

TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

October 1979



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Ted Roberts

Timothy Brian McGuiness

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Ted Roberts

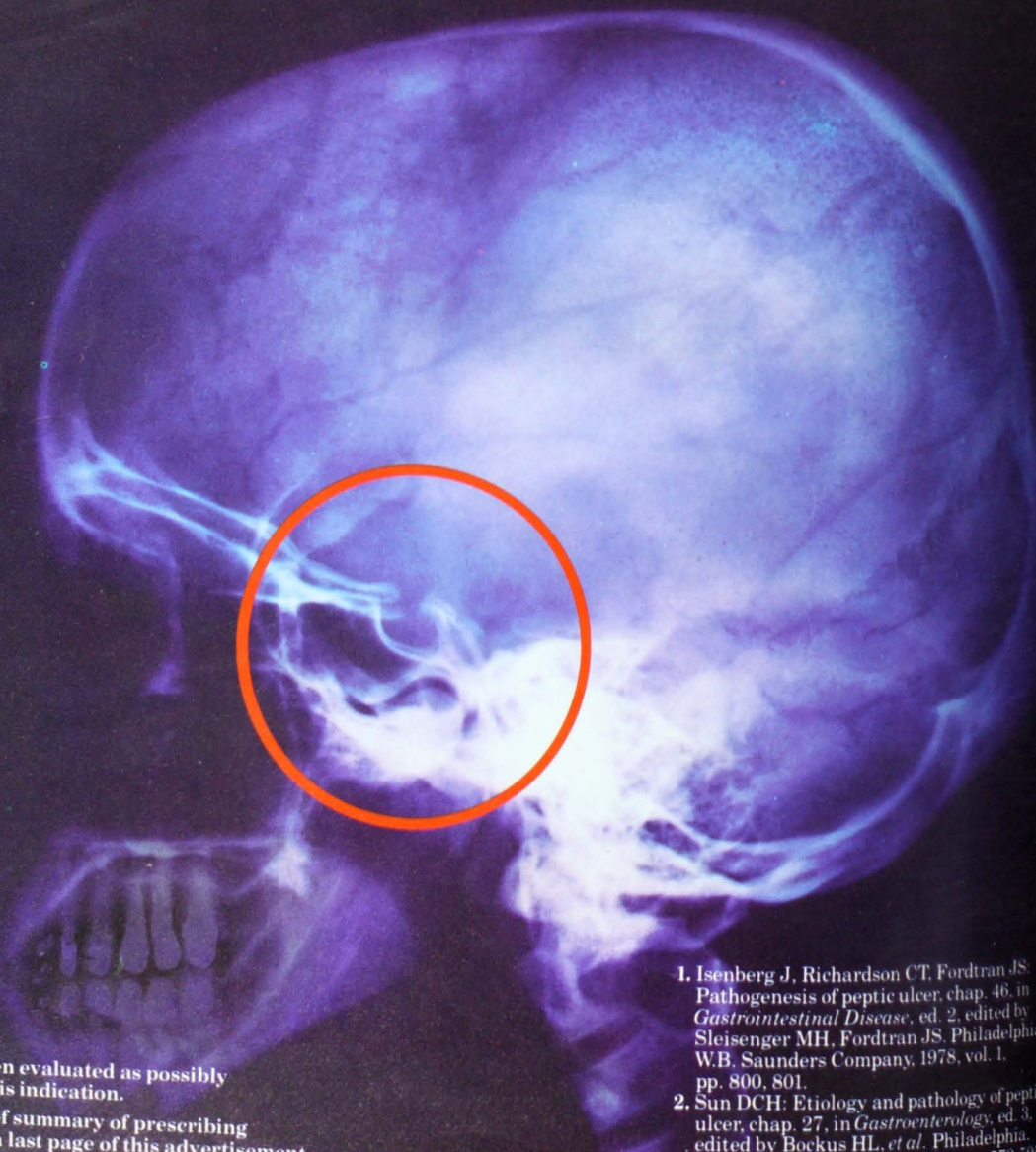
The stress-secretion relationship in duodenal ulcer*

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

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



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

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

More than an
antisecretory agent... acts on
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Each capsule contains
5 mg chlordiazepoxide HCl and
2.5 mg clidinium Br.

antianxiety
antisecretory
antispasmodic

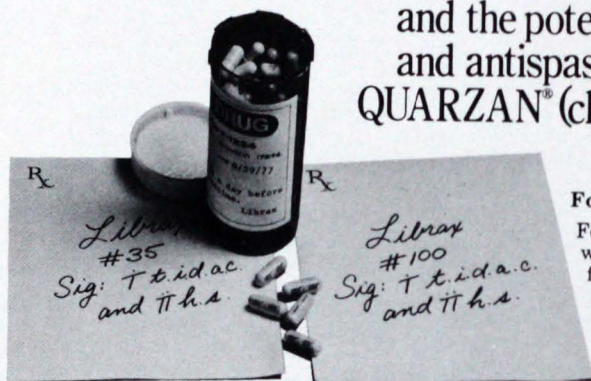
The duodenal ulcer reflects the
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acid-pepsin secretion.²



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Adjunctive
Librax[®] Each capsule contains
5 mg chlordiazepoxide HCl and
2.5 mg clidinium Br.

The only duodenal ulcer therapy that provides the specific antianxiety action of **LIBRIUM**[®] (chlordiazepoxide HCl/Roche) and the potent antisecretory and antispasmodic actions of **QUARZAN**[®] (clidinium Br/Roche)



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Follow-up therapy with a prescription for a 2- to 3-week supply of medication usually helps maintain patient gains.

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* **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.

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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.

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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.

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

How Supplied: Available in green capsules, each containing 5 mg chlordiazepoxide HCl (Librium[®]) and 2.5 mg clidinium Br (Quarzan[®])—bottles of 100 and 500; Tel-E-Dose[®] packages of 100; Prescription Paks of 50.



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TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

FEATURES

	Page
No Deal on Dual Degree Proposal <i>District II and TOMA take official stand on M.D. proposal</i>	8
Scholarship Winners Receive Awards From TOMA <i>Over \$4,000 in scholarships have been awarded to TCOM students</i>	10
Do D.O.s and M.D.s Have Equal Rights To Hospital Staff Privileges? <i>A legal look at medical staff privileges</i>	12
'Osteopathic Family' Needs Your Support <i>Arthur W. Kratz, D.O., speaks out on responsibility</i>	18
NTSU Regents Name New Chairman <i>Winfree Brown of Midland assumes leadership post</i>	20
Doctors Hospital Celebrates Silver Jubilee <i>Activities will include Groves residents in celebration</i>	23
TCOM Announces New Deanships <i>Two new deans fill top positions</i>	24

DEPARTMENTS

ATOMA News <i>News From the Auxiliary</i>	19
District Communiqués <i>News From the Districts</i>	21
Texas Ticker Tape	25
Academia <i>News From the Colleges</i>	27
Opportunities Unlimited <i>Practice Locations in Texas</i>	29

ON THE COVER: A montage of checks indicate the financial support TOMA is providing to five TCOM students during the current academic year. For information on the scholarship recipients, see page 10.
[Cover Photo by Tommy Hawks]

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Mr. Tex Roberts, Editor

Calendar of Events

OCTOBER

5

5-7
*Advanced Life Support
Provider Course*
Brooks AFB
San Antonio

7

7-11
*52nd Annual Clinical Assembly
of Osteopathic Specialists*
MGM Grand Hotel
Las Vegas, Nevada

10

10-11
*Annual Meeting of the Vermont
State Association of Osteopathic
Physicians and Surgeons*
Ramada Inn
Burlington, Vermont

14

★ *TOMA Long Range Planning
Committee Meeting*
TOMA Office
Fort Worth
10:30 a.m.

★ *TOMA District IV Meeting
Presidential Visit by John J.
Cegelski, Jr., D.O.*
Abilene Country Club
Abilene
12:30 p.m.

19

19-20
*Advanced Cardiac Life
Support Course*
Methodist Hospital of Dallas
Dallas

27

★ *TOMA Board of Trustees Meeting*
Airport Marina
Dallas/Fort Worth Airport
Noon, Luncheon
1 p.m., Meeting

28

*Annual Convention of the
American Osteopathic Hospital
Association*
Hyatt on Union Square
San Francisco, California

NOVEMBER

4

4-7
*Annual Meeting of the Association
of Osteopathic State Executive
Directors*
Hyatt Regency
Dallas

4-8

*84th Annual Convention
of the American Osteopathic
Association*
Fairmount Hotel
Dallas

13

13-17
*Annual Meeting of the American
College of Osteopathic Internists*
Hotel del Coronado
Coronado, California

15

★ *District XV Public Affairs Nite*
Inn of the Six Flags
Arlington

22

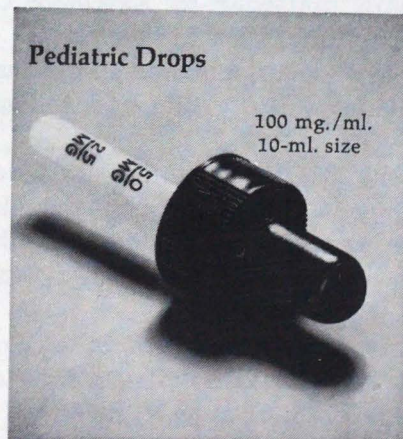
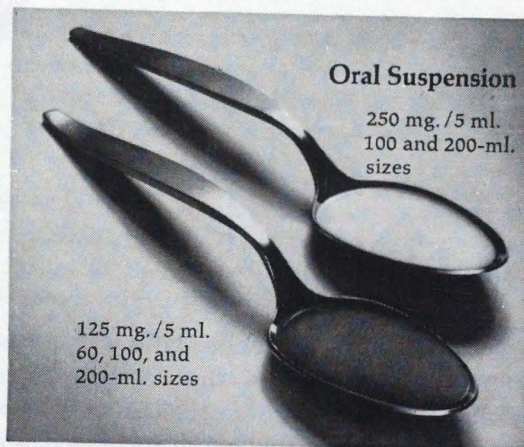
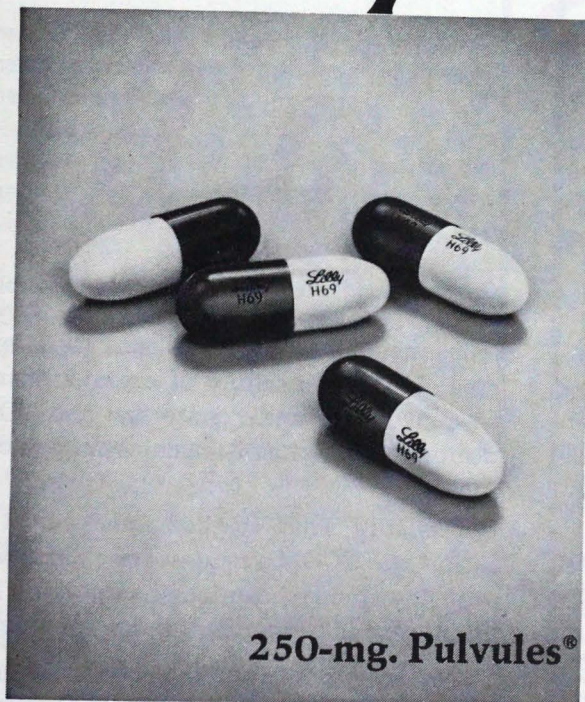
Thanksgiving Day

DECEMBER

25

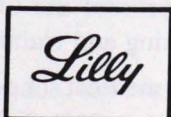
Christmas Day

easy to take



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cephalexin



500738

Additional information available to the profession on request.
Eli Lilly and Company
Indianapolis, Indiana 46206

No Deal on Dual Degree Proposal

M.D.

VS

D.O.

"There will be no compromise, no deals and no appeasement on the matter of the degree offered by Texas College of Osteopathic Medicine," John J. Cegelski, Jr., D.O., president of TOMA said in a statement issued recently following an Executive Committee meeting at the State Office in Fort Worth.

In contention was a resolution passed by the Tarrant County Medical Society (M.D.) calling for a dual degree program at TCOM.

"Under state law TCOM offers the single degree doctor of osteopathy (D.O.) and as long as this Association is in business, we will do our utmost to see that it remains a single degree institution," Dr. Cegelski declared.

The M.D. society resolution referred to the College illegally as a health science center. State statute designates Texas College of Osteopathic Medicine as a separate institution with the authority to award the degree D.O. It is under the governance of a board of regents which also is the governing body of North Texas State University.

Dean Ralph L. Willard, D.O., of TCOM said that the proposal would cost taxpayers three times as much money as they are now spending on the osteopathic college. He said he did not want to dilute the TCOM program.

Tex Roberts, executive director of TOMA, termed the dual degree proposal as irrational retaliation for the College's effort to get an affiliation agreement with John Peter Smith (JPS) Hospital in Fort Worth. He said it makes about as much sense as asking the seven

M.D. medical schools in Texas to offer the D.O. degree. TCOM is a school of osteopathic medicine and is so constituted under state law and TOMA will do its utmost to see that it remains an osteopathic medical school.

Probably what sparked the medical society's resolution was TCOM's request for an affiliation agreement with the county hospital which is John Peter Smith for an intern and residency training program.

Southwestern Medical School in Dallas objects because they say they have an exclusive contract with JPS Hospital in Fort Worth.

TOMA issued a statement which says that the College is and has been fulfilling its public responsibility by delivering primary health care physicians to the citizens of Texas in compliance with commitments made to the Texas State Legislature a decade ago by the Association when the College first received state tax support.

The Association objects to certain diversionary elements which continue to interfere with the College's effort to pursue its primary mission. The Association in the past two years has mounted a pair of major campaigns to protect the College's statutory responsibility of educating and training osteopathic physicians.

Osteopathic medical schools across the United States are furnishing a substantial proportion of physicians entering general practice and primary care where the real shortage of doctors has occurred. M.D. schools tend to produce specialists. ^

RESOLUTION

PROPOSAL FOR A JOINT DEGREE PROGRAM AT NORTH TEXAS STATE UNIVERSITY HEALTH SCIENCE CENTER

WHEREAS, members of Tarrant County Medical Society are dedicated to provide the highest level of medical care to the citizens of Tarrant County, and

WHEREAS, physicians holding the M.D. degree provide the vast majority of health care delivery in Tarrant County as well as in the state of Texas, and

WHEREAS, allopathic physicians who are members of the Tarrant County Medical Society participate in the teaching program at the Texas College of Osteopathic Medicine, and

WHEREAS, it is in the best interest of the state, the University, and the community to have all physicians united in their support of the North Texas State University, Health Science Center, therefore be it

RESOLVED, that the Tarrant County Medical Society calls upon the Board of Regents of North Texas University to offer the option of an M.D. degree to freshman medical students entering the Health Science Center at Fort Worth on or before September of 1981 and annually thereafter; and be it further

RESOLVED, that the members and leadership of Tarrant County Medical Society will actively cooperate with North Texas State University and Texas College of Osteopathic Medicine to accomplish this goal; and be it further

RESOLVED, that a copy of this resolution be forwarded to each of the members of Board of Regents of North Texas State University, the Tarrant County delegation to the Texas Legislature, the Texas Medical Association and the Fort Worth Chamber of Commerce.

This was passed in regular session by the Tarrant County Medical Society on September 4, 1979.

RESOLUTION

IN OPPOSITION OF THE PROPOSAL FOR A JOINT DEGREE PROGRAM AT TEXAS COLLEGE OF OSTEOPATHIC MEDICINE

WHEREAS, the Texas Osteopathic Medical Association, has devoted many years to the establishment and continued development of the Texas College of Osteopathic Medicine in Fort Worth, and

WHEREAS, the College is and has been fulfilling its public responsibility by delivering primary health care physicians to the citizens of Texas in compliance with commitments made to the Texas State Legislature a decade ago, and

WHEREAS, certain diversionary elements continue to interfere with the College's efforts to attain its primary mission and are proposing to dilute the College's legal responsibility to award the degree Doctor of Osteopathy (D.O.), and

WHEREAS, TOMA District II in Tarrant and adjacent counties is a leader in the osteopathic profession's efforts to continue the education and the training of osteopathic physicians at the College, now, therefore

BE IT RESOLVED, TOMA District II petitions the Texas Osteopathic Medical Association to commit the financial and physical resources necessary to prevent further interference with the Texas College of Osteopathic Medicine and to vigorously support the continued operation of the College under existing statutes.

BE IT FURTHER RESOLVED, that copies of this petition be distributed to the NTSU-TCOM Board of Regents, State Legislators, Fort Worth business leaders and state agencies.

Passed at a regular meeting of TOMA District II September 18, 1979 at Fort Worth.

Scholarship WINNERS RECEIVE Awards FROM TOMA

With each year, the cost of attending osteopathic medical school increases. Through the generosity of many TOMA Sustaining Members, the Association is able to help defray the cost for five student-doctors.

A total of \$4,250 in scholarships have been awarded to five Texas College of Osteopathic Medicine students by TOMA for the upcoming year. The scholarships that have been announced by the Membership Services and Professional Development Committee headed by Frank J. Bradley, D.O., are the Ralph H. Peterson, D.O., Scholarship for a second-year student with plans of entering general practice; Phil R. Russell, D.O., Scholarship for first-year students; and three TOMA Scholarships for first-year students.

The 1979-80 scholarship recipients are Steve P. Buchanan, \$1,000 Ralph H. Peterson, D.O., Scholarship; Merlyn Smith, \$1,000 Phil R. Russell, D.O., Scholarship; Timothy B. McGuinness, Michael J. Dandois and David Lawrence Grisell, TOMA Scholarships for \$750 each.

Other scholarships administered by TOMA and awarded at the last TOMA Convention are the Wayne O. Stockseth Scholarships. These scholarships for \$1,750 and \$1,250 were presented to Hector Lopez and Michael Vasovski, re-

spectively, both TCOM students. The scholarships are made possible by Mr. and Mrs. Wayne O. Stockseth of Corpus Christi.

A graduate of The University of

physicians. He hopes to remain within a 70-80 mile radius of the Dallas-Fort Worth area so he can utilize the continuing medical education programs at TCOM.



Photo by Tommy Hawks

Giving their OK to TOMA are the 1979-80 scholarship recipients. From left, they are Timothy McGuinness, Michael Dandois, David Grisell, Merlyn Smith and Steve Buchanan.

Texas at Arlington, Buchanan is a native of Fort Worth. He is a second-year student at TCOM and a member of the Student Osteopathic Medical Association and the American Osteopathic Association.

His future plans are to establish a group practice in family medicine in a community of 5-30,000 not presently served by osteopathic

Married and the father of three children, Buchanan is also the brother of Sam W. Buchanan, Jr., D.O. Dr. Buchanan is currently a third-year surgical resident at Doctor's Hospital in Columbus, Ohio.

In describing why he chose os-

osteopathic medicine as a career, Buchanan wrote, "I have always been impressed by the osteopathic physician's distinctive holistic approach to patients, and his emphasis on talking with, and not at, patients. This is the type of total health care I hope to practice."

Originally from Mesa, Arizona, Smith has been working with Evalyn Hall Kennedy, D.O., of Beeville during the past year. He received a bachelor of arts degree in chemistry from Arizona State University and attended Mesa Community College.

Married and the father of one child, Smith is related to Sam Schuring, D.O., an intern at Kirksville Osteopathic Hospital.

Smith has always been interested in a career in medicine, according to his scholarship application. In his application he stated, "When I entered college a good friend of mine, whose father was a D.O., explained to me the difference and advantages of the osteopathic physician. Osteopathy was not something new to me as I was born in an osteopathic hospital and our family physician was a D.O. After reading Dr. (George) Northrup's book, *Osteopathic Medicine, an American Reformation*, I was convinced this is what I desired to attain." Following an internship, he plans to enter general practice and has a special

interest in sports and rehabilitation medicine.

A graduate of Texas A&M University, McGuinness is from Bryan. He received a bachelor of science degree in biology from Texas A&I University and a master of science degree in microbiology from Texas A&M. He served seven years in the Coast Guard Reserve.

His future plans include entering general practice in a small town of 20-40,000 population. In his scholarship application, McGuinness said, "I would like to locate in a small town or city in South Texas. I have the ability to speak Spanish with a high degree of fluency, and this will be a great advantage to me in a practice in a region inhabited by a predominately Spanish-speaking population."

Originally from Fort Worth, Dandois is the brother of Carla B. Smith, D.O., an intern in Lansing, Michigan and a graduate of TCOM. He received a bachelor of arts degree from The University of Texas at Austin.

Dandois plans to enter general practice with some general surgery after his internship. In his application he stated, "Osteopathy provides a much needed holistic approach to primary care medicine. The diversity and personal involvement of family care is more challenging

and rewarding to me than dealing in sub-specialty medicine."

Formerly of Corpus Christi, Grisell is planning a career as a general practitioner. His current plans are to locate in either the Rio Grande Valley or some other part of South Texas, probably in a rural community.

He received a bachelor of science degree in medical technology from The University of Texas Medical Branch at Galveston.

In explaining why he chose osteopathic medicine as a career, Grisell wrote, "I feel osteopathic medicine embraces those areas of medicine most deserving professional attention and holding the most promise for the future in terms of improving the quality of life for every person. To me, osteopathic medicine represents special emphasis on primary health care and recognition of the human body as a complex interaction of anatomy and physiology tending to be self-regulating within a changing socio-economic environment."

GEORGE E. MILLER, D.O.

PATHOLOGIST

P.O. Box 64682

1721 N. GARRETT

DALLAS, TEXAS 75206

Do D.O.s and M.D.s Have Equal Rights To Hospital Staff Privileges?

By George A. LaMarca, J.D.

Osteopathy has come a long way from the day when the AMA considered it a cult system.

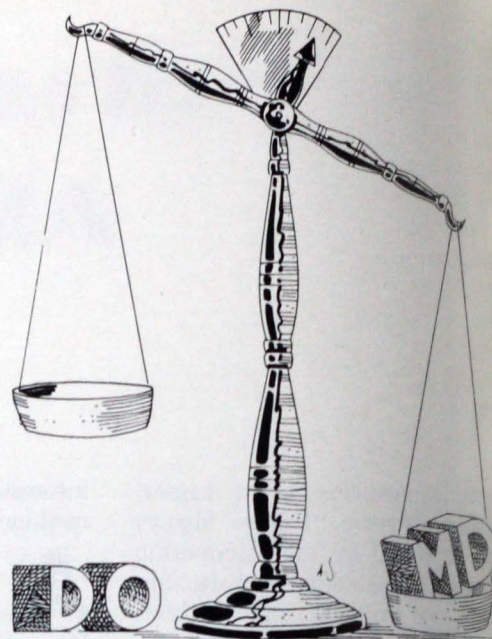
The rights of all physicians to hospital staff privileges are in a state of flux. Early court decisions explicitly declared that physicians had no constitutional right to practice their professions in either public or private hospitals. More recent decisions, however, imply a qualified right to privileges. The courts will impose qualifications where an overriding interest in patient safety would be furthered by a physician's exclusion.

Although this precedent works against all physicians, its impact has fallen most severely on the osteopathic physician. Today's osteopathic physician still battles the community, the hospitals, and the courts for an equal opportunity to staff privileges. Most often, he must rebut the claim that his exclusion is justified in the interests of patient safety.

Osteopathy Moves from Cultism to Competence

The continuing discrimination may be traced to historical differences between osteopathy and allopathic medicine. Allopathic medicine sees its tradition reaching back at least to Hippocrates. Osteopathy, on the other hand, is less than 100 years old.

The American School of Osteopathy was established by Andrew Still in Kirksville, Missouri, in 1894. Its method of treatment was based on the view that "a perfectly adjusted body produced a plentiful supply of



blood to all parts of it, and that when the body became sick or diseased it could be generally cured by manipulation that brought blood in sufficient quantity to the affected parts." In ensuing years, other osteopathic schools were established around the country. In 1897, the American Osteopathic Association (AOA) was founded. This organization began to regulate the quality of D.O. services in a way similar to the method provided by the American Medical Association for M.D.s.

At the turn of the century, the AMA held osteopathy's theories to be void of any scientific basis. It regarded the osteopathic method as a cult system of healing and forbade its own members from carrying on any type of professional relationship with osteopaths. For many years, intense intellectual hostility existed between the two professions.

Gradually, the method and range of subjects taught in the osteopathic schools expanded. By 1940, many of the standard medical courses required in the allopathic schools had been incorporated in the osteopathic curriculum, including instruction in surgery and pharmacology.

In 1955, a committee of M.D.s appointed by the AMA conducted an investigation of osteopathic educational institutions. The purpose was to compare the educational standards of these schools with those of its own schools. After touring several osteopathic educational institutions, this committee reported to the AMA. The report revealed that osteopathic students were required to take the same basic science courses

those required of medical students. Osteopathic clinical programs, both in content and procedure, followed closely the comparable programs in allopathic schools. Significant emphasis was placed on both biological and pathological theory. Also emphasized were the methods of diagnosis and treatment espoused by the allopathic school of thought.

The AMA committee found that the teaching of manipulative therapy constituted a relatively minor part of the osteopathic curriculum. Based on its findings, the committee concluded that the differences in treatment between the medical and osteopathic professions had narrowed significantly since osteopathy's origins in 1894.

Six years later, the AMA conducted another study of osteopathy. In this investigation, it found even fewer differences than in the 1955 study. Nearly all texts and other references used in osteopathic schools and in osteopractice were accepted allopathic works. The study also revealed that administratively the AOA performs the same service functions for its members as the AMA does for its M.D. members. These include overseeing internship and residency training programs, providing boards for reviewing and certifying osteopathic specialists, and sponsoring specialty societies. Other evidence indicates the gap between D.O.s and M.D.s has narrowed significantly. Prominent medical authorities apparently are beginning to recognize that the methods of treatment followed by osteopathic physicians coincide closely with their own. Additionally, most states now grant both medical and osteopathic physicians the same license to practice medicine and surgery."

Such evidence makes clear that the quality of osteopathic education is as good as that provided by the allopathic profession and that the osteopathic is as competent and effective in caring for patients' ills as a medical physician. Consequently, any law restricting professional opportunities open to an osteopath merely because he is an osteopath rather than an allopath is totally arbitrary and has no legitimate relationship to the protection of the public.

What the Courts Have Held

In considering physicians' complaints about staff privileges, the courts have spent considerable time creating a distinction between a public hospital and a private one. The distinction has relevance for the extent of judicial inquiry to be made regarding a hospital's decision to exclude a physician from its staff. Regardless of whether a hospital is public or pri-

vate, however, the court will decline to make any extensive inquiry into hospital decisions to exclude physicians from staff privileges. Questions of policy and health care management are deemed better left to the discretion of the hospital authorities; they are seen as much more capable of determining what is best for the public interest than is a court of law. The courts will intervene only where it is clearly shown that the hospital's policy decisions are arbitrary, capricious, fraudulent, illegal, or ultra vires (beyond the express or implied powers of the institution).

In 1927, the U. S. Supreme Court in *Hayman v. City of Galveston* held that it was not arbitrary for a hospital to exclude osteopaths from its staff. The court reasoned: "In the management of a hospital . . . some choice in methods of treatment would seem inevitable. . . ."

At that time, the differences in treatment followed by allopathic and osteopathic physicians were perhaps distinct enough to make this a valid rationale. Today, however, most of the methods employed by these two schools are substantially alike. This is particularly true in all types of surgery. Unfortunately, courts in recent years have followed the *Hayman* holding without recognizing that the factual basis for its justification is now obsolete.

In a 1961 case, *Wallington v. Zinn*, the Joint Commission on Accreditation of Hospitals (JCAH) had revoked a hospital's accreditation because it had granted staff privileges to an osteopath. The court held that the hospital's desire to maintain its accreditation was a valid reason for dismissing the plaintiff from its staff. Today, the JCAH accepts licensed osteopaths as qualified physicians. This rationale for D.O. exclusion has, therefore, also been eliminated.

In *Duson v. Poage*, all 10 members of a county hospital's medical staff resigned when two osteopathic physicians were granted privileges. Subsequently, all the registered nurses resigned. The court held that the hospital's decision to revoke the osteopaths' privileges was reasonable. The court considered that the hospital had acted in the best interests of the community since it was unable to provide adequate medical care with only two physicians on call. In reaching this decision, the court implied that it condoned the discriminatory acts of persons working within a public hospital. Why did the court not instead reprimand the physicians whose acts, motivated by prejudicial and unreasonable concern for their own economic well being, worked to deny osteopaths an equal opportunity to practice their profession?

The ultimate decision in this case, however, took a new twist. After suspending the osteopaths' staff membership, the hospital adopted a bylaw requiring that only graduates of medical schools approved by the AMA would be eligible for privileges. Using the

Hayman decision as an authority, the court found that the exclusion of osteopaths was neither unreasonable nor arbitrary. However, it declared the bylaw invalid as an unlawful delegation of powers by the hospital's board of managers to the AMA to determine the qualifications of its applicants. This made for a peculiar result, based largely on semantics. In effect, the court held that a physician may not be excluded because he does not have a medical degree from an AMA-approved college but may be excluded if he holds "only" a degree from an osteopathic college.

The landmark decision recognizing the equal rights of the osteopath was *Greisman v. Newcomb Hospital*. In this 1963 case, the New Jersey court held that a hospital regulation allowing consideration for staff privileges only to those physicians graduating from AMA-approved medical schools was an unreasonable denial of a physician's due process rights. In addition, the court held that such denial was also contrary to public policy.

"Hospital officials," the court said, "are properly vested with large measures of managing discretion and to the extent that they exert their efforts towards the elevation of hospital standards and higher medical care they will receive broad judicial support. But they must never lose sight of the fact that the hospitals are operated not for private ends but for the benefit of the public, and that their existence is for the purpose of faithfully furnishing facilities to members of the medical profession in aid of their service to the public. . . Their powers, particularly those relating to the selection of staff members, are powers in trust which are always to be dealt with as such. While reasonable and constructive exercises of judgment should be honored, courts would indeed be remiss if they declined to intervene where, as here, the powers were invoked at the threshold to preclude an application for staff membership, not because of any lack of individual merit, but for the reason unrelated to sound hospital standards and not in furtherance of the common good."

In recent years, other courts have recognized the validity of this rationale in striking down qualifications based on the type of degree a licensed physician holds rather than on his individual abilities.

Public Policy Changes Affect Opportunities

Outside the courts, other developments have affected the opportunities open to osteopaths. Federal cost containment regulations aimed at health care have altered the traditional free enterprise among hospitals serving the same general geographic population. Governmental restrictions of certain services or equipment to authorized hospitals has resulted in the hos-

pital itself being "privileged" or having a "legal monopoly" over certain medical services. In return for such an advantage, the hospital should, as a matter of public trust, provide all competent physicians equal and non-discriminatory access to the limited service or equipment that is necessary for them to practice the specialties.

The osteopathic physician's right to staff privileges has come a long way from the day when courts tolerated denials that were premised upon a hospital's right to protect the public from unaccepted cultism. Today, the courts recognize the public's interest in obtaining meaningful access to proper osteopathic treatment. As a result, discriminatory denial of hospital staff privileges that is not related to licensure and competence is now vulnerable to judicial attack. Since the quality of osteopathic training and practice is now comparable with that of the allopathic profession, a denial of staff privileges based solely upon the D.O. degree has no valid factual basis and should therefore not be judicially sanctioned.

[Reprinted from *Legal Aspects of Medical Practice* August 1979]

Author and address: George A. LaMarca, J.D., Williams Hart, & LaMarca, 700 West Towers, 1200 35th St. West Des Moines, Iowa 50265 ▲



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Wanted: 1980 Convention Exhibitors

It may seem early to you, but preliminary planning for the 1980 TOMA Convention and Scientific Seminar is already well underway. Matter of fact, the initial letters to prospective exhibitors are being mailed as the *Journal* goes to press.

By the time all the companies and their detail men are contacted, about 200 letters will have been mailed.

When you visit with the detail men from the various pharmaceutical companies, remind them that the TOMA Convention will be April 10-12 in San Antonio and you sure would like to see their company among the list of exhibitors. ^

What Has Happened to the TCOM Grads?

Since Texas College of Osteopathic Medicine first opened its doors in 1970, 273 students have been awarded the doctor of osteopathy degree. Of these, 97 are engaged in general and family practice both in and out of Texas, according to Ray Stokes, director of alumni affairs at TCOM.

Of these entering general and family medicine, 70 are located in Texas and 27 are out-of-state.

D.O.s serving in the military and public health service number 12 in Texas and 39 out-of-state.

A breakdown of TCOM graduates entering specialties in Texas is as follows — pediatrics, 2; internal medicine, 4; general surgery, 1;

anesthesiology, 2; radiology, 2; emergency medicine, 3; and pathology, 2.

Graduates are serving out-of-state residencies in obstetrics-gynecology, 2; pediatrics, 1; internal medicine, 12; general surgery, 6; orthopedic surgery, 1; anesthesiology, 2; radiology, 5; ophthalmology and otolaryngology, 2; emergency medicine, 2; and psychiatry, 1.

One graduate is enrolled in a doctorate program at North Texas State University and no information is available on six graduates.

The total number of graduates either in practice or serving residencies is 204 and 68 are currently serving one-year internships for a total of 273. ^

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My Father The Doctor

By Glenn Calabrese, D.O.

It's amazing how much attention "My Son The Doctor", the article written by my father which appeared in this *Journal* a few issues ago has received. Physicians from all over Texas and elsewhere (if indeed you believe there are other places besides Texas) have commented on how touched they were by the sentiments expressed by my father and how movingly and naturally he expressed them. Some were, they said, even inspired to somehow write or tell of their own feelings when they first became physicians. Well, after the first dozen or so of these eulogies for my father's article, I decided I'd better get a copy of the *Journal* and read the thing, if only to be better prepared the next time somebody began gushing about how great it must be to have a warm and sensitive father. Are we talking about the same man?

I have to admit I was somewhat leery reading anything by my father entitled "My Son The Doctor", knowing full well his great Italian ability of sentimentalization. He has been known on occasion, to reduce any number of people to simultaneous tears of joy and sorrow with stories of my Italian grandmother. So, with great trepidation, I read the article, praying he hadn't exposed to the world his innermost fears for his idiot son and the great relief he felt that the last one, the hippy, finally learned a trade and no longer required a check from home. Believe me, the check-from-home-jokes were getting a little stale.

Well, as anybody who read the article knows, it really wasn't about me at all, but his feelings for his ancestry, his father, and the emotions he felt upon receiving his degree. And I was left experiencing the same emotions that others had communicated to me after they had read the article — moved, touched, slightly inspired and maybe a little bit peeved that I didn't get a chance to be embarrassed and deny all his my-son-the-doctor-type admiration.

So, allowing his inspiration to lead me, I would first like to lay down a few of the ground rules that I hope will guide me as I write. I do not intend to capitalize on my father's previous statements and turn

this into a maudlin, sentimental serialization, or bore you with corny, homespun homilies, the quintessential statements being "Gee, you're great, Dad." and "You're not so bad yourself, Son." Nor do I want this to be a blatant expression of competition between father and son, though having spent most of my life in service to that competition, I will probably find that a difficult rule to enforce.

At any rate, having outlined why I'm not writing this article, let me take some time to explore why I am. I am entering into a profession now — that of a physician. As much as I'd like to ignore the facts, I am forced to admit that this is a rather serious, responsible, adult interaction with the world. And I don't mind telling you, Dad, I'm a little bit frightened.

I look at my father, large steady hands, calm, self-assured, and I see a doctor. Competent, confident, and capable. Capable. . . that's it. He can handle the job like he's been doing it half his life, which I suppose he has. As a child, I remember watching him in his office. Each decision, each diagnosis, each treatment was made with authority, and seemingly without hesitation. In fact, there were times when he looked so much like a doctor, I could hardly see my father.

He has always seemed to know just what to do, although at times it seems that knowing what to do, in my father's case, is always knowing to give penicillin. But he's always had a good grasp of his abilities as well as his limitations. It seems that he's never really viewed his limitations as failings, just times when it was more prudent to get help rather than continue. Both his abilities and his limits seem to augment rather than detract each other. And right now, where I stand, my limitations seem just a hairsbreadth away from my abilities. It's as though you could scratch the surface of my gold-plated, FLEX-verified knowledge and find the leaden dullness of ignorance just beneath. So I wonder, as I grow and learn, will I ever reach that level of confidence and competence in my own practice?

So that's where I stand now, Dad. Acutely aware of my situation and circumstances, worried I haven't learned enough, concerned that I won't learn anymore. And very much aware of my growing responsibilities.

I can hear you scoff and say how ridiculous it is to

The author is the son of Michael A. Calabrese, D.O.

be worried about being worried. "How else should you feel?", I hear you say, "Fresh out of medical school? Just beginning an internship? That's the only way a reasonable, intelligent person should feel." It took you five years, I've heard you say, before you began to feel relaxed and confident in your practice and the mistakes and the close calls you've had were enough to make any man's hair white. But the confidence comes only in one true way, with experience. That's the key, experience. And you know what? I'm slowly beginning to believe what you and others have told me. The experience comes as inexorably and inevitably as time itself. And with it comes knowledge and poise and con-

fidence. Already, I can feel it, gradually — slowly, with the increased responsibility I get, and the more I assume them, I feel the decision-making ability grow.

It seems that the growth and maturation of a physician is a prolonged drawn out process, extended over a lifetime and continuing everyday, everyday the slightest bit more. And with your help and of those like you, it seems that my classmates and I will grow to our own level of confidence. Someone once said that if I have seen further, it is because I have stood on the shoulders of giants. Sometimes it seems it's a little difficult to even get up on those shoulders, but I think my generation is well on its way. ^

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'Osteopathic Family' Needs Your Support

By Arthur W. Kratz, D.O.

How many of you out there have ever heard of the "Osteopathic Family"? Those of you who had fathers and grandfathers who were osteopathic physicians know what the term means and the rest of you should have been taught about it in school. Or were you listening?

My father, James Collin Kratz, D.O., son of an osteopath and brother to two osteopaths, used to say, "The medics will never get us because of the Osteopathic Family." It was as though he was speaking of the Mafia.

All that fine gentleman (who worked so hard to get you such fine laws to practice under) meant was that, like the early immigrants who came to this country, we stuck together and helped one another—and never let a patient leave our practice without sending him to an osteopathic colleague in his new location.

When I went to school in 1948, there was no state or federal aid to osteopathic education. The medics got help through grants and gifts, but not many osteopathic institutions did. The money to educate me came out of my pockets, my instructors' pockets, and the pockets of the students who had gone before me. The teachers weren't paid; they were assigned a subject to teach and they were proud to give up their time in their offices to come over to the College to teach their assigned subjects. A number of those who taught freshman classes were students themselves, who were chosen for this task because of their knowledge of a particular subject in the freshman curriculum.

When I left my internship, I paid a \$1.00 per diem fee for each patient I put into the Osteopathic Hospital I used. I paid that dollar a day for every day my patient remained there. The allopathic hospitals were closed to me and I was mighty glad to pay for the privilege of having a hospital to which I could admit and care for my patients.

When it was decided it was time to expand the hospital and \$1 million was needed for this project, the younger ones among us were insured to guarantee the loan. That was the only way we could get the money. We all signed personal pledges that we would pay off the loan if things went bad.

Many of the older men on the staff had closed their practices and gone back to school for specialty training. One man sold his house, his boat, his clinic, et cetera, and he and his family moved into the hospital

penthouse and he worked on salary until the rest of the older men came home.

We worked hard and we worked together. If a patient left my practice and went to another part of town, he carried a letter of introduction to another osteopath in his new area; or if one moved to another city, a letter to a D.O. in that city went with him.

I still have in my files some of the old letters from doctors who referred patients to me from as far off as New England and Ohio. I have patients in my practice who were referred to me by my own father before he died. They still ask how my mother (who is 86 years old now) is getting along.

So what is the "Osteopathic Family"? It's a family of patients and physicians who have become glued tightly together by a bond of belief in one another and in a philosophy.

No one gives his time to the hospitals or schools anymore. Now they are all on adequate salaries. No one pays any per diem to use the osteopathic hospitals—and many just don't use them at all. Now, many of the osteopathic physicians are educated on state money; and they complain throughout their internships because they aren't paid enough and have to work too hard. (I remember one night doing the laundry in the hospital basement so we could have clean sheets for the patients' beds the next day). And as soon as they enter practice they ignore their "family" and run out on it because it's a little easier for them to use the allopathic facilities.

Let me leave you here with a final thought. Remember the epitaph that historian Edward Gibbon is said to have written about ancient Athens: "In the end more than they wanted freedom, they wanted security. They wanted a comfortable life and they lost it all—security, comfort and freedom. When the Athenians finally wanted not to give to society, but for society to give to them, when the freedom they wished for most was freedom from responsibility, then Athens ceased to be free."

Those of you who ignore your profession and take the easy way out and forget the "Osteopathic Family" are surely sacrificing a lot of that same freedom that the Athenians sacrificed.

I hope those of you who didn't pay your dues this year, those of you who have resigned your responsibilities and have decided you no longer need the rest of us, will get a chance in your busy osteopathic practices to read this.▲

ATOMA News

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

If your district does not have a Publicity Chairman, it should! Not only is it a rewarding and challenging position, but there is much good that a conscientious chairman can do for your district. Let your community know what you as members of an osteopathic auxiliary are doing. However, a message from a handy guide, "The Publicity Handbook", available through the Consumer Services Division of The Sperry and Hutchinson Company warns that "Print and broadcast media personnel face a constantly growing challenge in getting out each day's news as more news from added sources cross their desks. It is therefore important that publicity chairmen present club news properly. This means that club publicity should, first of all, be worthy of print space and air time. It should be as accurate and truthful as we expect the press to be in its work." The booklet lists the following "Basic B's" for publicity:

1. Be the only person from your group to contact news media.
2. Be quick to establish personal contact with the right persons at each newspaper, radio and television station in your area.
3. Be sure to write everything down. Train your memory, but don't trust it.
4. Be prompt in meeting every deadline.
5. Be legible. Type news releases.
6. Be accurate. Double check dates, names, places before you submit your copy.
7. Be honest and impartial. Give credit where due.

8. Be brief. Newspaper space and airtime are costly.
9. Be brave. Don't be afraid to suggest something new if you honestly believe you have a workable idea. Media people welcome original ideas when they're practical and organized logically.
10. Be business-like. Never pressure business connections or ask when story will appear. Never ask for clippings.
11. Be appreciative of all space and time given your club's publicity.
12. Be professional. Members of the press are always invited guests.

DISTRICT VI

By Mrs. Robert Ling

Well, we received some well deserved publicity and had lots of fun too, when we served as telephone-takers of donations phoned in for our local television station, Channel 8. This a P.B.S. station and it's only source of revenue is money donations from its viewing public. Among those who worked very hard were: Lois Mitten and daughters, Kathy and Marva; Marguerite Badger; Linda Armbruster; Elaine Armbruster and daughter, Amy; Mary Schwaiger; Mary Jane Platt and Lois Campbell. One of the guest-celebrities for this evening was Mr. Dean Goss who owns and emcees one of Houston's finest dinner-theatres, The Dean Goss Dinner-Theatre.

Jerry and Carole Wasserstein are the proud parents of a baby girl whom they have named Jill Elyse. She weighed in at 7 lbs., 12 oz. Being the mother of four girls myself I just know she must be beautiful.

David and Beverly Sufian's daughter, Beth, starred in the chorus of "Carousel". This marvelous musicale was held at the Jewish Community Theatre. Another member of the family, Sandy, was featured as a page-turner for the pianist. Broadway - watch out!

Kathy Mitten is now attending the University of Houston on a swimming scholarship and she is also a member of the Cougar Dolls. Mary Campbell is serving as Colonel of this fine group of talented women.

Talked the other day to Mildred Cunningham just to see how she and Ralph are doing. Ralph is practicing three days a week now and Mildred goes along to help. These two people are "special" to us in District VI for they really personify what osteopathic medicine and its Auxiliary are all about. They did take a few days off to attend the wedding of their eldest grandson in San Antonio.

Also want to mention that Robert Campbell is now attending the University of Houston in their pre-med program. We have another D.O. in our near future.

Please remember to support the AOA Scholarship program with a check for \$25. This will give you a change to win a 1979 Mercedes-Benz 240 which is to be raffled off at the San Antonio Convention next April. Mail your donation to: Mrs. Lily Hause, 134 Sea View, Corpus Christi, Texas 78411. This is for a very worthy cause. Besides, if you win here's your chance to tell the IRS that you only paid \$25 for your new office deduction!

Our auxiliary schedule looks great for this year. Will tell you next time about our fabulous evening for all our families at the Texas Steak Ranch.▲

NTSU Regents Name New Chairman

Winfree L. Brown of Midland, and Eddie Chiles of Fort Worth, the two newest members of the North Texas State University Board of Regents, governing body for Texas College of Osteopathic Medicine, were elected chairman and vice-chairman, respectively, of the board at the regular meeting on August 24.

With the naming of Brown as chairman came the end of a 10-year era with A. M. Willis, Jr., of Longview serving as chairman.

Brown, who was named to the Board of Regents along with Chiles in May by Governor Bill Clements, becomes only the third chairman in the board's 30-year history. The late Ben Wooten, a prominent Dallas banker, served as chairman from 1949, when NTSU was given its own board of regents, until he resigned in 1969. Willis had served as chairman since 1969.

Brown, an independent landman, received a degree in personnel management from NTSU. He serves as a Midland County Commissioner and is a member of the Scottish Rite.

Chiles is chairman of the board and chief executive officer of the Western Company of North America, an oil well service company he founded in 1939. He received a bachelors degree in petroleum engineering from the University of Oklahoma.

In other action, the board gave its support to an affiliation agreement with the Tarrant County Hospital District, authorized the purchase of six lots near Medical Education Building I and approved a \$32.17 million operating budget for the 1979-80 fiscal year.

The affiliation agreement calls for the county hospital, John Peter Smith Hospital (JPSH), to become a training institution for students, interns and residents. The proposed agreement is opposed by the allopathic medical staff of JPSH and the Tarrant County Hospital District Board of Managers. George J. Luibel, D.O., is the lone member of the Board of Managers favoring the affiliation agreement.

The six lots approved for purchase include three on Mattison and Clifton, now occupied by an apartment complex and three on Camp Bowie Boulevard, including two vacant lots and a vacated office building.

The 1979-80 budget includes \$23 million for operation and another \$9 million for faculty and staff salaries.

TCOM's governing board also approved an affili-

ation agreement which was sought by the Tarrant County Junior College District to permit its respiratory therapy students to work in the medical school's clinics, under the supervision of physicians, to gain practical experience in the field.

The Board of Regents approved the conferring of an honorary doctor of science (osteopathic medicine) degree on J.K.G. Silvey, Ph.D., distinguished professor of biology at NTSU who was instrumental in bringing the public university and the private medical school together under a contractual agreement in the early 1970s. The honorary degree will be awarded at commencement next May. Dr. Silvey will become the fourth person to receive the degree in the medical school's nine-year history. ^

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District Communiqués

DISTRICT III

By H. George Grainger, D.O.

The good news is: We had an excellent meeting September 15, with neuroradiologist John Short at the helm. Extra tables again were set up to accommodate the growing group. (By the way, don't miss the mini-symposium on child abuse in November.)

The bad news is: We're gonna have to pay more dues next year. You all will be getting a bill for \$20 in December.

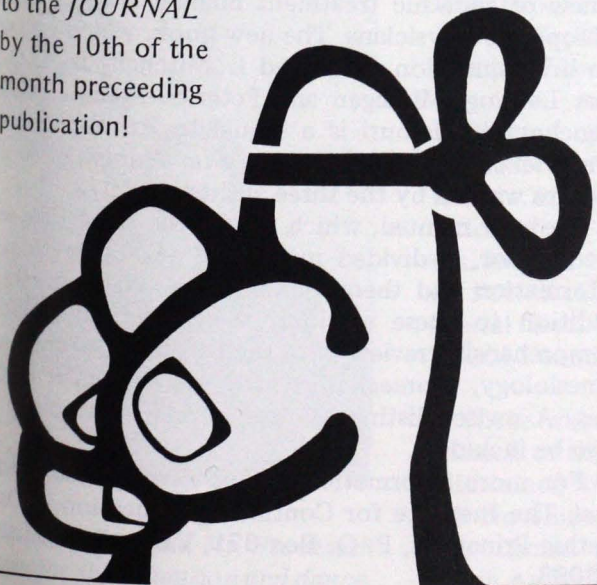
* * * * *

The diagnosis on Bill Clark's operation that your reporter reported last month was slightly in error. Instead of a gall bladder, it was a hernia. All right — sue me. His BW, whom I told about getting her masters in August, got it in psychology. She is already an RN, which gives her four degrees so far — BS, Mrs., RN and MS. Now she's on the way toward her Ph.D. ^

Remember...

District correspondents need your news before they can send it to the state office. Don't be bashful. Let them know what you are doing.

Correspondents must have their news to the *JOURNAL* by the 10th of the month preceeding publication!



Special Days Fill October

Not only is the month of October a time for witches and goblins to appear, but it is also the month designated to make the public aware of five different health related areas.

The entire month has been set as Immunization Action Month and special days and weeks within the month are National Employ the Handicapped Week, Child Health Day, Fire Prevention Week and White Cane Safety Day.

The designation as Immunization Action Month stems from the findings that immunization levels in young children are declining. It was established to increase immunizations against polio, measles, mumps, diphtheria, pertussis and tetanus. For more information, contact the Center for Disease Control, Immunization Division B. S.S., Atlanta, Georgia 30333.

October 1-7 has been designated National Employ the Handicapped Week. This special week is held annually during the first week of October and is ordered by Presidential proclamation.

Also ordered by Presidential proclamation, Child Health Day is set for October 1. The proclamation is issued annually for the first Monday in October. There has been a Child Health Day since 1928. In 1959 the Congress changed celebration from May 1 to the first Monday in October.

Issued annually for a week in early October by Presidential proclamation, Fire Prevention Week is set for October 7-13 of this year.

White Cane Safety Day has been set for October 15 by Presidential proclamation. This day is set aside annually. ^

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TOMA Members to Serve as Speakers

During October and November several TOMA members will be serving as speakers at the annual Clinical Assembly in Las Vegas and the AOA Convention in Dallas.

Scheduled for October 7-11, the Clinical Assembly will be held at the MGM Grand Hotel. Serving as speakers for the various divisions will be David E. Harman, D.O., of Houston, "What Do We Tell the Recovery Room Nurse?," Lester I. Tavel, D.O., of Bradenton, Florida, "Sclerotherapy of Hemorrhoids," Charles D. Ogilvie, D.O., of Fort Worth, "History of Osteopathic Radiology," Joel Alter, D.O., of Fort Worth, "Gastrectomy: Techniques and Indications," Charles R. Biggs, D.O., of Fort Worth, "Thoracic Outlet Syndrome: Two Different Approaches," David P. Sufian, D.O., of Houston, "Complications of Mediastinoscopy," and David

L. Bilyea, D.O., of Fort Worth, "Sleeve Resection of the Lung" and "Stapler Techniques in Pulmonary Surgery." In addition to serving as speakers, Dr. Sufian will serve as program chairman for the cardiovascular surgeons division and Dr. Biggs will serve as program chairman for the neurological surgeon division.

The Annual Convention of the AOA will be held at the Fairmont Hotel, Hyatt Regency-Dallas, Sheraton-Dallas, Loew's Anatole and Dallas Hilton.

TOMA members listed on the various programs include John H. Harakal, D.O., of Fort Worth, "Stress and the Musculoskeletal System," Arthur W. Kratz, D.O., of Dallas, "Problems of Allergy to Antihistamines and Aminophylline," Raymond A. Conn, D.O., of Fort Worth, "Grief Reaction in the Elderly," Wayne R. English, D.O., of Fort Worth, "Osteopathic Approach to Patients with Arthritis," and John W. Kauzlarich, D.O., of Fort Worth and Dr. English on a panel on "Tennis Elbow: Causes, Diagnosis, Treatment and Prevention."

Participants in the Academy of Sports Medicine will tour the Human Performance Laboratory of the Institute of Human Fitness at Texas College of Osteopathic Medicine. ^

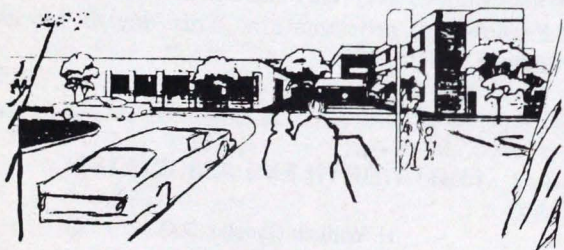
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Dr. Pruzzo Co-Authors Book

Neil A. Pruzzo, D.O., of Richardson has co-authored a new osteopathic treatment manual with two other osteopathic physicians. The new book, which was written in conjunction with Fred L. Mitchell, Jr., D.O., of East Lansing, Michigan and Peter S. Moran, D.O., of Manchester, Missouri is a sequel to *An Evaluation & Treatment Manual of Osteopathic Manipulative Procedures* written by the three authors in 1973.

The new manual, which carries the same title as its predecessor, is divided into three general sections on information and theory, evaluation and treatment. In addition to these sections, the book will include a comprehensive review with such sections as landmarks, kinesiology, biomechanics, triggers and PMR modalities. A revised listing of osteopathic terminology will also be included.

For more information on the new publication contact The Institute for Continuing Education in Osteopathic Principles, P. O. Box 371, Valley Park, Missouri 63088. ^

Doctors Hospital Celebrates Silver Jubilee

Doctors Hospital in Groves, Texas, will celebrate its Silver Jubilee in October. Community-wide activities are planned in observance of the hospital's 25 years of service to the Southeast Texas area.

The hospital was originated in 1954 as Stukey-DeWitt Clinic by two osteopathic physicians, Drs. Grover Stukey and Ralph DeWitt. The Clinic could accommodate 20 patients.

In 1956 a group of nine general practitioners purchased Stukey-DeWitt Clinic and the facility became Doctors Hospital. Along with new ownership came rapid expansion and increased services.

In 1970 the physician-owners sold Doctors Hospital to Chanco Medical Industries. American Medical International, Inc., the present owners, acquired Doctors Hospital through a merger with Chanco in 1972. AMI, a corporation devoted entirely to the

health care field, was interested in improving and expanding the facility with the concept of constant growth and quality patient care. On this basis, and with community and physician need in mind, service facilities and the physical plant were again expanded, bringing the hospital to its present 76-bed capacity.

Of the original nine physician-owners of the hospital, six remain in the area. These physicians and others who have joined them over the years have continued to recruit new physicians, bringing medical staff membership to more than 50 general practitioners and specialists, both osteopathic and allopathic.

Preparation is currently underway for the construction of a replacement facility for Doctors Hospital. The new hospital will be located behind the present structure on land owned by American Medical International.▲

TCOM Foundation Plans Reception, Dance



Dr. Everett, left, and Mr. Stockseth prepare for the reception and dance.

The Board of Trustees of Texas College of Osteopathic Medicine Foundation will host a cocktail reception and dance at the River Crest Country Club in Fort Worth November 30 for a group of special friends of the college.

Within the coming weeks, members of TOMA and other friends of TCOM will receive invitations from the Foundation trustees, headed by Carl Everett, D.O., of Fort Worth, to join one of the special level gift clubs within the TCOM Foundation.

Those who join either the Dean's Council or the Century Club will be entertained by the Foundation at the November gala at River Crest. The formal dance will begin at 8 p.m., with a jazz band from the

world-renowned North Texas State University lab band program providing the music. Breakfast will be served to guests about 11 p.m.

The planning committee for the dance includes Dr. Everett, president of the Foundation; Wayne O. Stockseth of Corpus Christi, vice president; and David Beyer, D.O., Fort Worth, secretary.

Other members of the Foundation Board of Trustees are Jay E. Sandelin, Fort Worth, treasurer; George Luibel, D.O., Fort Worth; Hugo Ranelle, D.O., Fort Worth; A. M. Willis Jr., Longview; and Hugh Wolfe, Stephenville.

Details about the two new TCOM Foundation donor clubs will be mailed to TOMA members in October.▲

TCOM Announces New Deanships

Edward E. Elko, Ph.D., professor of pharmacology and medical education at Texas College of Osteopathic Medicine (TCOM), has been named acting assistant dean of basic sciences.

The appointment, announced by Ralph L. Willard, D.O., vice president for medical affairs and dean of TCOM, became effective September 1.

Dr. Willard also announced that Richard Baldwin, D.O., who has served as acting assistant dean of clinical affairs since December 1978, became assistant dean for that academic area on September 1.



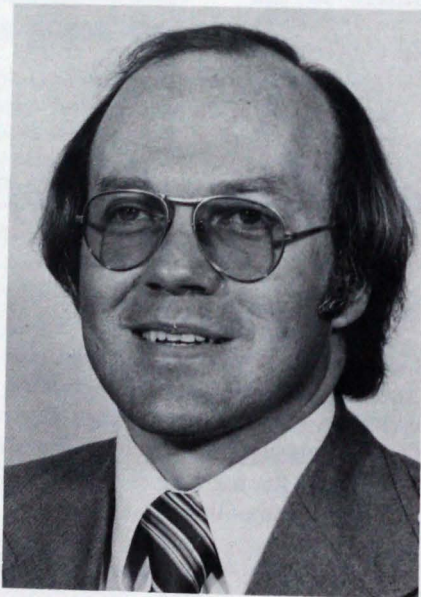
Edward Elko, Ph.D.

Dr. Elko, who was named the outstanding basic sciences teacher by TCOM students for 1978-79, taught at the University of Tennessee Medical Units in Memphis for 18 years before joining the Fort Worth medical school last fall. He was recipient of an Outstanding Teaching Award from the University of Tennessee Alumni Association in 1978.

Dr. Elko replaces C. G. Skinner, Ph.D., who joined TCOM as biochemistry chairman in 1973 and assumed the duties of assistant dean of basic sciences in 1978.

Dr. Willard said that Dr. Skinner, a noted researcher, asked several months ago to return to a more active role in the classroom and laboratory. He will continue as professor of biochemistry, with additional responsibilities as coordinator of research.

Dr. Baldwin will continue to serve as associate professor of general and family practice at TCOM. ▲



Richard Baldwin, D.O.

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

Associate-Affiliated Pathology, P.A.
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Dr. Barnett Honored at Reception

Jack E. Barnett, D.O., of Bridge City was honored at a public reception August 26 in honor of his practicing 25 years in Bridge City.

Hosted by his friends, office staff and family, the reception was held at the First Baptist Church.

Dr. Barnett and his family moved to Bridge City in 1954 from Jefferson City, Missouri, where he completed his internship. He is a native of Harrisburg, Illinois and was graduated from Kirksville College of Osteopathic Medicine in 1953.

He went into practice in Bridge City with Grover Stuke, D.O., and upon completion of Doctors Hospital in Groves, he joined the medical staff. In 1965 he received the General Practitioner of the Year Award presented by the Texas Society of the American College of General Practitioners in Osteopathic Medicine and Surgery.

Active in community affairs, he is a director of the Bridge City State Bank. ▲

FAMILY PRACTICE RESIDENCIES AVAILABLE at FWOH

Two residency positions in family practice available now at Fort Worth Osteopathic Hospital, Fort Worth, Texas.

Offered after internship, the 2-year program is AOA approved.

Program content tailored to meet applicant needs, interests, and includes exposure to outpatient/ambulatory care areas, intensive study in specialty areas.

Contact:

Director of Medical Education
Fort Worth Osteopathic Hospital
1000 Montgomery Street
Fort Worth, Texas 76107
Phone: (817) 731-4311

Texas Ticker Tape

PRESIDENTIAL ACTIVITIES FOR OCTOBER

TOMA President John J. Cegelski, Jr., D.O., of San Antonio will speak to District IV October 14 in Abilene and will attend the Texas Institute for Medical Assessment board meeting October 17 in Austin and the TOMA board meeting October 27 at the Dallas/Fort Worth Regional Airport.

STATE SENATOR TOM CREIGHTON RETIRES

After serving 20 years in the upper house of the State Legislature, Senator Tom Creighton of Mineral Wells announced recently that he would not run for re-election. Senator Creighton ranks third in seniority in the Senate.

AOA INTERN, RESIDENCY TRAINING REMINDER

All osteopathic physicians interested in entering a residency program must take their training in an AOA approved hospital. If, for some reason you are contemplating residency training in an allopathic hospital, be sure to contact the AOA for approval. A residency program in an allopathic institution will be considered only if an individual is unable to obtain similar training within the osteopathic profession. To be eligible, an osteopathic physician must have graduated from an AOA accredited college of osteopathic medicine and must have completed an AOA approved internship. For more information contact the AOA Advisory Committee on Osteopathic Education.

TEXAS D.O.s TO RECEIVE FELLOW AWARD

David R. Armbruster, D.O., of Pearland, L. L. Bunnell, D.O., of Fort Worth and Arthur W. Kratz, D.O., of Dallas will receive the Fellow Award from the American College of General Practitioners in Osteopathic Medicine and Surgery at the Presidential Banquet and Conclave of Fellows Ceremony to be held November 7 at the Loews Anatole Hotel in Dallas.

STUDENTS TO SIT WITH STATE DELEGATES IN AOA HOUSE

A resolution allowing one student council representative from each college of osteopathic medicine to sit as a full voting member of the divisional society of the state in which the college is located was approved at the recent AOA House of Delegates meeting.

SURGEON GENERAL RELEASES REPORT

Just before leaving his post, Department of Health, Education and Welfare Secretary Joseph A. Califano released to the public the Surgeon General's Report on Health Promotion and Disease Prevention, entitled *Healthy People*. The report encourages preventive health programs. To obtain a free copy, write the Office of Disease Prevention and Health Promotion, DHEW, Room 719-H Humphrey Building, 200 Independence Avenue, SW, Washington, D.C. 20201.

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particularly in the elderly, diabetics, and those with suspected or confirmed renal insufficiency (see Warnings). If hyperkalemia develops, substitute a thiazide alone.



Before prescribing, see complete prescribing information in SK&F Co. literature or PDR. A brief summary follows:

* WARNING

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

Contraindications: Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

Warnings: Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K⁺ levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K⁺ intake. **Associated widened QRS complex or arrhythmia requires prompt additional therapy.** Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available.

Precautions: Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Watch for signs of impending coma in severe liver disease. If spironolactone is used concomitantly, determine serum K⁺ frequently; both can cause K⁺ retention and elevated serum K⁺. Two deaths have been reported with such concomitant therapy (in one, recommended dosage was exceeded, in the other serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with thiazides. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Anti-hypertensive effect may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine.

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

Supplied: Bottles of 100 and 1000 capsules; Single Unit Packages of 100 (intended for institutional use only).

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PRACTICE
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News From The Colleges

COMS

William J. Dyche, Ph.D., has been appointed acting assistant dean of the pre-clinical sciences at the College of Osteopathic Medicine and Surgery (COMS), Des Moines, according to J. Leonard Azneer, Ph.D., college president.

Paul Benoit, Ph.D., formerly associate dean of pre-clinical affairs, remains at the college as a professor in the department of anatomy. Bruce J. Murphy, Ph.D., associate professor of anatomy, has been named head of that discipline, filling the position vacated by Dr. Dyche.

David L. Norton, Ph.D., has joined the teaching faculty at COMS as an assistant professor of physiology and pharmacology.

Dr. Norton most recently served as visiting assistant professor of physiology in the department of biological sciences at the University of Illinois at Chicago Circle.

Dennis J. Straubinger, D.O., has joined the teaching faculty at COMS as an assistant professor of family practice. Dr. Straubinger's duties include work in the nine college-affiliated clinics in the area. He received his B.S. degree in

zoology from Iowa State University and his D.O. degree from COMS in 1976.

OU-COM

The Ohio University College of Osteopathic Medicine (OU-COM) has appointed Mary L. Theodoras, D.O., regional assistant dean of the college's Dayton campus.

Theodoras, who had served as acting regional assistant dean since November 1, 1978, has practiced in the Dayton area 22 years. A member of the Grandview Hospital staff since 1957, she will oversee the training of third year medical students at that institution. Theodoras will also supervise the educational program of other advanced medical students receiving training in the Dayton area.

Three new clinical faculty members have begun work at OU-COM. Stephen a. Klein, D.O., and Lenard G. Presutti, D.O., have joined the Ohio College as assistant professors in the department of family medicine and Paul E. Cadamagnani, D.O., is a new assistant professor of internal medicine in the department of osteopathic medicine.▲

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TCOM Graduate Makes Highest FLEX Grade

Christopher Vanderzant, D.O., a 1979 graduate of Texas College of Osteopathic Medicine (TCOM), has received the highest grade on the most recent Federated Licensure Examination (FLEX) administered in Texas, according to the Texas State Board of Medical Examiners (TSBME).

FLEX is the standardized examination that must be taken by all physicians, D.O. or M.D., to receive a license to practice medicine in the State of Texas. In addition to being used in Texas, FLEX is used by many state licensing boards in the U.S.

Dr. Vanderzant ranked first out of 969 physicians taking the test last June. The TSBME released the results in late August.

Originally from Bryan, Dr. Vanderzant received a bachelor of science degree in zoology from Texas A&M University in 1975.

While at TCOM, he was active in the American College of General Practitioners in Osteopathic Medicine and Surgery, Student Osteopathic Medical Association and the Journal Club.

He received a writing award from the American Osteopathic Association and upon graduation from TCOM, he received the Upjohn Award which is presented for academic excellence to the highest ranking student of the graduating class.

Upon completion of his internship at Doctors Hospital in Columbus, Ohio, Dr. Vanderzant hopes to enter an internal medicine residency and then practice in Texas.

He is married and the son of Drs. Carl and Erma Vanderzant of Bryan.

CME Program Planned in Dallas

Methodist Hospital of Dallas and the American Heart Association, Dallas Chapter are co-sponsoring an Advanced Cardiac Life Support Provider Level Program October 19-20 in the Weiss Auditorium located on the Methodist Hospital campus.

The course fee will be \$100 for physicians and \$75 for nurses and other allied health workers.

Application for continuing medical education credits has been made to the American Osteopathic Association, Texas Medical Association, American College of Emergency Physicians, Texas Nurses Association, American Association for Respiratory Therapy, Emergency Department Nurse's Association and the Critical Care Nurse's Association.

Enrollment is limited to 50 participants.

For more information contact Michael A. Laman, MS, RRT, Pulmonary Division, Methodist Hospitals of Dallas, Box 225999, Dallas, Texas 75265.▲

Letters

Dear Tex,

Just a note to thank you for printing our news from District VI. Everyone down here seems to enjoy reading it for I have had a lot of favorable comments. If you have any recommendations as to length or content just let me know. I'm not really a correspondent nor a typist as you can really see from the enclosed.

Sincerely,
Virginia Ling

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Practice Locations in Texas

PHYSICIANS WANTED

ARANSAS PASS — Need physicians who desire active practice or who desires partial retirement in a new clinic which associated with hospital. Located in expanding community at the north gate of Mustang and Padre Island. If interested contact: Glenn Kumm, D.O., 1401 West Wheeler, Aransas Pass, 78336. Phone: 12-758-3278.

DALLAS — Excellent practice opportunities for energetic General Practitioners interested in community D.O./M.D. hospital located in progressive city. Office space available adjacent to hospital for solo practice or join established physician. Guaranteed part time income through Medicare coverage up to \$45,000 annually. Contact: R. J. Halbrook, Administrator, East Town Osteopathic Hospital, 7525 Cyrene Road, Dallas, 75227. Phone: 14-381-7171.

DALLAS — Unusual opportunities for hospital oriented practice. Solo or group practice locations. Guaranteed income. Staff membership available at 117-bed teaching hospital, affiliated with Texas College of Osteopathic Medicine. Call collect, John Isbell, Administrator, Stevens Mark Osteopathic Hospital, 2120 West Colorado Boulevard, Dallas, 75211. Phone: 214-943-4631.

DUNCANVILLE — Near Dallas. One or two completely furnished and equipped office suites for lease. This 8,000 sq. ft. building already houses one G.P., one optometrist and one podiatrist. Contact: L. Hill, D.O., 113 South Main, Duncanville, 75116.

FAMILY PHYSICIAN (D.O.) — Needed for North East Texas town with practice area of 5,000+; Minimum salary guarantee; office rental and equipment purchase negotiable. Write Box "W", P.O. Box 512, Bailey Avenue, Fort Worth, 76107.

FORT WORTH — North Texas State University Health Sciences Center/Texas College of Osteopathic Medicine faculty positions available. Clinical departments, family practice, specialists. Contact: Ralph L. Willard, D.O., Dean, Texas College of Osteopathic Medicine, Camp Bowie at Montgomery, Fort Worth, 76107.

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

GPs NEEDED IMMEDIATELY — 115-bed Hurst General Hospital, located between Fort Worth and Dallas, needs general practitioners to serve rapidly growing area. Excellent opportunity for experienced or young eager physicians wanting to build a practice. Hospital will assist with start-up and relocation expenses. Contact: John Miller, Administrator, Hurst General Hospital, 837 Brown Trail, Hurst, 76053. Phone: 817-268-3762.

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.

HOUSTON — The Professional Medical & Surgical Clinic Association has openings for physicians in family practice, surgery, internal medicine, radiology, and lab technicians. The Association consists of four clinics—2 in Houston, and 2 within 50 mile radius of Houston. Negotiable salary with excellent benefits. Send curriculum vitae to Chris S. Angelo, D.O., 2902 Berry Road, Houston, 77093. Phone: 713-695-7756.

HOUSTON — GP wanted, to associate with another D.O. in general practice in the Houston area. Must be willing to do some obstetrics. Please reply to: Box "M", P.O. Box 512, Bailey Avenue, Fort Worth, 76107.

LUBBOCK — D.O.s needed in areas of general practice, anesthesiology, ob-gyn and orthopedics surgery at Community Hospital of Lubbock. Generous guarantee, free office rent and other financial assistance available. Contact: Joyce R. Wallace, Director of Physician Relations, Summit Health, Inc., 4070 Laurel Canyon Blvd., Studio City, Calif., 91604 or call collect 213-985-8386.

MABANK — General Practitioner needed immediately in family clinic in Mabank. \$3,000 per month guaranteed plus percentage. To replace third doctor deceased. Contact: Robert L. Hamilton, D.O., P. O. Box 267, Mabank, 75147. Phone: 214-887-2161.

MC MANUS TABLE — Wanted. Any condition. Call or write Dr. Dingle, 309 West Liberty Road, Atoka, Oklahoma, 74525. Phone: 405-889-3338.

MESQUITE — Rutherford General Hospital, 165-bed facility, has positions open for GPs, pediatricians, urologists, ENT and emergency physician. Mesquite is an urban community of 70,000 which is a part of the Dallas-Fort Worth metropolitan area. If interested please contact: Sherry Lackland, P. O. Box 1481, Mesquite, 75149. Phone: 214-285-6391.

MUNDAY — Opportunity for energetic G.P. to locate in city with surrounding rural population 3,000. Equi-distant Wichita Falls-Abilene. Doctor retired. Complete medical office and equipment ready. Community support negotiable. County hospital 12 miles, supported by taxing authority. Contact: Chamber of Commerce and Agriculture, Phone: 817-422-4540, Munday, 76371.

OB-GYN Office — All medical equipment, supplies, and furniture for sale. Also office equipment and furniture. Contact Attorney for estate, Charles Carruth, 1000 Capital Bank Bldg., Dallas, 75206. Phone: 214-821-4500.

Opportunities Unlimited

Practice Locations in Texas

SAN ANTONIO — Office space available free in Medical building, next to pharmacy. If Doctor would be happy treating patients of Medicare-Medicaid and developing a highly profitable practice very fast, this opportunity is for you. Dr. should be fluent in spanish, as this area is low income Mexican-American neighborhood. There are 4 offices in the building, 2 of which are occupied by 2 other D.O.'s. Both are doing well. No rent, light, gas, water or other utilities to pay. All is free. Contact Rudy Davila, Davila Pharmacy, 1110 El Paso Street, San Antonio, 78207. Phone: 512-226-5293.

SMITHVILLE — Earn while you learn. Post-doctoral preceptorship available to a preceptee in a rural community with a small 35-bed hospital, 60-bed nursing home and a four-doctor clinic arrangement. If interested, please contact: Dareld R. Morris, D.O., Smithville Medical Clinic, Smithville, 78957. Phone: 512-237-2443.

SWEETWATER — Complete, well-equipped medical office with lab and x-ray. Includes EKG, 3 exam rooms complete with medical and office equipment. Includes everything to begin a practice immediately. Rent office space-room for expansion. All business items included. Sweetwater has an estimated population of 15,000 and has three area lakes. Will sell for \$25,000. Leaving for Surgery Residency. Available for immediate possession. Also home for sale, 3400 sq. ft. located three blocks from office. Contact: Christopher V. Moses, D.O., 1305 East 14th, Sweetwater, 79556. Phone: 915-235-8731.

TEMPLE — Family practitioner seeking young family practitioner (residency training preferred) with interest in obstetrics for busy practice in fast growing mid-size city. (Approximately 50,000) in central Texas. Partner returned to resi-

dency program. Associate times one year with opportunity to own with mutual agreement. Lease graduated to reduce expenses while beginning. All equipment furnished. Hospital privileges. Please contact Shelley M. Howell, D.O., Family Practice Clinic, 3009 Scott Blvd., Temple, 76501. Phone: 817-778-2734.

TYLER — Population 70,000 plus. General family practice in beautiful East Texas. Office space adjacent to a 54-bed general osteopathic hospital. Excellent schools including Tyler Junior College and Texas Eastern University. Beautiful lakes and trees. Outdoor activities unlimited. This is one of the most beautiful places in the country to live and raise a family. Financial assistance available for the right person. Contact: Mr. Olie Clem, Administrator, Doctors Memorial Hospital, 1400 W. Southwest Loop 323, Tyler, 75701. Phone: 214-561-3771.

WEST — General Practitioner pediatrician willing to do GP needs town of 3,500 with large drawing area currently D.O. GP and M.D. internist; 4 bed general hospital across the street; 10 miles north of Waco; 90 miles south of Dallas-Fort Worth; guarantee with bond and potential partnership. Contact: George N. Smith, D.O., 500 Meadows Drive, West, 76691; call 817-826-5372.

POSITIONS DESIRED

CARDIOLOGIST — TCOM graduate 1975; internal medicine CCOM; two year cardiology fellowship at Cleveland Clinic; trained in all invasive and noninvasive procedures; Available July 1980. Contact: Ronald Sebold, D.O., 2 Washington Square, Euclid, Ohio 44143. Phone: 216-531-7333.

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GENERAL INTERNIST — Desires to move to Texas and establish practice. Currently senior resident at St. Elizabeth Hospital Medical Center in Youngstown, Ohio. A 1975 graduate of PCOM and a Diplomate of the National Board of Osteopathic Examiners. Contact: F. G. Miller, Jr., D.O., 492 Georgetown Street, Sharpville, Pennsylvania, 16150 or call 717-746-7231 or 412-962-9077, hospital and home respectively.

INTERNIST, CARDIOLOGIST—D.O.
desires to relocate in a Texas city of about 100,000 population. Board certified. Graduated from PCOM in 1970. Osteopathic internship at Parkview Hospital in Philadelphia, Pa. Three-year residency in internal medicine and two-year cardiology fellowship. For more information, please write Box "J", TOMA, 512 Bailey Avenue, Fort Worth, 76107.

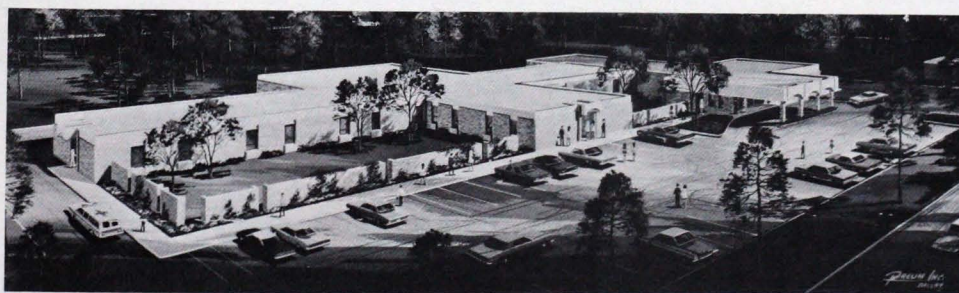
(For information call or write Mr. Tex Roberts, Executive Director, TOMA Locations Committee, 512 Bailey Ave., Fort Worth, Texas 76107. Phone: 817-336-0549.

OB-GYN — Board eligible D.O. looking for practice opportunities in Texas. Available July 1980. Contact: John H. Williams, D.O., Box 155, Naval Regional Medical Center, Charleston, South Carolina, 29408.

RADIOLOGIST (D.O.) — Actively looking for hospital positions or partnership with another radiologist. Available immediately. For more information write Box "E", TOMA, 512 Bailey Avenue, Fort Worth, 76107.

RADIOLOGIST — Board certified radiologist is wishing to relocate in Texas. Prefers large cities. For more information contact: Bruce Rosenberg, D.O., 223 Parkclay Circle, Sheldenham, Pennsylvania, 19012.

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