Jane Kelley, Betsy Buehrer, Sam

Copeland; third row, Jesse Vredenburg, Jon Copeland, Michael O'Neal, Bill Bradshaw, Jim DiRenna, Brent Gorman, Thomas Perkins, Scott Ellis, Mark Probst, Malcome Lyon, Judy Pickett, Robert Davis, Ira Murchison, Carol Kavanaugh, Robert Frank, Gary Paradiso, Richard Carter, Raul Dewan; bottom row, Frank Vasovski, Jim Froelich, Jean Farrar, Donna Butler, Mike Buben, Stewart Williams, Philip Isbell, Hector Lopez, Robert McFaul, Ken Phillips, Sonya Sorensen, Larry Bumguardner, Beverly Waddleton, Felicia Cheng, James Scott, William Ledbetter, Shirley Dougherty and J.P. Schwartz.

OMC Dedicates Hospital Expansion

In 1946, a group of physicians committed to the philosophy, principles and practice of osteopathic medicine founded a two-bed hospital in a house on Nit Avenue. Through the support of the people of Fort Worth, the hospital grew, necessitating moves

to two progressively larger locations, ultimately developing into the major medical center it is today.

With pride and appreciation, these expanded facilities are dedicated to continued service to the citizens of Fort Worth on this, the 14th day of June, 1981.

On the placement of this plaque outside the entrance to Fort Worth Osteopathic Medical Center (OMC), the formal dedication of the hospital's Phase II Building Program was held. Keynote speaker for the occasion was Tarrant County Judge Mike Moncrief. In telling the history of the medical center, Moncrief dedicated the facility a "dream come true." He recalled the hospital's beginnings in 1946 when a small group of osteopathic physicians converted the downstairs of a mansion into a two-bed hospital which four

years later had grown to a new 25-bed facility. By 1956, again having mushroomed in growth, a four-story, 120-bed facility was constructed on the hospital's present site.

OMC continued to expand and in spring 1981, the hospital completed an \$8 million construction and renovation project which increased space by more than 60,000-square-feet. Today, with 200 beds, OMC is the largest osteopathic institution in Texas. The hospital has a staff of more than 130 physicians, a health support team of 650 full and part-time employees and 150 Guild members whose total aim is making the patient's hospital stay as pleasant and rewarding as possible.

The newly completed construction provided OMC with an ancillary service pavilion which provides new emergency, surgery, labor and delivery, radiology and outpatient departments. Extensive renovation also expanded many other departments and modernized patient rooms.

During his speech, Moncrief addressed the current situation in Fort Worth in which five osteopathic physicians have filed suit against the Tarrant County Hospital District for recognition of osteopathic post graduate training and the right to gain medical staff privileges at the city-county hospital, John Peter Smith Hospital.

"It seems difficult to understand the lack of communication that exists, for whatever reason, between the D.O.s and M.D.s. We have two teaching hospitals, both with outstanding facilities, and never the two shall meet. I challenge the medical community -- they have something in common -- the D stands for doctor. I call on the doctors to lay down their swords and together pick up their scalpels and work jointly for the benefit of this community."

Following the dedication ceremony an open house with guided tours of the facility were held for the citizens of Fort Worth. ^



Tarrant County Judge Mike Moncrief sports a tee shirt at the Osteopathic Medical Center's dedication.

ATOMA News

Installed during the ATOMA Luncheon in Juarez, Mexico May 8, Lois Campbell will serve as president of the Auxiliary to TOMA for 1981-82.

She resides in Houston with her husband, D.Y. Campbell, D.O., a surgeon. They have four children, two at Texas A&M University, one at the University of Nevada at Las Vegas and one a registered nurse and graduate of the University of Houston.

A native Kentuckian, Mrs. Camp-



Lois Campbell

bell attended the University of Kentucky and is a graduate of the Good Samaritan Hospital School of Nursing in Lexington. Much of her nursing experience was as an operating room supervisor. She also checked nursing homes for the State of Missouri.

Mrs. Campbell notes that the Auxiliary has emphasized immunizations for school children as part of its public health program. This year she plans for ATOMA to broaden its efforts to include new services and aids for elderly groups, includ-

ing closer attention to legislation for the aged.

District II

The month of May was a busy one for District II with major events beginning May 2 with the annual Scholarship Ball at the Americana Hotel in downtown Fort Worth. Mrs. Roy B. Fisher reports that the decorations were excellent in a ballroom elegantly decorated with gray suede walls. Mrs. Fisher also noted that construction on the room was not completed until the afternoon of the dance. About 150 persons attended the special event.

The next week brought the TOMA Annual Convention May 7-9 in El Paso which was well attended by District II Auxiliary members and physicians.

On May 30 a hardy group of about 50 people took their maps in hand and headed for the country home of Bill and Wanda Puryear between Denton and Decatur for a Beans 'N Jeans Party.

In spite of threatening rain clouds the evening was filled with good food and fellowship around the 'ole swimming hole. Thanks to Bill and Wanda for an enjoyable evening.

By Mrs. Virginia T. Ling
District VI

Our installation luncheon was held at the Rivoli here in Houston, with quite a few members in attendance. Lois Mitten did our installation with the following board

for the year 1981-82. Mary Jane Platt, president; Virginia Ling, vice president; Marilyn Mohny, secretary; Jeanette LaRose, treasurer. It was so great seeing people that I haven't seen in quite a while. Too, it's nice to know that these women still support our Auxiliary.

Dr. Bob and I had the best time ever at the State Convention in El Paso. We took one afternoon off and saw Ft. Bliss via rented auto accompanied by our "forever" friends Dr. and Mrs. John Fredericks from Schulenburg. The Auxiliary Luncheon and shopping trip to Juarez was the highlight of the trip for me. I boarded a van loaded with a whole bunch of ladies that I had never met before from Axiliaries from all over the great state of Texas. We had such a good time that we bribed the driver to take us back to some of the shops after all the other buses had headed back to El Paso. Doctors' wives are some of the nicest people around. By the way, if any of you out there have any pictures of the Convention that you think we might enjoy, please send them to me and I will make copies and send them back. My address is 18134 Lakeside Lane, Houston, TX 77058. Thanks.

Lois Campbell told me that she made her first official visit as state president to Corpus Christi. She had such a warm welcome that her year looks like a happy one. By the way, did you know that she and Dr. Dewey won the Caribbean Cruise? I was almost as thrilled as they were. Since we are a sailing family I told them that I have a good remedy for sea sickness...let Dr. Bob and

IN MEMORIAM

self go in their place. I even
promised to write every day!

I want to tell you about a mar-
vellous public relations service that
Reginald Platt organized. He
and fellow physicians Drs. John
Mohney, J. Ralph Cunningham,
Way Campbell and others man-
aged a booth at the Westchase Shop-
ping Mall Health Fair. These clever
people took the blood pressure of
everyone who came by and wrote
results on a brochure explaining
what Is An Osteopathic Physi-
cian? I want you to know that
many of these brochures were found
lying around the parking lot —
everyone wanted to know what
their health status could be. My
personal thanks to all of you
for volunteering a precious day out
of our busy schedule.

Our first District Board meeting
was held at the home of Mary Jane
T. All of our officers were in at-
tendance and believe me, it was a
productive day.

Well, the last of our Aggie
daughters has left for Texas A & M.
Would you believe that we don't
have anyone at home now but Dr.
and myself? I am having a ter-
rible time cooking for two - seems
my pots and pans are too big.
We're having a good time, though,
desperately trying to avoid that
evil disease known as "empty-nest
syndrome."

I hope that each and everyone of
you have a good and safe 4th of
July. See you next time. ^

A. Lewis Kline, D.O.

A. Lewis Kline, D.O., and his
wife, Katherine, died June 4 when
their apartment in Del Rio caught
fire and burned.

A double funeral was held for Dr.
and Mrs. Kline on June 6 at the
United Methodist Church in Del
Rio with burial at Westlawn
Cemetery.

Dr. Kline was 72-years-old and
Mrs. Kline was 73.

Dr. Kline was a 1929 graduate of
Kansas City College of Osteopathic
Medicine.

Survivors include his son, Gene
Kline of Sanderson; a daughter,
Joan Latham of Corpus Christi;
and four grandchildren.

Robert N. Rawls, D.O.

Robert N. Rawls, D.O., of Gran-
bury died June 1. Funeral services
were held June 3 at the First United
Methodist Church with burial at
Granbury Cemetery.

A sustaining member of TOMA,

GEORGE E. MILLER, D.O.

PATHOLOGIST

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Dr. Rawls was a 1950 graduate of
Kirkville College of Osteopathic
Medicine.

He was born October 21, 1918 in
Pittsburg, Kansas. He attended the
University of Texas and North-
eastern Missouri State Teachers Col-
lege. He was a member of TOMA
District II and the American Osteo-
pathic Association. He was a vet-
eran of World War II.

Survivors include his wife, Gerry;
daughter, Mrs. James L. Grubbs of
Granbury; mother, Mrs. Daisy Rawls
of Granbury; brother, Frank W.
Rawls, D.O., of Arlington; and
nephew, Lane Rawls of Arlington.

The family has requested that
memorials be made to Hood General
Hospital Auxiliary or First United
Methodist Church.

Richard E. Cordes, D.O.

Richard E. Cordes, D.O., of Tyler
died May 30 in a Tyler hospital fol-
lowing a brief illness.

Funeral services were held May 31
at Burks-Walker-Tippit Funeral
Home.

A life member of TOMA, Dr.
Cordes received his D.O. degree
from Kirkville College of Osteo-
pathic Medicine in 1936. He served
his internship and surgical residency
at Mt. Clemens General Hospital in
Mt. Clemens, Michigan. He was a
member of the American College of
Osteopathic Surgeons.

He was born April 10, 1911 in
Seymore, Indiana and had been a
Tyler resident for 20 years.

Survivors include his wife,
Allison Bower Cordes of Tyler; one
son, Richard of Woodville; one
daughter, Mrs. Catherine Yule of
Tyler and three grandchildren.

The family has requested that
memorials be made to a favorite
charity. ^

A Case of 'Plain Osteopathy'

By Hooker N. Tospon, D.O., F.A.C.O.S.

This case in particular, shows what plain osteopathy can do.

I will outline the details in this case of a 29 year old female, married and the mother of two children at the time she began treatment.

CHIEF COMPLAINT: Severe soreness and stiffness of the neck, between the shoulders and upper back. States she seems to have a great deal of tension and headaches. Both eyes are drawn to the left and patient is wearing a black patch over the right eye.

DURATION: 4 months.

HISTORY: Patient states she awoke one morning, October 31, 1978 with both eyes pulled to one side and seeing "double." Was entered in a St. Joseph Hospital for a series of tests, at which time the left side of her face began to drop and the left side of her throat became paralyzed. Prior to this sudden onset, she had not been ill at all. Patient stated she could recall being in an automobile accident in 1971, but doesn't recall being injured.

While hospitalized in St. Joseph, she was examined by her regular M.D. and 2 Neurosurgeons. A brain tumor was suspected, along with beginning multiple sclerosis.

Patient was transferred by air to Mayo Clinic in November and underwent exploratory brain surgery, at which time she states there was slight inflammation of the base of the brain stem, but no treatment was performed. After a few days, she began to feel better, and was sent home with an "undiagnosed" brain illness.

At the time patient first came to see me, she was having great mental stress from this condition that she was also seeing a counselor for this.

She was first examined by me March 5, 1979, from every angle. I was especially interested in the history of the auto accident, which she had forgotten about. She was x-rayed in my office for the lumbar spine only and was referred to Fisher Radiology Group for detailed x-rays of the cervical spine. A reversal of the curve was noted in the cervical spine.

DIAGNOSIS: Neck lash injury with reversal of the curve. Traumatic lumbosacral dysfunction. Subluxation of the atlas on the axis and the atlas on the occiput.

TREATMENT: At my office, treatment consisted of straightening of the lumbosacral dysfunction and reducing the subluxation of the atlas on the axis and the atlas on the occiput by manipulation. There was noticeable improvement in the condition in it's entirety within 3 to 4 visits for follow-up manipulation. The patient began to leave the patch off of her eye, and vision was improved.

I had previously explained to her that the problem in the cervical spine was affecting the oculomotor nerve, which controls the movement of the eyes, and if we could maintain its normalcy for a sufficient time, it should return to normal.

She was dismissed from my care in June, as healed.

I have talked with her several times per telephone and she states she is having no problems and has since delivered her third child.

The prognosis in this case is good.

I believe this goes to show that Dr. Still's saying of "the rule of the artery is supreme" is proven. If we Doctors of Osteopathy cannot diagnose abnormalities and heal them, we are in poor shape.

(Reprinted from American College of Osteopathic Surgeons)▲

Desire Needed to Pay Debts

Mere ability to pay has little to do with a debtor's decision to satisfy his obligation to you advises I.C. System, Inc., the Association's approved collection service. Why? Because he generally has creditors strung out in a long line waiting to be paid. You happen to be one of them. If you want to be paid first, or at all, you've got to see that the debtor has more of a desire to pay you than somebody else. He may have dollars available now, or later. I.C. System can't control that. But they can apply enough persistent pressure so that, whenever the money is available, the debtor will have a desire to pay you first.▲

Letters

Thank You

Dear Tex and Staff:

A special appreciative thank you for all that planning and coordinating for the El Paso Convention. I appreciate that special consideration all of you give us...that helping hand that's always there in an emergency.

Again - Thanks for a week of enjoyment!

My Best,
Inez Suderman
Pharr

Life Membership

Dear Tex:

I want to thank you and through you, all the members of the Texas Osteopathic Medical Association for my "Life Membership."

I have enjoyed working with TOMA over the years and will continue to do my utmost to keep our profession on high.

Please continue to bill me for Sustaining Membership. My heart lies deep within Texas.

Thanks again.

Sincerely,
Les I. Tavel, D.O.
Bradenton, Florida

Dear Dr. Zachary:

Your letter of June 5th informing me that I had received a Life Membership in TOMA was received with a great deal of pleasure. However, I have not relinquished my interest in the profession that has been most interesting and has given me tremendous satisfaction and rewards.

I shall continue to contribute my efforts for the advancement of our profession.

I do wish to thank you and the House of Delegates for bestowing this honor on me.

Yours Sincerely,
Warner H. Sorenson, D.O.
Port Arthur

Bypass Surgery Alternative Performed at CCOM

A new method of dissolving clots in the arteries of heart attack victims that may prove to be an alternative to coronary bypass surgery was performed recently at the Olympia Fields Osteopathic Medical Center, part of the Chicago College of Osteopathic Medicine (CCOM). Paul Wolfson, D.O., director of cardiology and associate professor of medicine, used a clot-dissolving enzyme to dissolve a blood clot that completely obstructed a coronary artery of a 35-year-old Chicago policeman, Philip Englert.

Englert was a good candidate since streptokinase is more effective when injected during the first few hours of a heart attack. The risks were no greater than those which can arise during any cardiac catheterization, and, if the procedure failed, bypass surgery could still be performed. Englert agreed.

The procedure began with an injection of nitroglycerin to relieve any coronary artery spasm. Then, by means of a catheter, cardiologists directed streptokinase to the blood clot. Englert lay motionless, watching the procedure on an overhead television, and within 30 minutes, saw his jelly-like clot begin to "melt away". Ninety minutes later, the clot was totally dissolved back into liquid and his heart attack was arrested. The more than 15 staff

physicians, residents, interns and nurses of the hospital who had gathered to watch the procedure reacted with cheers. Afterward, Englert was placed on drugs to prevent his blood from clotting, and since the procedure, no chest pains have occurred. "I feel fantastic", said Englert, a few days after the treatment.

Although intracoronary streptokinase is not indicated for all patients with heart attacks, it can be used to dissolve clots in those cases caught at an early stage.

The streptokinase dissolves the clot blockage, but it does not repair already damaged coronary arteries. If a severely blocked artery warrants a coronary bypass operation, it can be performed after this procedure if heart muscle has not been destroyed. If done early, and with good results, the procedure may decrease the necessity of emergency coronary bypass surgery. ^

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

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

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Bactrim[™] succeeds

in recurrent urinary tract infections*

from site to source

Bactrim reaches effective levels in urine, serum and renal tissue,¹ to combat infection throughout the urinary tract. The trimethoprim component enters vaginal secretions in therapeutic concentrations,¹ to prevent colonization of bacteria in the periurethral area, probably the major etiologic factor in recurrent UTI.^{2,3} And in the fecal flora, Bactrim eradicates Enterobacteriaceae with no resulting emergence of resistant organisms and without adverse effect on the normal intestinal flora.

*due to susceptible *E. coli*, *Klebsiella-Enterobacter*, *Proteus mirabilis*, *P. vulgaris* and *P. Morganii*

Data from 231 hospitals, compiled by an independent bacteriologic monitoring service, show:

More isolates of more common uropathogens sensitive to Bactrim than to any other frequently prescribed antimicrobial

Per cent of isolates of common uropathogens sensitive to Bactrim and to other antimicrobials

	<i>E. coli</i>	<i>Klebsiella pneumoniae</i>	<i>Proteus mirabilis</i>	<i>Proteus vulgaris</i>	<i>Proteus sp.</i>	<i>Enterobacter sp.</i>	<i>Enterobacter aerogenes</i>	<i>Enterobacter cloacae</i>
Bactrim TMP/SMX	96% (345637)	89% (74499)	94% (64231)	81% (4589)	88% (2317)	92% (2640)	93% (8441)	94% (15882)
AMPICILLIN	74% (368815)	4% (80911)	87% (69927)	17% (5005)	43% (2460)	18% (3022)	7% (8727)	11% (16923)
CEPHA- LEXIN* CEFACTOR*	81% (367535)	87% (80388)	92% (69681)	13% (4970)	48% (2381)	25% (2968)	16% (8886)	7% (16800)
NITROFUR- ANTOIN	96% (346033)	68% (75222)	8% (67011)	16% (4634)	12% (2141)	75% (2782)	61% (8008)	71% (15783)
TETRACY- CLINE	74% (357548)	80% (77150)	4% (69173)	32% (5018)	20% (2278)	82% (2467)	84% (8329)	77% (16128)

Numbers in parentheses indicate projected number of isolates tested with antibacterial.

Source: BacData Medical Information Systems, Inc., Summer 1980.

*Tested with cephalothin disc, recommended as representative of all cephalosporins.

Bactrim consistently proves its *in vitro* effectiveness against the organisms estimated to cause 90-95% of urinary tract infections: *E. coli*, *Proteus mirabilis*, *Klebsiella* and *Enterobacter* species.^{4,5} Susceptibility tests are believed to correlate more closely with clinical results in urinary tract infections than in any other kind.⁴

No significant change seen in resistance patterns

Uropathogens sensitive to Bactrim have demonstrated no significant increased resistance *in vitro* after many years of use in patients with urinary tract infection.⁶ In one study,⁷ SMX/TMP (Bactrim), given over a period of four weeks, was not followed by emergence of resistant strains of Enterobacteriaceae—a result noted to correlate with clinical findings that in patients given SMX/TMP, urinary tract reinfections with resistant organisms are rare.

It is important to maintain adequate fluid intake during therapy. Bactrim is contraindicated during pregnancy at term, the nursing period, in patients hypersensitive to its components, and in infants under 2 months of age.

References: 1. Rubin RH, Swartz MN: *N Engl J Med* 303: 426-432, Aug 21, 1980. 2. Dhalla S, Flynn JT: *NY State J Med* 80: 1087-1094, June 1980. 3. Stamey TA: *J Urol* 109: 467-472, Mar 1973. 4. Kunin CM: *Detection, Prevention and Management of Urinary Tract Infections*, ed 3. Philadelphia, Lea & Febiger, 1979, pp. 91, 140. 5. Mayer TR: *Geriatrics* 35: 67-77, Mar 1980. 6. BacData Medical Information Systems, Inc., Winter 1976-1977 to Summer 1980. 7. Knothe H: *Infection* 7 (Suppl 4): S321-S323, 1979.

Bactrim™ DS

160 mg trimethoprim and 800 mg sulfamethoxazole

maximizes results
with B.I.D. convenience



Please see summary of product information on following page.

Bactrim™ DS

160 mg trimethoprim and 800 mg sulfamethoxazole

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

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

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

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

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

Contraindications: Hypersensitivity to trimethoprim or sulfonamides; patients with documented megaloblastic anemia due to folate deficiency; pregnancy at term; nursing mothers because sulfonamides are excreted in human milk and may cause kernicterus; infants less than 2 months of age.

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

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

Pregnancy: Teratogenic Effects: Pregnancy Category C. Because trimethoprim and sulfamethoxazole may interfere with folate acid metabolism, use during pregnancy only if potential benefits justify the potential risk to the fetus.

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

Dosage: Not recommended for infants less than two months of age.

URINARY TRACT INFECTIONS AND SHIGELLOSIS IN ADULTS AND CHILDREN, AND ACUTE OTITIS MEDIA IN CHILDREN:

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

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

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

ACUTE EXACERBATIONS OF CHRONIC BRONCHITIS IN ADULTS:

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

PNEUMOCYSTIS CARINII PNEUMONITIS:

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

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



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ETOH Opens Child Care Center

Between the beans planted in juice cups on the windowsill and the five-foot-high Sesame Street Bert and Ernie on the wall sits what could have been a little excuse for her mother not returning to the nursing field. And the beans and paintings are part of East Town Osteopathic Hospital's (ETOH) solution to the problem - a free child care center for its nurses.

Opened in October 1980 and licensed by the State of Texas, the ETOH Child Care Center can operate around the clock with 34 children in attendance for each of the three shifts. The license limits the ages of children to between six weeks and 13 years.

The hospital had a perfect spot for the Center in an adjacent three-bedroom house that had been hospital property for several years, and used to occasionally house interns.

Texas laws required 30 square feet of general play area per child, a toilet for every 17 children, and a separate sink in the infant room, among other criteria. The house was large enough plus some, had two full baths and a beautifully cedar-paneled den with a built-in wet bar that could see duty as a diaper-changing, hand washing space.

After major renovating was completed, at the cost of \$2,694 a local artist gave the walls child-appeal with huge figures of popular cartoon and puppet characters. (The painter also applied her art to the hospital proper with graphics up and down the corridors, and with whimsies in the nursery and outside the employee cafeteria.)

All renovation, repairs and subsequent upkeep have been done by hospital maintenance personnel during regular work time.

During the director of nurses' work time, Ms. Gerny Buckner, RN answers frequent calls from outside nurses asking for more information about the Center and other benefits and shift openings.

Though many of the applicants have heard by word of mouth, newspaper advertisements about the Child Care Center have had marked effect. A barrage of calls were received after an ad in a local paper pictured one of the Center students checking her baby sister's heartbeat, captioned "Mom and I got a job at East Town Osteopathic Hospital."

Besides playing nurse at the Center, the child-

have advantage of a learning center staffed by experienced personnel, adequate free play time and cots and covers for naps and nighttime. One of their favorite activities is a 9 a.m. television exercise show that benefits children and staff alike.

Meals are brought over from the hospital dietary department. As an occasional change from hospital food, Child Care personnel cook homemade enchiladas or let children roll up their own pigs in a blanket.

During their mothers' (or fathers') break time, children and parents get together for socializing that just couldn't be if the children were in day care centers between home and the hospital.

And at a recent lunchtime picnic on hospital grounds, Child Care Center kids were, other than the food, the main attraction for hospital employees.

Only one other, larger, Dallas hospital has a child care center, while a Fort Worth hospital is considering starting one. East Town Osteopathic Hospital's venture into this new field of nursing benefits is still undergoing internal analysis. The venture, however, is undergoing enough outside analysis that other hospitals are comparing notes, gathering data to remain competitive along with raising salaries, shift differentials; initiating recruiting bonuses, weekend bonuses, reimbursed tuitions. ^

TCOM Aids Ranger Pitcher Jim Kern

A Texas College of Osteopathic Medicine clinic did for Texas Ranger Jim Kern what 13 other specialists could not -- get him on the mound again with no pain.

The right-hander was referred to the TCOM Rehabilitation/Sports Medicine Clinic by Mike Fitzsimmons, former TCOM staffer who is now fitness director for the Fort Worth-Dallas American League team. Kern received a diagnostic work-up and functional structural evaluation by clinic director Wayne English, D.O., who treated him with osteopathic manipulative therapy and directed his rehabilitation program for about three weeks before spring training.

His right neck pain gradually subsided through spring training, but the pain in his left shoulder continued. Dr. English was flown to the Rangers' training camp in Pompano Beach, Florida, to further assist with treating Kern and several other Ranger players.

By the time the season opened, Kern could make one relief appearance but faced a "recovery" period of five to nine days, a bad spot for a pitcher whose specialty is short reliefs.

Kern returned to TCOM for more tests and a more concentrated conditioning program, especially to his left shoulder girdle. "A right-hand pitcher gains power from his left side," explained Ray Moss, Ph.D., who directed Kern's exercise program. "A short reliever of his quality is rare. He throws at 95-plus miles per hour. Maybe three others in baseball can do that. But when his left side is weak, he's not as powerful nor as consistent. We found that his left shoulder muscles were only

67 percent as strong as his right."

"His problems stemmed from previously sprained and locked intervertebral joints along with imbalance of the muscle groups in his shoulders and back," Dr. English added.

The clinic's job, after evaluation, Dr. Moss said, was to develop a program to increase Kern's strength and endurance in his left shoulder girdle. Several others joined Drs. English and Moss in the effort.

The Ranger pitcher went to work at the clinic four to five hours six days a week. After three weeks, the ball club, which had placed Kern on the 21-day disabled list, wanted to see if their ace were ready to pitch. So he was sent to the Wichita Arrows, a Ranger farm club, where he performed impressively twice. June 1 he was reactivated with the Rangers.

Dr. English has so far made presentations on his work with Kern to counselors of the Texas Rehabilitation Commission as a part of a program sponsored by the physical medicine and rehabilitation department of Southwestern Medical School, to the National Athletic Trainers Association and to the team physicians of the National Football League in conjunction with Dr. Al Miller of the Kansas City Chiefs.

As a result of the presentations, the TCOM faculty member has been asked to make two tapes on "Low Back Pain in the Athlete" and "Rehabilitation Following Back Surgery" by Dr. Stan Levine of the Washington Redskins for the Athletic Division of the National Medical Education Corp. in Phoenix, Arizona. ^

Did My Tacky Office Reflect A Tacky Practice?

By Murray Friedman, M.D.

One morning last year I walked into my office early and idly glanced around. Suddenly it hit me for the first time: The place was downright shabby!

I'd been practicing in the same location since 1962. Yet except for expanding into an adjacent dental suite—going from 900 square feet to the present 2,500 square feet—I'd done virtually no remodeling or re-decorating in the succeeding years. Consequently, the carpeting was threadbare, the waiting-room window draperies were faded and outdated and the receptionist's chair—with its original upholstery—was soiled and discolored.

My diagnostic laboratory, once part of the dentist's office, hadn't been recarpeted since I set it up six years earlier, and the remains of the plumbing for the dental chairs still protruded unwholesomely through the center of each examining-room floor. The storage room was cluttered with obsolete equipment, empty boxes and miscellaneous supplies. The ECG room contained one of my original examining tables—with padding now pushing through the black imitation leather and rust discoloring the chrome legs. Second-hand laboratory stools, makeshift sinks and uncoordinated color schemes contributed further to the run-down appearance of the entire suite.

My attitude had deteriorated as well. The anticipation of each new day and the sense of fulfillment from practicing medicine had given way to anxiety and a gnawing feeling that I was getting stale.

Now I began to understand why. For almost two decades I'd been so totally preoccupied with patients' problems that I'd become indifferent to my professional surroundings. I'd accepted the gradual decay in the office, oblivious to the fact that the problem was simply a reflection of my own inner boredom.

This neglect had taken a toll among both my patients and my staff. I was seeing fewer patients, my accounts receivable had gone up 50 percent within the past year, and our insurance forms were always late. Absenteeism had increased over the previous year, and I noticed that some of my assistants were taking longer lunch hours, making more personal calls and arriving late to work more frequently. Even the janitor, I noticed, was becoming more lax in his cleaning.

So it was time for me to shape up my office and practice or ship out. I considered moving, but with building costs having escalated from \$25 to \$80 per square foot over the years, interest rates pushing 20

percent, and retirement on the horizon, I decided to stay put and spruce up the existing office.

The advantages were significant: I could remain financially liquid because I wouldn't be weighed down by a mortgage on which the monthly interest alone would exceed my present \$1,200 per month rent. And there would be less trauma for my patients and employees and fewer headaches for me.

I started out to hire an architect and interior designer. After checking their fees, however I knew I couldn't pay them and stay within my renovation budget of \$10,000. But I did have one consultant to whom I could turn for free advice, whose taste was usually in accordance with mine, and who had the necessary experience, the eye for cutting costs, and the time to comparison-shop—my wife.

Together, we determined what needed to be done. We took bids on such major items as carpeting and window blinds and checked prices on others, going to local discount office-furniture store for the best buys whenever possible. Because the size of my office suite made me the prime tenant in the building, my landlord consented to share the remodeling costs. He agreed to pay for all structural repairs, including the removal of the old dental-office plumbing, as well as for painting and decorating, while we would split the cost of the carpeting equally.

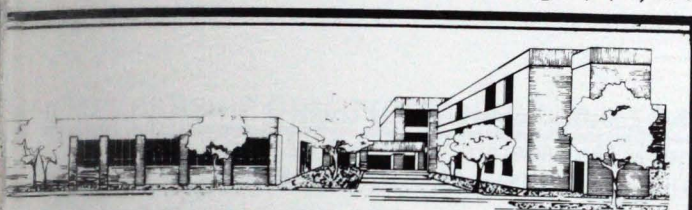
With this agreement in hand, my wife and I arrived at a remodeling plan that was well within our original budget.

First, we laid the groundwork for the basic decorating scheme by choosing the floor covering. We selected an Antron III carpet at an incredibly low bid of \$15 per square yard, installed. The carpeting, a rich brown tweed with specks of salmon and grayish-blue, determined the color scheme for the rest of the office. A companion wallpaper that complements the carpeting and a pale oil-based paint completed the wall treatment. For the windows, we chose one-inch aluminum mini-blinds in the same color, providing perfect control of the available natural light, privacy and an added touch of architectural detail when viewed from the building's exterior.

We went on to buy new desks, chairs, storage cabinets, sinks, bookshelves and even a reclining lounge chair for ECGs to replace my old black plastic examining table. Framed prints on the walls, a few large accent plants, and a more efficient phone system

ided the finishing touches.

The total cost came to a little more than \$8,000—including \$2,500 for my share of the carpet, \$1,600



Our 287-bed hospital offers the physician:

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

SECURITY. . . \$50,000 first year guarantee

PROGRESS. . . 12 bed Metabolic/Diabetic Rehabilitation Unit, Cardiac Intermediate Care Unit, Cardiac Cath Lab, Neo-nat ICU.

EXPANSION. . . 30,000 square foot Hospital based Medical Office \$20,000,000 construction program.

A CHALLENGE. . . for continued excellence in internship and residency programs, as well as a comprehensive continuing medical education program for the 150 osteopathic and allopathic physicians presently on the staff.

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

Grand Prairie Community Hospital
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Grand Prairie, Texas 75051
(214) 641-5001

Contact Richard D. Nielsen, Administrator

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

for office furnishings and equipment, \$1,400 for sinks and storage cabinets, \$1,200 for the window blinds, \$700 for wallpaper and another \$700 for various decorative elements.

All this remodeling has not only improved the appearance of my office but contributed to improved business operations. Reorganization of the available space has made for more efficient use of every room in the suite. The new storage shelves lining the walls of the utility room allow us to consolidate our supplies and files in one room. Now my inventory of supplies is kept up to date, and unneeded supplies are no longer ordered. This alone has cut my office and laboratory supply costs by \$1,000 a month. The space reorganization also allowed us to make one room a separate insurance office, and my insurance clerk has far less trouble keeping up with the claims.

I also became more aware of what my employees were doing. I discovered some unnecessary overlapping, especially in the lab, where five employees were doing work that required only four. By reorganizing my staff I was able to eliminate one full-time worker and her \$10,000 salary. The six who remain—two in the office and four in the lab—have a more professional attitude and higher morale, even though they're working harder.

In the more businesslike atmosphere of our revamped office, patients more often pay their bills when asked by my staff. Accounts receivable for office visits dropped from \$35,000 to \$22,000 in just one year, while accounts receivable for laboratory work shrank from \$60,000 to \$30,000.

Most important of all, though, is the fact that practicing medicine has become stimulating and satisfying to me again. This might not be true if I'd burdened myself with the worries of heavy expenses at a new location. For me, shaping up was definitely better than shipping out.

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About the Author: Dr. Friedman is a family practitioner in Waukegan, Illinois. ^

Texas Ticker Tape

D.O.s APPOINTED TO EXAMINING BOARD

Joel G. Holliday, D.O., of Dallas has been appointed to the Texas State Board of Medical Examiners for a six-year term and Michael A. Calabrese, D.O., of El Paso has been reappointed for a six-year term. The appointments were made by Governor William P. Clements, Jr. in late May.

TCOM SENIORS NAME TOP PROFESSORS

Members of the TCOM Class of 1981 have honored two faculty members for their teaching abilities. Receiving the awards were Alan Levine, D.O., assistant professor of pediatrics and James E. Carnes, Ph.D., associate professor of anatomy. They were honored at the annual Senior Awards Banquet.

AOA HOUSE TO MEET IN JULY

The House of Delegates of the American Osteopathic Association will hold its annual meeting July 15-21 at the Drake Hotel in Chicago. Also meeting at that time will be the AOA Board of Trustees.

AOSED TO MEET IN CHICAGO

The Association of Osteopathic State Executive Directors will meet July 16-18 at the Drake Hotel in Chicago. The meeting will coincide with the AOA House of Delegates session.

DTH GAINS NEW DEPUTY COMMISSIONER

Robert A. MacLean, M.D., has been named deputy commissioner of the Texas Department of Health. Formerly deputy director of public health for the City of Houston, Dr. MacLean's new position was effective June 1.

TCOM DROPS FIRST-YEAR ENROLLMENT

The National Advisory Council on Health Professions Education recently approved requests from the Chicago College of Osteopathic Medicine, Oklahoma College of Osteopathic Medicine and Texas College of Osteopathic Medicine to reduce their first-year enrollments. Because of this, TCOM has reduced its entering class from 100 to 92.

ANIMAL RABIES RISES BY 72 CASES IN MAY

Animal rabies in Texas rose by 72 cases during May to bring the year's total to 371 cases, reports the Bureau of Veterinary Public Health of the Texas Department of Health.

Rabies was reported in 49 counties, with Fort Bend County leading the way with six confirmed cases. Of the 72 cases statewide in May, skunks accounted for 56 cases. Five cases were reported in bats, three each in foxes, cats and cattle and one each in a horse and lamb.

Texas Ticker Tape

MEDICAL EDUCATION DIRECTORY TO BE PUBLISHED

The 1981 *Directory of Osteopathic Postdoctoral Education* will be published by the American Osteopathic Hospital Association in September. The *Directory* lists osteopathic postdoctoral programs in the United States, including data on special features, objectives, stipends, rotating services and hospital statistics. Information will also be included on specialty residencies.

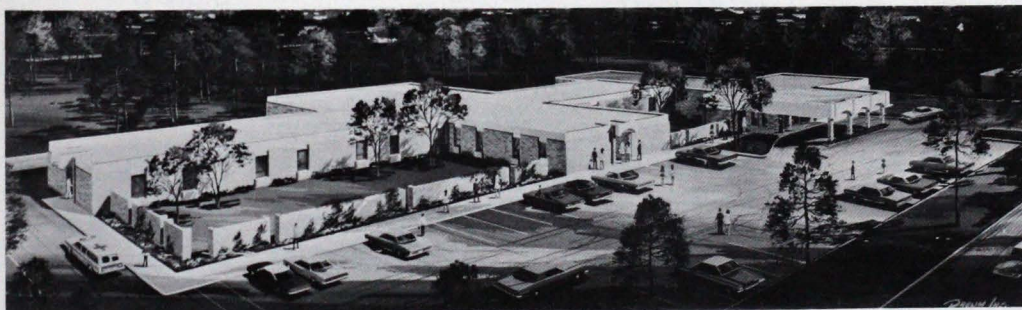
TOMA MEMBERSHIP DIRECTORY HAS GONE TO PRESS

The 1981-82 *TOMA Membership Directory* is being printed. You should be receiving it in your office by mid-July.

COMMISSIONER OF HEALTH ELECTED TO OFFICE

Robert Bernstein, M.D., commissioner of the Texas Department of Health, has been chosen president-elect of the Association of State and Territorial Health Officials.

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54 beds 6 bassinets 2 surgeries

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Edmund F. Touma, D.O.

Mr. Olie Clem, Administrator
Tyler, Texas 75701

400 West Southwest Loop 323

Phone: 214-561-3771

TOMA New Members

The following regular applications for membership in TOMA were recently approved by the Board of Trustees.

Jerel R. Biggers, D.O.
Sheppard AFB Regional Hospital
Wichita Falls
KCOM '78; MS; GP



Jack O. Gratch, D.O.
Camp Bowie at Montgomery
Fort Worth
PCOM '74; NEPH; CF



Donald J. Koepsell, D.O.
1965 Fort Worth Avenue
Dallas
MSU-COM '75; OALR



Gary H. Campbell, D.O.
Camp Bowie at Montgomery
Fort Worth
KCOM '71; I; CF



William W. Grimes, D.O.
Camp Bowie at Montgomery
Fort Worth
CCOM '76; OR; N; CF



Mary V. Lee, D.O.
2100 Virginia Drive
Suite B
Grand Prairie
CCOM '79; GP



Rolland E. Ensign, D.O.
3700 Greenleaf Drive
Waco
KCOM '51; RET

Lester Jennings, D.O.
2506 S. Lancaster Road
Dallas
KCOM '73; PD



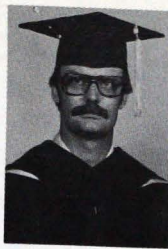
Patrick M. Kelley, D.O.
4520 Burnet Road
Austin
KC '67; GP



James J. Longhagen, D.O.
806 W. 3rd
Claude
KC '31; GP



William K. McCarty, D.O.
737 Sherman Road
Grand Prairie
TCOM '73; OALR



John C. Phillips, D.O.
3019 S. Main
Perryton
TCOM '79; GP



Stanley Weiss, D.O.
Camp Bowie at Montgomery
Fort Worth
CCOM '52; C-Fam. Prac.; RH



Robert A. McClimans, Jr., D.O.
525 Airline Drive
Houston
TCOM '77; GP



E.B. Rockwell, D.O.
1400 W. SW Loop 323
Tyler
KCOM '50; C-RAD



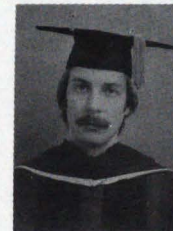
Bill E. Weldon, D.O.
2944 Motley Drive, No. 105
Mesquite
TCOM '79; GP



Michael C. McCully, D.O.
737 Sherman Road
Grand Prairie
TCOM '76; I



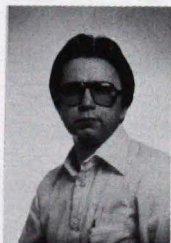
David W. Spinks, D.O.
1920 Center Street
Deer Park
TCOM '79; Fam. Prac.



Richard B. Zemenick, D.O.
Camp Bowie at Montgomery
Fort Worth
TCOM '76; EM; CF



Henry G. Norrid, D.O.
19 Martin Road
Amarillo
TCOM '73; GP



Francis E. Tacka, D.O.
2737 Sherman Road
Suite 11
Grand Prairie
COMS '75; I; PUL

*The following physicians have
applied for regular membership in
TOMA.*

Gary M. Houchins, D.O.
Box 37
Orange
KC '70; GP





Gary M. Randall, D.O.
1702 E. Denman
Lufkin
KCOM '79; GP



Howard M. Ward, D.O.
142 Palmetta
Harlingen
KCOM '51; RET

Texas Society ACGP Sets Mid-Year Seminar

Mark your calendars for August 7-9 for the Mid-year Symposium and Seminar sponsored by the Texas Society of the American College of General Practitioners (ACGP). Location will be the Flagship Inn (formerly Inn of the Six Flags) in Arlington. Application has been made to the AOA for 24 hours of Category 1-A CME hours.

According to Douglas Sharp, D.O., of Mesquite, program chairman, this year's meeting will feature a new format. On August 7, the session will include lectures by three specialists who will review the seminar "Man and the Biped Stance" in which the theoretical, practical and radiological manifestations of the spine will be discussed, together with the medical and manipulative management. The evening will end with a steak and tails dinner to honor the speakers.

Featured speakers for this session will be Louis Berman, M.D., chief of rheumatology at the University of Texas at Houston; Nicholas S. Nicholas, D.O., chief of osteopathic principles and practice at the Philadelphia College of Osteopathic Medicine; and Frederick M. Wilkins, D.O., professor of radiology at

Texas College of Osteopathic Medicine (TCOM).

A practical OMT session will also be held. Participants are urged to bring their own folding tables.

The August 8 program will deal with general practice skills for problem-oriented practitioners and problems and solutions of chest cavity diseases.

The sessions on August 9 will deal with acute office practice problems.

Speakers for the August 8 and 9 meetings will be Robert Cruse, D.O., Cleveland (Ohio) Clinic Foundation; John J. Zuzga, Jr., D.O., Chicago College of Osteopathic Medicine; Eugene Langevin, D.O., Joplin, Missouri; Steven Pollard, D.O., University of Kansas School of Medicine, Wichita, Kansas; David A. Gardner, D.O., St. Louis, Missouri; John Wilson, D.O., Dallas; James E. Congdon, D.O., Naval Regional Medical Center, Oakland, California; Frank Papa, D.O., TCOM; John Deagle, D.O., TCOM; Dr. Nicholas, Dr. Wilkins and Dr. Sharp.

Also speaking during the two-day sessions will be Steven R. Mostow, M.D., of Denver, Colorado; Paul

Greenberg, M.D., of Dallas; Stanley Feld, M.D., of Dallas; John D. Nelson, M.D., of Dallas; Robert Anderson, M.D., of Dallas and Ramon Ramos, M.D., of San Antonio.

Pre-registration for Texas Society ACGP members is \$60, August 7 seminar and dinner; \$140, August 8 and 9 symposium; and \$35 for guests to attend the August 7 dinner. Pre-registration for non-members of the state society is \$70, August 7 seminar and dinner; \$155, August 8 and 9 symposium; and \$40 for guests to attend the August 7 dinner. Pre-registration deadline is July 31.

At-the-door registration for state society members is \$70, August 7 seminar; \$155, August 8 and 9 symposium; and \$40 for guests to attend the August 7 dinner. Non-members of the Texas Society ACGP will be charged at-the-door prices of \$85, August 7 seminar and dinner; \$200, August 8 and 9 symposium; and \$50, guests to attend the August 7 dinner.

For more information contact Dr. Sharp at 4224 Gus Thomasson Road, Suite 1, Mesquite, Texas 75150.▲

District Communiqués

by H. George Grainger, D.O.
District III

Editor's Note: The following column was written by Dr. Grainger while he was in his bed in the intensive care unit of Medical Center Hospital in Dallas. We all wish him a speedy recovery.

MEM: Earle Kinzie, D.O., of Dallas was honored with an open house June 7 for his 40 years of medical practice in Lindale. Hosts for the event at the First Baptist Church Fellowship Hall were his son, Mrs. June Gibson of Houston, Dr. Bill Kinzie of Ennis and Dr. Ellen Hughes of Dallas. Dr. Kinzie has done a great job in Lindale for the past 40 years.

MEM: By the way, the Graingers celebrated their 50th wedding anniversary in mid-March, coincidentally (give or take a month) on their 50th year of practice in Dallas. Our three children and eight grandchildren hosted a celebration

at the Tyler Petroleum Club for us.

I'm writing this flat on my back, with tubes in my nose and writing with my left arm and feel *really* just fine! They are planning to transfer me to Houston under the care of son Jack, who is a cardiologist there, in a few days. (We have no certified cardiologist in Tyler.) My doctor is in internal medicine and emphasizes cardiology.

District III lost a good surgeon and a good osteopath with the death of Richard Cordes, D.O., May 30. Our sympathy is extended to all members of his family.

By C.D. Wilson, D.O.
District XIV

A continuing medical education film on "Post-ganglion" was the program for the District XIV meeting May 28. It was presented by Jim McDermott of Dista Pharmaceuti-

cals. One hour of CME credit has been applied for through the AOA.

District XIV "did their part" to assist TOMA in its legislative efforts during the regular session by sending letters and calling their representatives and senators. ^

Physicians May Arrange Referrals By Phone

Texas physicians may now arrange patient referrals to The University of Texas M.D. Anderson Hospital and Tumor Institute at Houston through a new toll-free number: 1-800-392-1611.

Dr. Fred G. Conrad, M.D., Anderson's vice president for patient care, said, "This toll-free number was established as part of a new program to help improve our communication with Texas physicians."

Physicians may arrange referrals by contacting the New Patient Referral Office at the toll-free number or by writing the vice president for patient care, M.D. Anderson Hospital and Tumor Institute, 6723 Bertner Avenue, Houston, Texas 77030. The office is open Monday-Friday, from 8 a.m. to 5 p.m.

"In addition to our referral office staff, I encourage any Texas physician to call me personally if he has a question or concern about a patient," Dr. Conrad said. ^

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Training

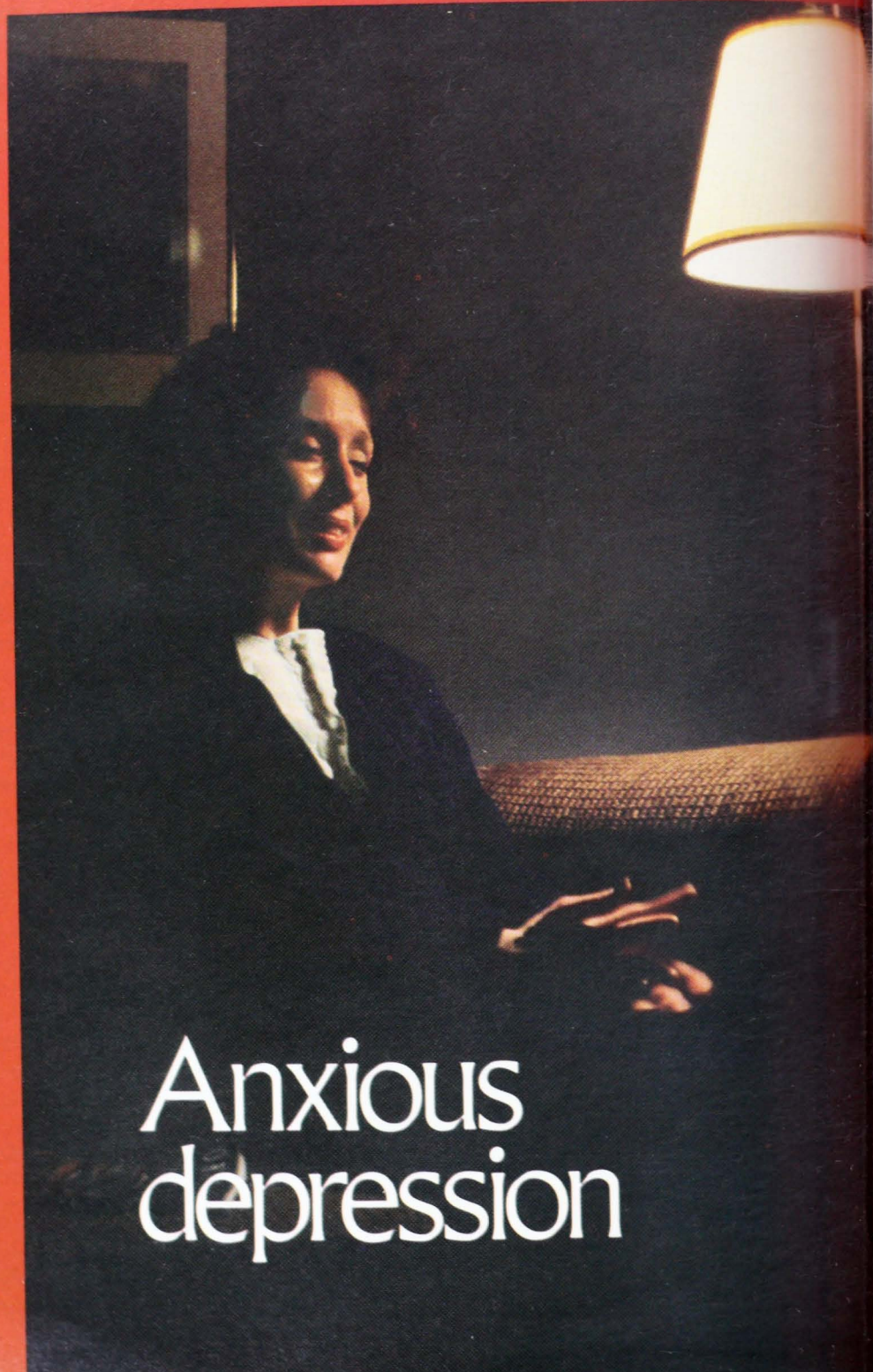
Franklin E. Wells, Administrator

3003 Ross Avenue

Dallas, Texas 75206

Phone 214-824-3071

Behind the
tears...



Anxious
depression



Most depressed patients are also anxious

"When you see the crying spells or steady sobbing that signal depression, you will most likely find anxiety, too. Clinical depression has been associated with anxiety states,¹ and it has been estimated that 70 percent of nonpsychotic depressed patients are "anxious depressed."¹

Most also have somatic complaints

Many anxious depressed patients suffer from somatic complaints—particularly fatigue, headache and G.I. upset.² Indeed, in a primary-care practice these are likely to be the presenting complaints and the patient may be more willing to discuss his/her physical condition than his/her emotional state.

Their symptoms respond early to Limbitrol

Patients experience early relief of anxiety and depressive symptoms with Limbitrol, a clear advantage of prescribing dual medication that provides the specific antianxiety action of Librium® (chlordiazepoxide/Roche) as well as the antidepressant action of amitriptyline. Symptoms most likely to respond within a week include anorexia, insomnia, agitation, psychic and somatic anxiety, and feelings of guilt and worthlessness.

Patients receiving Limbitrol should be cautioned about the combined effects with alcohol or other CNS depressants. Warn pregnant patients and patients of childbearing age that the safety of Limbitrol in pregnancy has not yet been established.

References: 1. Rickels K: Drug treatment of anxiety, in *Psychopharmacology in the Practice of Medicine*, edited by Jarvik ME. New York, Appleton-Century-Crofts, 1977, p. 316 2. Talley JH: Depression as seen in family practice, chap. 13, in *Mood Disorders: The World's Major Public Health Problem*, edited by Ayd FJ Jr, Taylor LJ. Baltimore, Ayd Medical Communications, 1978, p. 200

Behind rapid relief

Limbitrol® IV

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

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

in moderate depression and anxiety

Please see summary of product information on following page.

LIMBITROL® TABLETS Tranquilizer—Antidepressant

Before prescribing, please consult complete product information.

a summary of which follows:

Indications: Relief of moderate to severe depression associated with moderate to severe anxiety.

Contraindications: Known hypersensitivity to benzodiazepines or tricyclic antidepressants. Do not use with monoamine oxidase (MAO) inhibitors or within 14 days following discontinuation of MAO inhibitors since hyperpyretic crises, severe convulsions and deaths have occurred with concomitant use; then initiate cautiously, gradually increasing dosage until optimal response is achieved. Contraindicated during acute recovery phase following myocardial infarction.

Warnings: Use with great care in patients with history of urinary retention or angle-closure glaucoma. Severe constipation may occur in patients taking tricyclic antidepressants and anticholinergic-type drugs. Closely supervise cardiovascular patients. (Arrhythmias, sinus tachycardia and prolongation of conduction time reported with use of tricyclic antidepressants, especially high doses. Myocardial infarction and stroke reported with use of this class of drugs.) Caution patients about possible combined effects with alcohol and other CNS depressants and against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving).

Usage in Pregnancy: Use of minor tranquilizers during the first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

Since physical and psychological dependence to chlordiazepoxide have been reported rarely, use caution in administering Limbitrol to addiction-prone individuals or those who might increase dosage; withdrawal symptoms following discontinuation of either component alone have been reported (nausea, headache and malaise for amitriptyline, symptoms [including convulsions] similar to those of barbiturate withdrawal for chlordiazepoxide).

Precautions: Use with caution in patients with a history of seizures, in hyperthyroid patients or those on thyroid medication, and in patients with impaired renal or hepatic function. Because of the possibility of suicide in depressed patients, do not permit easy access to large quantities in these patients. Periodic liver function tests and blood counts are recommended during prolonged treatment. Amitriptyline component may block action of guanethidine or similar antihypertensives. Concomitant use with other psychotropic drugs has not been evaluated; sedative effects may be additive. Discontinue several days before surgery. Limit concomitant administration of ECT to essential treatment. See Warnings for precautions about pregnancy. Limbitrol should not be taken during the nursing period. Not recommended in children under 12.

In the elderly and debilitated, limit to smallest effective dosage to preclude ataxia, oversedation, confusion or anticholinergic effects.

Adverse Reactions: Most frequently reported are those associated with either component alone: drowsiness, dry mouth, constipation, blurred vision, dizziness and bloating. Less frequently occurring reactions include vivid dreams, impotence, tremor, confusion and nasal congestion. Many depressive symptoms including anorexia, fatigue, weakness, restlessness and lethargy have been reported as side effects of both Limbitrol and amitriptyline. Granulocytopenia, jaundice and hepatic dysfunction have been observed rarely.

The following list includes adverse reactions not reported with Limbitrol but requiring consideration because they have been reported with one or both components or closely related drugs.

Cardiovascular: Hypotension, hypertension, tachycardia, palpitations, myocardial infarction, arrhythmias, heart block, stroke.

Psychiatric: Euphoria, apprehension, poor concentration, delusions, hallucinations, hypomania and increased or decreased libido.

Neurologic: Incoordination, ataxia, numbness, tingling and paresthesias of the extremities, extrapyramidal symptoms, syncope, changes in EEG patterns.

Anticholinergic: Disturbance of accommodation, paralytic ileus, urinary retention, dilatation of urinary tract.

Allergic: Skin rash, urticaria, photosensitization, edema of face and tongue, pruritus.

Hematologic: Bone marrow depression including agranulocytosis, eosinophilia, purpura, thrombocytopenia.

Gastrointestinal: Nausea, epigastric distress, vomiting, anorexia, stomatitis, peculiar taste, diarrhea, black tongue.

Endocrine: Testicular swelling and gynecomastia in the male, breast enlargement, galactorrhea and minor menstrual irregularities in the female and elevation and lowering of blood sugar levels.

Other: Headache, weight gain or loss, increased perspiration, urinary frequency, mydriasis, jaundice, alopecia, parotid swelling.

Overdosage: Immediately hospitalize patient suspected of having taken an overdose. Treatment is symptomatic and supportive. I.V. administration of 1 to 3 mg physostigmine salicylate has been reported to reverse the symptoms of amitriptyline poisoning. See complete product information for manifestation and treatment.

Dosage: Individualize according to symptom severity and patient response. Reduce to smallest effective dosage when satisfactory response is obtained. Larger portion of daily dose may be taken at bedtime. Single *h.s.* dose may suffice for some patients. Lower dosages are recommended for the elderly. Limbitrol 10-25, initial dosage of three to four tablets daily in divided doses, increased to six tablets or decreased to two tablets daily as required. Limbitrol 5-12.5, initial dosage of three to four tablets daily in divided doses, for patients who do not tolerate higher doses.

How Supplied: White, film-coated tablets, each containing 10 mg chlordiazepoxide and 25 mg amitriptyline (as the hydrochloride salt) and blue, film-coated tablets, each containing 5 mg chlordiazepoxide and 12.5 mg amitriptyline (as the hydrochloride salt)—bottles of 100 and 500, Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25, and in boxes containing 10 strips of 10; Prescription Paks of 50.

TDH Seeks Information on Reactions to Immunizations

By Charles R. Webb, Jr., M.D.

Chief, Bureau of Communicable Disease Services
Texas Department of Health

Dr. Arturo Figueroa, medical director of the Hidalgo County Health Department, recently reported an adverse reaction to smallpox vaccination in a Texas National Guardsman from Mercedes.

There is no longer any valid requirement for the use of smallpox vaccine in a strictly civilian population. On the other hand, United States military personnel and those of their dependents who travel overseas are still required to be immunized against smallpox. Ordinarily military medical facilities administer these vaccinations and manage any complications which may occur.

Occasionally, however, reservists or National Guard personnel will experience significant adverse reactions to immunizations after they return from active duty training sessions. Necessarily, private physicians will be called upon to deal with these problems.

Among the more severe adverse reactions to smallpox vaccination is progression of the local infection at the vaccination site, sometimes leading to generalized infection with vaccinia virus. Such generalized infections can occur in the individual who was vaccinated and also in susceptible close family contacts.

Persons with eczema are at especially high risk of generalized infection with vaccinia virus ("eczema vaccinatum"), as are persons with innate or induced immune deficiency - as might occur in leukemia, lymphoma or other reticulo-endothelial malignancies; dysgammaglobulinemias; therapy with immuno-suppressive drugs such as corticosteroids or antimetabolites; or extensive radiation therapy.

As an essential part of its Immunization Program, the Texas Department of Health collects information on all adverse reactions to immunizations. Health professionals with information on any person who experiences an adverse reaction to immunization are urged to report the incident to us, using our WATS telephone line: 1-800-252-1952.▲

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ACADEMIA

News From The Colleges

CCOM

Ninety-five graduating seniors of Chicago College of Osteopathic Medicine gathered in Rockefeller Memorial Chapel on June 7 to hear Dan Rostenkowski, representative from the 8th District of Illinois and chairman of the House Committee on Ways and Means for the 97th Congress, deliver the commencement address.

Thaddeus P. Kawalek, Ph.D., president of CCOM has announced the following faculty promotions: John R. Burdick, Ph.D., to associate professor of microbiology; Marianne L. Hahn, Ph.D., to professor of microbiology; Neil A. Natkow, D.O., to associate professor of family medicine; Alexandra A. Townsend, D.O., to professor of physiology, and Lon J. Van Winkle, Ph.D., to associate professor of biochemistry.

COMS

J. Gordon Zink, D.O., FAAO, professor of osteopathic manipulative medicine at the College of Osteopathic Medicine and Surgery (COMS), Des Moines, Iowa, has received the George W. Northrup Award presented annually by the National Student Osteopathic Medical Association (SOMA) to the outstanding educator.

The Northrup Award committee noted that Dr. Zink is the most im-

portant teacher of osteopathic manipulative medicine today and the single most effective motivator of young osteopathic physicians to learn and use the techniques of osteopathic manipulative medicine.

The 176 members of the 1981 graduating class at COMS were honored during Senior Week activities June 1-5.

The traditional activities included tennis and golf tournaments, club banquets, and the Senior picnic.

Senior Week activities culminated with Commencement on June 5 on the campus lawn. The honorable Neal Smith, United State Representative from Iowa's fourth district was the Commencement speaker.

PCOM

Philadelphia College of Osteopathic Medicine (PCOM) graduated 204 osteopathic physicians in ceremonies held May 31 at Philadelphia's historic Academy of Music. Dr. Thomas M. Rowland, Jr., president of the college, conferred the D.O. degree upon 27 women and 177 men. This is the college's 90th commencement.

TCOM

A continuing medical education program on "Chronic Low-Pack

Pain: A Multidisciplinary Approach" will be presented by Texas College of Osteopathic Medicine August 28-29 at Fort Worth's Hilton Inn.

The program, designed for the general practitioner who must treat patients with ailments which are difficult to diagnose and treat, will be led by a faculty representing a variety of clinical specialties offering help to low back pain patients.

Faculty from outside TCOM include Charles R. Biggs, D.O., Fort Worth neurosurgeon; Raymond Courtin, M.D., Dallas anesthesiologist; Kenneth Root, D.O., Phoenix, Arizona, neurologist; and Irwin Schussler, D.O., Fort Worth psychiatrist. From TCOM are John H. Deagle, Ph.D., D.O., acting director of Continuing Medical Education and an emergency medicine faculty member; Wayne R. English, D.O., chairman of the rehabilitation/sports medicine department; Paul A. Stern, D.O., chairman of the anesthesiology department, and Frederick M. Wilkins, D.O., of the radiology faculty. Program chairman is Thomas J. Trese, D.O., Fort Worth neurologist.

The program has been submitted for approval by the American Osteopathic Association for 10 hours of Category 1A credit.

Registration fee is \$100 for physicians and \$35 for interns, residents and allied health professionals. Pre-registration deadline is August 14.

Contact Carol Eisenberg at TCOM's Office of Continuing Medical Education, for registrations and further information. ^

Opportunities Unlimited

Practice Locations in Texas

PHYSICIANS WANTED

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

CORPUS CHRISTI — Opportunity available immediately for a general internist at a 140-bed hospital with a progressive seven-bed ICU-CCU unit. Hospital has an active teaching program with five approved intern positions. Affiliated with Texas College of Osteopathic Medicine. Fast growing community located on the Gulf of Mexico with a population of about 260,000. Contact: John P. Hopkins, administrator, Corpus Christi Osteopathic Hospital, P. O. Box 7807, Corpus Christi, 78415 or call 512-884-4592.

ELECTRA — Attractive well-equipped office with established practice. Perfect for two physicians or solo. For sale or lease with low-cost financing. Modern excellent hospital facilities. Economy for area is based primarily on oil industry and is, therefore, booming. 28 miles west of Wichita Falls. Guarantee of first year's income is available from Hospital Management Corporation. Contact: Ron L. Nelms, D.O., 301 W. Garison, Electra, 76360. Phone: 817-495-2101 (office) 817-495-2424 (home).

FLOYDADA — Two general practitioners needed for solo practice in modern, attractive Hospital/Clinic facilities. Floydada is located 50 miles northwest of Lubbock. Excellent opportunity for young physician to build a rewarding practice. Minimum guarantee, relocation

expenses paid and help with interview expenses are available. Contact: Nell McClung, administrator, Caprock Hospital District, 901 West Crockett St., Floydada, 79235 or call 806-983-2875.

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

FORT WORTH — Private practice or minor emergency clinic for lease. Five minutes from downtown, 2300 sq. ft. and is next to established pharmacy and dental office. Has large reception area, six exam rooms, x-ray, lab, ambulance entrance, two restrooms with showers, private office, breakroom, large storage area and plenty of parking. Call metro 589-1362 or 817-831-1269.

GENERAL INTERNIST — We have an urgent need for a general internist willing to start in solo practice. Incentive package includes fully equipped office adjacent to the hospital rent free the first year, relocation expenses covered plus additional financial assistance. Contact: Olie Clem, administrator, Doctors Memorial Hospital, 1400 W., SW Loop 323, Tyler, 75701. Phone: 214-561-3771.

GENERAL PRACTICE — Deceased doctor's practice and offices available in Laguna Vista, South Padre Island Texas area. Excellent practice terms available. Please call Mr. Davis 512-943-5106.

GORMAN — 39-bed hospital needs family practice physicians. Gorman is located 85 miles west of Fort Worth.

The hospital serves an area of 4,000. Furnished clinic. Farm community. For more information contact: Gene Hisey, administrator, Phone: 817-734-2294 or write: Blackwell Hospital, P.O. Box 368, Gorman, 76454.

GRAND PRAIRIE — For sale, doctors furnished or unfurnished office and home — adjoining properties — both zoned for business. Located center of Dallas/Fort Worth Metroplex. Owner financing. Retiring due to health. For more information contact: Glenn R. Miller, D.C. P. O. Box 553, Grand Prairie, 75061.

GROOM — Needs general practitioners, D.O.'s. Excellent opportunity for experienced and young, eager physicians. 32-bed hospital closed due to the lack of a physician. Will re-open upon establishment of physicians. Excellent opportunity and hospital will assist with start-up and relocation expenses. Contact: W. L. Davis, Jr., Executive Director, Southwest Osteopathic Hospital, P. O. Box 7408, Amarillo, 79109. Phone: 806-358-3131.

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

INTERN POSITIONS AVAILABLE — Applications now being taken for five 1981-82 internships. Stipends \$18,000. Contact: John Chesnick, D.O., Director of Medical Education, or John P. Hawkins, administrator, Corpus Christi Osteopathic Hospital, P. O. Box 7807, Corpus Christi, 78415.

Opportunities Unlimited

Practice Locations in Texas

OMAHA — Available Immediately. Moving overseas, wants to sell completely equipped clinic with lab. and x-ray. Also, pharmacy space next door for lease. Presently sees 40-45 patients a day. Population of Omaha is 1,100 with large drawing area in North East Texas. Located 50 miles from Arkansas, Oklahoma & Louisiana borders. For further information contact: Adron Tenbrook, D.O. 214-884-2211 (office) 884-2431 (home).

PORT ARTHUR — Equipped clinic for general practice, three exam rooms, x-ray and laboratory. For lease or purchase. Excellent practice and location. D.O. and M.D. hospital to be replaced by new eight and one-half million dollar institution. Large payroll city. Contact: W. H. Sorenson, D.O., 9th Avenue Clinic, 847 - 9th Avenue, Port Arthur, 77640. Phone: 713-982-7446.

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

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

POSITIONS DESIRED

GENERAL / EMERGENCY MEDICINE — 32-year-old osteopathic physician with six years experience in general and emergency medicine seeking general practice in Fort Worth area. Will entertain an association, partnership, or consider taking over a practice. Contact: TOMA, Box "S", 512 Bailey Avenue, Fort Worth, 76107.

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

GENERAL PRACTITIONER — 47-year-old GP, married with two children, wishes to locate to a better climate, preferably in small East Texas community; currently sees about 1,500 patients per month and delivers about 50 babies per year. Will consider solo or associate practice. Write TOMA, Box "C", 512 Bailey Avenue, Fort Worth, 76107.

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

RADIOLOGIST—Certified radiologist wishing to relocate in Texas. Graduate of KCOM in 1959. For further information, please write TOMA, Box "B", 512 Bailey Avenue, Fort Worth, 76107.

MISCELLANEOUS

FOR SALE — 1980 Anatomotor with full traction. Used three months. If interested contact: Brady K. Fleming, D.O. Medical Department, T.D.C. Ramsey I, Route 4, Box 1100, Rosharon, 77583.

FOR SALE — (1) Pediatric table; (2) sets Hamilton Examining Furniture (one mahogany and one white metal); (2) Castle Sterilizers, odds and ends office instruments. For more information contact: V. Mae Leopold, D.O., 503 N. Sam Houston, Odessa, 79761. Phone: 915-332-3404.

WANTED: McManis table (any condition). Contact: Dr. Dingle, 309 W. Liberty Road, Atoka, Oklahoma 74525. Phone: 405-889-3338.

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

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