

Coming next month in . . .

THE DO

In September, *The DO* traditionally provides readers with comprehensive coverage of commencement activities at all 15 osteopathic medical schools, and this year will be no exception. But, in conjunction with this coverage, *The DO* will feature several articles that address the next step for novice DOs—postdoctoral training. What kinds of sacrifices does a young doctor make during internship and residency years? What goes through the mind of a new DO entering the social structure of the hospital after leaving the relative security of medical school? Do internships and residencies still accomplish their educational objectives by putting young doctors through a high-intensity work situation?

JAOA

- Necrotizing sarcoid granulomatosis: Report of a case
- Corpus callosum lipoma: Report of two cases and review of the literature
- Left atrial myxoma: Report of a case and review of the literature
- Bulimia: Neuroendocrinic, familial, and psychological profiles
- Concurrent ectopic pregnancy, Meckel's diverticulum with vitelline duct remnant, cecal volvulus, and congenital complete heart block: Report of a case

dent who has the ability to describe the mechanism of the Austin Flint murmur.

One exceptional feature of the book is the way in which new concepts are discussed. Dr. Tavel has not just taken the old concepts and carried them on through. For example, the mechanisms and explanations of murmurs have been updated very well. The chapter on the differential diagnosis of murmurs and the subsequent discussion of pharmacologic agents is a necessity for understanding the mechanisms of murmur production. I am impressed by the way Dr. Tavel emphasizes the clinical applications of the particular tests that are discussed.

Of course, Dr. Tavel comes out of an excellent department of cardiology, with such great colleagues as Dr. Doug Zipes, Dr. Charlie Fisch, and Dr. Fergenbaum. Dr. Tavel is also the Associate Director in Cardiovascular Diagnostic Laboratories at the Krannert Institute. I think that there is always an advantage in having a book written by one individual so that the book has a consistent style.

Dr. Tavel's book is a must for anyone who is interested in clinical cardiology—all the way from the primary care physician to the subspecialist in cardiology.

ROBERT R. CORNWELL, D.O., FACOI
Director of Medical Education
Detroit Osteopathic and
Bi-County Community Hospitals
Detroit, Michigan

Brain CT: An introduction

By John R. Bradshaw. Pp. 199, with illus. Distributed by PSG Publishing Co., Inc., 545 Great Road, Littleton, ME 01460, 1985, \$20.00 (paper).

This text offers just what the title implies—an introduction. A noncluttered preface briefly describes computed tomographic image acquisition, anatomy, and artifacts. This is followed by 86 case studies.

The images are quality reproductions and cover a broad spectrum of the more commonly encountered clinical problems. The cases are grouped according to their scan ap-

pearance and are concisely discussed.

Brain CT: An introduction is a neat, little computed tomography text for the medical student, intern, or beginning resident. It is well worth the price!

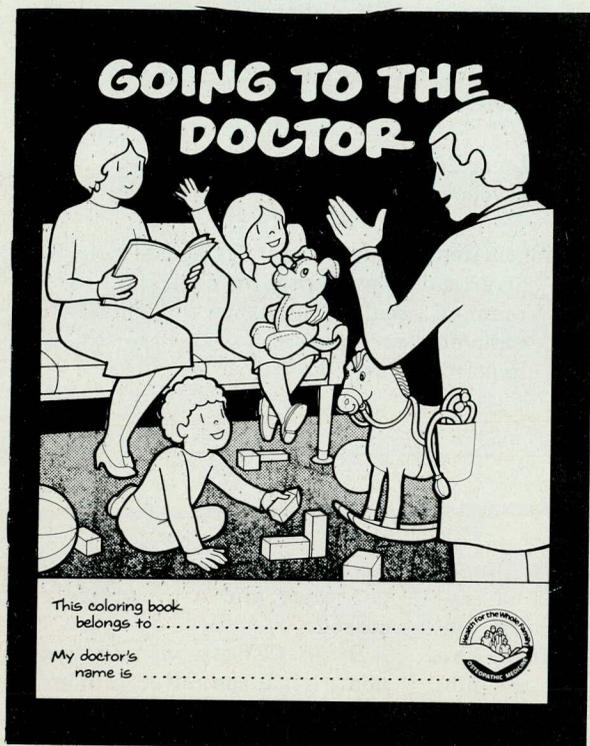
WILLIAM LAVENDUSKY, D.O., FAOCR
Tulsa, Oklahoma

Books received

New books received by the Andrew Taylor Still Memorial Library are acknowledged below. Those of greatest interest to readers will be reviewed later.

The practicing physician's approach to headache. Edited by Seymour Diamond and Donald J. Dalessio; ed. 4, pp. 240, with illus.; Williams & Wilkins, 428 E.

A New Marketing Tool for Young Patients



This eight page coloring book tells in simple terms what the D.O. does when giving a physical exam and presents in anxiety-allaying style some of his procedures. While waiting in the office, parents can talk it through, then take it home as a fun souvenir. Note that it can be personalized by adding your name on the cover.

Single review copies available at no charge. Additional copies 25¢ each.

Order from:
 Public Relations Department
 AMERICAN OSTEOPATHIC
 ASSOCIATION
 212 East Ohio Street
 Chicago, IL 60611
 (1-800) 621-1773

Preston St., Baltimore 21202, 1986, \$38.50.

Endocoids. Progress in clinical and biological research. Vol. 192. (Monograph based on the First International Symposium on Endocoids held in 1984 at the Texas College of Osteopathic Medicine.) Edited by Harbans Lal, Frank LaBella, and John Lane; Alan R. Liss, Inc., 41 East 11th Street, New York 10003, 1985, \$78.00.

Manual of medical therapeutics. (Expanded 25th edition of the manual prepared by the Department of Internal Medicine at Washington University School of Medicine, St. Louis, MO.) Edited by Matthew J. Orland and Robert J. Saltman; pp. 500, with illus.; Little, Brown and Co., 34 Beacon Street, Boston 02106, 1986, \$18.50 (paper).

Nutrition and diabetes. (Eighth volume in a series entitled "Contemporary issues in clinical nutrition.") Edited by Lois Jovanovic and Charles M. Peterson; pp. 208, with illus.; Alan R. Liss, Inc., 41 East 11th Street, New York 10003, 1985, \$36.00.

Nutrition, aging, and health. (Ninth volume in "Contemporary issues in clinical nutrition series" intended for all health professionals who care for the elderly.) Edited by Eleanor A. Young; pp. 280, with illus.; Alan R. Liss, Inc., 41 East 11th Street, New York 10003, 1986, \$58.00.

Musculoskeletal manipulation. Evaluation of the scientific evidence. (A monograph resulting from a research and clinical program in the Department of Physical Medicine and Rehabilitation begun in 1970 at the California College of Medicine of the University of California—an allopathic medical school that was an osteopathic institution before it merged with the University of California educational system.) By Jerome S. Tobis and Fred Hoehler; pp. 101, with illus.; Charles C. Thomas, Publisher, 2600 South First Street, P.O. Box 4709, Springfield, IL 62708-4709, 1986, \$19.75.

Cardiology 1986. (Contains summaries of 771 articles published in 1985.) Edited by William C. Roberts; pp. 444, with illus.; Yorke Medical Books, 875 Third Ave., New York 10022, 1986, \$55.00.

Obstetrics and gynecology. Edited by David N. Danforth and James R. Scott; ed. 5, pp. 1301, with illus.; J.B. Lippincott Co., East Washington Square, Philadelphia 19105, 1986, \$75.00.

A guide to cardiac pacemakers: Supplement 1986-1987. (A guide to help physicians identify pacemakers already in patients and to become familiar with the recent progress in pacemaker technology.) By Dryden Morse, Robert M.

continued on page 529/108



HOTEL RESERVATION APPLICATION



91st Annual Convention and Scientific Seminar
American Osteopathic Association

NOVEMBER 2-6, 1986

LAS VEGAS, NEVADA

HOTELS REQUIRE RESERVATIONS PRIOR TO SEPTEMBER 30, 1986 – MAIL EARLY

MAIL YOUR RESERVATION DIRECTLY TO THE PREFERRED HOTEL (CHECK ONE)

BALLY'S GRAND (formerly MGM)
 HEADQUARTERS HOTEL
 ATTENTION: Reservation Department
 3645 Las Vegas Blvd., S.
 Las Vegas, NV 89109
 (702) 739-4111 or (800) 634-3434
 (800) 634-6363 (AZ, CA, ID, OR, or UT)

FLAMINGO HILTON
 ATTENTION: Reservation Department
 3555 Las Vegas Blvd., S.
 Las Vegas, NV 89109
 (701) 733-3111 or (800) 732-2111

BALLY'S GRAND

Singles	Double or Twin	Round	Suites*	
			1-Bedroom	2-Bedroom
\$68	\$68	\$93	\$167 & up	\$246 & up

FLAMINGO HILTON

Single	Double or Twin	Junior	Suites*	
			1-Bedroom	2-Bedroom
\$65	\$65	\$100	\$150 & up	\$220 & up

*Contact Hotel directly for further information about suites.

(Above rates are subject to 7% Clark County Tax)

IMPORTANT INFORMATION

- One night's deposit is required to guarantee accommodations at the hotels.
- Do NOT send your reservations to the American Osteopathic Association's Central Office. MAIL DIRECTLY TO YOUR PREFERRED HOTEL.
- Check out time is 12:00 Noon; therefore, rooms may not be available until 3:00 p.m.
- All reservations will be processed on a first-come, first-served basis and must be received by the individual hotel by **September 30, 1986**. You will receive a confirmation directly from the hotel.
- Please complete this form in detail. Incomplete forms will delay room assignments.
- The didactic sessions and many social functions of the participating groups will be held at BALLY'S GRAND HOTEL along with the exhibits; other meetings and some functions will be scheduled at the FLAMINGO HILTON HOTEL.
- NO SATURDAY ARRIVALS WILL BE ACCEPTED.

Participating Groups are as follows; Groups with * are meeting at the Flamingo Hilton Hotel:

- American **Academy of Osteopathy***
- American College of **General Practitioners** in Osteopathic Medicine and Surgery
- American College of **Neuropsychiatrists**
- American College of Osteopathic **Emergency Physicians**
- American Osteopathic Academy of **Sclerotherapy, Inc.**
- American Osteopathic Academy of **Sports Medicine**

- American Osteopathic College of **Allergy and Immunology**
- American Osteopathic College of **Dermatology**
- American Osteopathic College of **Pathologists***
- American Osteopathic College of **Preventive Medicine**
- American Osteopathic College of **Rehabilitation Medicine**
- American Osteopathic College of **Rheumatology, Inc.**
- Auxiliary** to the American Osteopathic Association

(The Association of Osteopathic State Executive Directors is meeting at the Flamingo Hilton; the American Association of Colleges of Osteopathic Medicine is meeting at the Bally's Grand Hotel).

TYPE OF ACCOMMODATION: (please check one)

SINGLE DOUBLE TWIN ROUND

SUITES: JUNIOR 1 Bedroom 2 Bedroom

Other: _____

NAME OF ALL OCCUPANTS OF ROOM(S):

- _____
- _____
- _____

ARRIVAL DATE _____

APPROX. TIME _____ A.M. P.M.

DEPARTURE DATE _____

APPROX. TIME _____ A.M. P.M.

SEND CONFIRMATION TO: (Please Print)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE (Area Code) _____

When a type II diabetic patient needs more than diet, unique MICRONASE[®] Tablets (glyburide) are a logical first choice.

Choosing antidiabetic

1. Micronase—a rational choice in type II diabetes

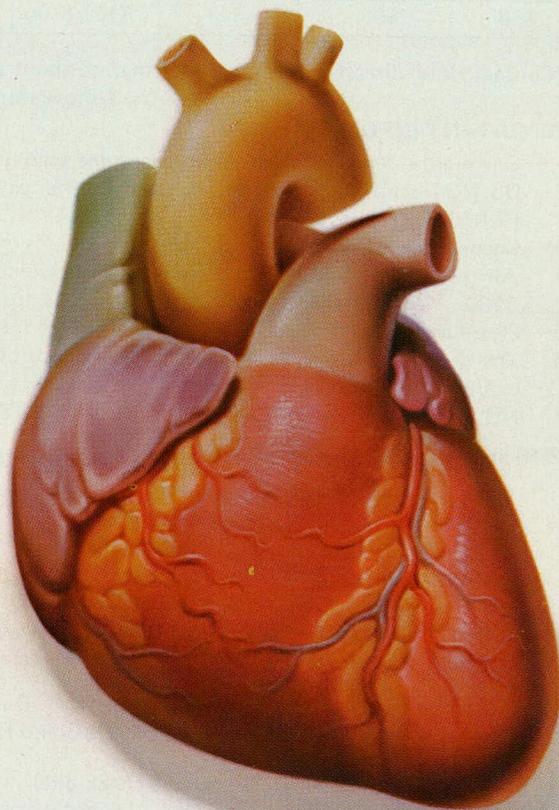
Insulin levels are normal or elevated in most patients with type II diabetes, although insulin action is markedly impaired. MICRONASE helps normalize the tissue response to endogenous insulin.

Initially, MICRONASE helps lower serum glucose in responsive patients by stimulating the release of additional insulin. As therapy continues, MICRONASE is believed to promote peripheral glucose metabolism by helping to correct defects at the cellular receptor and postreceptor levels.



2. Micronase—a single, daily dose provides 24-hour glycemic control

MICRONASE provides 24-hour control of blood glucose with a single, daily, low-milligram dose. MICRONASE may be taken with food, since food intake does not appear to affect its bioavailability.



3. Micronase—for the type II diabetic patient who is also hypertensive: Control without risk of water retention

This may also be significant for the type II diabetic patient with congestive heart failure. MICRONASE actually causes a mild diuresis.

therapy today

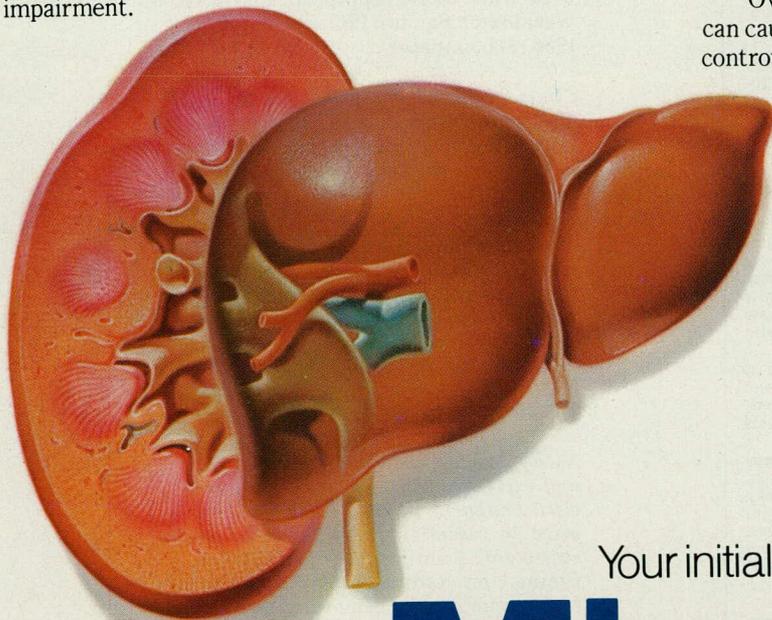
4. Micronase—an important consideration in the type II diabetic patient with renal impairment: Control plus unique dual excretion... 50% urine, 50% bile

Elimination of MICRONASE equally in bile and urine reduces the risk of drug accumulation, which may result in hypoglycemia. MICRONASE should be used with caution in patients with renal impairment; however, in a single-dose study, plasma clearance of MICRONASE was prolonged only in patients with severe renal impairment.

5. Micronase—for the patient who fails on other diabetic therapy: Potency and dosage flexibility

MICRONASE may prove effective when other drugs fail. Five mg of MICRONASE is approximately equivalent to 250 mg of chlorpropamide or 500 mg of acetohexamide in its ability to lower blood glucose. The dosage range of MICRONASE allows for greater dosage flexibility than other agents.

Overdosage of sulfonylureas, including MICRONASE, can cause hypoglycemia. Although the interpretations are controversial, the UGDP study reported in 1970 that the use of tolbutamide, an oral hypoglycemic drug, was associated with increased cardiovascular mortality.



Upjohn The Upjohn Company
Kalamazoo, MI 49001

Your initial Rx in type II diabetes

Micronase[®]
glyburide, **5 mg** Tablets



For brief summary of prescribing information, please turn page.

Micronase® An advance in diabetes management

Dosage Guide*

Although relatively rare, hypoglycemia may occur during the conversion to MICRONASE from other therapy

Prior therapy or condition	Considerations before starting therapy	Initial MICRONASE dose (mg/day)
Dietary therapy ineffective	No priming necessary	1.25 to 5.0 mg
Oral therapy	Discontinue oral hypoglycemic*	2.5 to 5.0 mg
Insulin therapy (< 40 units/day)	Completely discontinue insulin injections under medical supervision	2.5 to 5.0 mg
Insulin therapy (> 40 units/day)	Gradually discontinue insulin injections under close medical observation or hospitalization	5.0 mg

*See complete prescribing information.

*See package insert for special precautions when transferring patients from chlorpropamide.

Micronase Tablets (brand of glyburide tablets)

INDICATIONS AND USAGE MICRONASE Tablets are indicated as an adjunct to diet to lower the blood glucose in patients with non-insulin-dependent diabetes mellitus (type II) whose hyperglycemia cannot be satisfactorily controlled by diet alone.

CONTRAINDICATIONS MICRONASE Tablets are contraindicated in patients with: 1. Known hypersensitivity or allergy to the drug. 2. Diabetic ketoacidosis, with or without coma. This condition should be treated with insulin. 3. Type I diabetes mellitus, as sole therapy.

SPECIAL WARNING ON INCREASED RISK OF CARDIOVASCULAR MORTALITY. The administration of oral hypoglycemic drugs has been reported to be associated with increased cardiovascular mortality as compared to treatment with diet alone or diet plus insulin. This warning is based on the study conducted by the University Group Diabetes Program (UGDP), a long-term prospective clinical trial designed to evaluate the effectiveness of glucose-lowering drugs in preventing or delaying vascular complications in patients with non-insulin-dependent diabetes. The study involved 823 patients who were randomly assigned to one of four treatment groups (*Diabetes*, 19 (Suppl 2):747-830, 1970).

UGDP reported that patients treated for 5 to 8 years with diet plus a fixed dose of tolbutamide (1.5 grams per day) had a rate of cardiovascular mortality approximately 2½ times that of patients treated with diet alone. A significant increase in total mortality was not observed, but the use of tolbutamide was discontinued based on the increase in cardiovascular mortality, thus limiting the opportunity for the study to show an increase in overall mortality. Despite controversy regarding the interpretation of these results, the findings of the UGDP study provide an adequate basis for this warning. The patient should be informed of the potential risks and advantages of MICRONASE and of alternative modes of therapy.

Although only one drug in the sulfonylurea class (tolbutamide) was included in this study, it is prudent from a safety standpoint to consider that this warning may apply to other oral hypoglycemic drugs in this class, in view of their close similarities in mode of action and chemical structure.

PRECAUTIONS **General Hypoglycemia:** All sulfonylureas are capable of producing severe hypoglycemia. Proper patient selection and dosage and instructions are important to avoid hypoglycemic episodes. Renal or hepatic insufficiency may increase the risk of serious hypoglycemic reactions. Elderly, debilitated or malnourished patients, and those with adrenal or pituitary insufficiency, are particularly susceptible to the hypoglycemic action of glucose-lowering drugs. Hypoglycemia may be difficult to recognize in the elderly and in people who are taking beta-adrenergic blocking drugs. Hypoglycemia is more likely to occur when caloric intake is deficient, after severe or prolonged exercise, when alcohol is ingested, or when more than one glucose lowering drug is used.

Loss of Control of Blood Glucose: In diabetic patients exposed to stress such as fever, trauma, infection or surgery, a loss of control may occur. It may then be necessary to discontinue MICRONASE and administer insulin. Adequate adjustment of dose and adherence to diet should be assessed before classifying a patient as a secondary failure.

Information for Patients: Patients should be informed of the potential risks and advantages of MICRONASE and of alternative modes of therapy. They also should be informed about the importance of adherence to dietary instructions, of a regular exercise program, and of regular testing of urine and/or blood glucose. The risks of hypoglycemia, its symptoms and treatment, and conditions that predispose to its development should be explained to patients and responsible family members. Primary and secondary failure should also be explained. **Laboratory Tests** Response to MICRONASE Tablets should be monitored by frequent urine glucose tests and periodic blood glucose tests. Measurement of glycosylated hemoglobin levels may be helpful in some patients. **Drug Interactions** The hypoglycemic action of sulfonylureas may be potentiated by certain drugs including nonsteroidal anti-inflammatory agents and other drugs that are highly protein bound, salicylates, sulfonamides, chloramphenicol, probenecid, coumarins, monoamine oxidase inhibitors, and beta-adrenergic blocking agents. Certain drugs tend to produce hyperglycemia and may lead to loss of control. These drugs include the thiazides and other diuretics, corticosteroids, phenothiazines, thyroid products, estrogens, oral contraceptives, phenytoin, nicotinic acid, sympathomimetics, calcium channel blocking drugs, and isoniazid. **Carcinogenesis, Mutagenesis, and Impairment of Fertility** Studies in rats at doses up to 300 mg/kg/day for 18 months showed no carcinogenic effects. Glyburide is nonmutagenic when studied in the Salmonella microsome test (Ames test) and in the DNA damage/alkaline elution assay.

Pregnancy Teratogenic Effects: Pregnancy Category B. Reproduction studies in rats and rabbits have revealed no evidence of impaired fertility or harm to the fetus due to glyburide. There are no adequate and well controlled studies in pregnant women. This drug should be used during pregnancy only if clearly needed. Insulin should be used during pregnancy to maintain blood glucose as close to normal as possible.

Nonteratogenic Effects: Prolonged severe hypoglycemia (4 to 10 days) has been reported in neonates born to mothers who were receiving a sulfonylurea drug at the time of delivery. MICRONASE should be discontinued at least two weeks before the expected delivery date. **Nursing Mothers** Some sulfonylurea drugs are known to be excreted in human milk. Insulin therapy should be considered. **Pediatric Use** Safety and effectiveness in children have not been established.

ADVERSE REACTIONS **Hypoglycemia:** See Precautions and Overdosage sections. **Gastrointestinal Reactions:** Cholestatic jaundice may occur rarely; MICRONASE Tablets should be discontinued if this occurs. Gastrointestinal disturbances, e.g., nausea, epigastric fullness, and heartburn are the most common reactions, having occurred in 1.8% of treated patients during clinical trials. They tend to be dose related and may disappear when dosage is reduced. **Dermatologic Reactions:** Allergic skin reactions, e.g., pruritis, erythema, urticaria, and morbilliform or maculopapular eruptions occurred in 1.5% of treated patients during clinical trials. These may be transient and may disappear despite continued use of MICRONASE; if skin reactions persist, the drug should be discontinued. Porphyria cutanea tarda and photosensitivity reactions have been reported with sulfonylureas. **Hematologic Reactions:** Leukopenia, agranulocytosis, thrombocytopenia, hemolytic anemia, aplastic anemia, and pancytopenia have been reported with sulfonylureas. **Metabolic Reactions:** Hepatic porphyria and disulfiram-like reactions have been reported with sulfonylureas; however, hepatic porphyria has not been reported with MICRONASE and disulfiram-like reactions have been reported very rarely.

OVERDOSAGE Overdosage of sulfonylureas, including MICRONASE Tablets, can produce hypoglycemia. If hypoglycemic coma is diagnosed or suspected, the patient should be given a rapid intravenous injection of concentrated (50%) glucose solution. This should be followed by a continuous infusion of a more dilute (10%) glucose solution at a rate which will maintain the blood glucose at a level above 100 mg/dL. Patients should be closely monitored for a minimum of 24 to 48 hours, since hypoglycemia may recur after apparent clinical recovery.

DOSAGE AND ADMINISTRATION There is no fixed dosage regimen for the management of diabetes mellitus with MICRONASE Tablets. **Usual Starting Dose** The usual starting dose is 2.5 to 5.0 mg daily, administered with breakfast or the first main meal. Those patients who may be more sensitive to hypoglycemic drugs should be started at 1.25 mg daily. (See Precautions Section for patients at increased risk.) **Maximum Dose** Daily doses of more than 20 mg are not recommended. **Dosage Interval** Once-a-day therapy is usually satisfactory. Some patients, particularly those receiving more than 10 mg daily, may have a more satisfactory response with twice-a-day dosage.

Caution: Federal law prohibits dispensing without prescription.

For additional product information see your Upjohn representative.

Upjohn

Steiner, and Victor Parsonnet; pp. 207, with illus.; F.A. Davis Co., 1915 Arch Street, Philadelphia 19103, 1986, \$50.00.

Nutrition and the skin. (Vol. 10 in "Contemporary issues in clinical nutrition" series.) Edited by Daphne A. Roe; pp. 199, with illus.; Alan R. Liss, Inc., 41 East 11th Street, New York 10003, 1986, \$39.50.

The unstable spine. Thoracic, lumbar, and sacral regions. (About the evaluation and treatment of spinal disorders. Includes neurosurgeons and orthopaedists as editors and authors.) Edited by Stewart B. Dunsker, et al.; pp. 284, with illus.; Grune & Stratton, Inc., Medical and Scientific Publishers, Orlando, FL 32887, 1986, \$69.00.

Biologic bioprosthetic valves. Proceedings of the third international symposium. (An assessment of biologic and bioprosthetic valves by surgeons, cardiologists, pathologists, engineers, and scientists who attended the London symposium in 1985.) Edited by Endre Bodnar and Magdi Yacoub; pp. 885, with illus.; Yorke Medical Books, 875 Third Ave., New York 10022, 1986, \$125.00.

Anaesthesia for the non-specialist. By David Komesaroff; pp. 261, with illus.; Williams & Wilkins, 428 E. Preston St., Baltimore 21202, 1986, \$24.95 (paper).

Ophthalmology notes. (For clinicians and students.) By Robert G. Small; pp. 192, with illus.; J.B. Lippincott Co., East Washington Square, Philadelphia 19105, 1986, \$11.95 (paper).

Clinical practice and cost containment. A physician's perspective. By Henry A. Shenkin; Praeger Publishers, Greenwood Press, 88 Post Road West, Box 5007, Westport, CT 06881, \$39.95.

Medical rehabilitation services in health care institutions. (Directed to all health care professionals responsible for the management of rehabilitation programs.) Edited by Brent England; American Hospital Publishing, Inc., 211 East Chicago Ave., Chicago 60611, 1986, \$23.50; AHA members \$18.50 (paper).

NCRP Report no. 86. Biological effects and exposure criteria for radiofrequency electromagnetic fields. (For those interested in radiation protection and measurement. Published by the National Council on Radiation Protection and Measurements.) By Scientific Committee 53 (Arthur W. Guy, Chairman); pp. 382, with illus.; National Council on Radiation Protection and Measurements, 7910 Woodmont Ave., Suite 1016, Bethesda, MD 20814-3095, 1986, \$20.00 (paper).

The medicare system of prospective payment. Implications for medical education and practice. Edited by Mohan L. Garg and Barbara M. Barzansky; pp. 229, with

illus.; Praeger Publishers, Greenwood Press, 88 Post Road West, Box 5007, Westport, CT 06881, 1986, \$38.95.

Continuing medical education. A primer. (A reference for those who organize and operate a CME department.) By Adrienne B. Rosof and William C. Felch; pp. 213, with illus.; Praeger Publishers, Greenwood Press, 88 Post Road West, Box 5007, Westport, CT 06881, 1986, \$29.95.

Living without pain. (Self-help book written for the general public by a chiropractor on how to prevent health problems.) By John Lubecki; pp. 145, with illus.; address orders to: Living Without Pain, P.O. Box 412, Fair Oaks, CA 95628, 1985, \$8.95 (paper).

Physician assistants. Present and future models of utilization. (From a conference sponsored by The Geisinger Medical Center.) Edited by Sarah F. Zarbock and Kenneth Harbert; pp. 140, with illus.; Praeger Publishers, Greenwood Press, 88 Post Road West, Box 5007, Westport, CT 06881, 1986, \$35.00.

Cost accounting and financial analysis for the hospital administrator. By Steven F. Kukla; pp. 101, with illus.; American Hospital Publishing, Inc., 211 East Chicago Ave., Chicago 60611, 1986, \$35.00; AHA members \$28.00 (paper).

applications for membership

Bergland, Bert E., KCOM '74; 600 St. Vrain, Estes Park, CO 80517
Bridgens, Nancy K., PCOM '80; Pennsylvania Hospital, 805 Spruce St., Philadelphia, PA 19107
Collins, Theodore W., UHSCOM '83; P.O. Box 338, 704 Commercial St., Centralia, KS 66415
Cullom, Susan C., Lt., CCOM '82; 2051 Village Park Way/239, Encinitas, CA 92024
Danial, George J., KCOM '78; 2995 Willowood Rd., Erie, PA 16506
Gerard, William L., UHSCOM '79; N-87 W15796 Kenwood Blvd., Menomonee Falls, WI 53051
Gloria, Stephen B., PCOM '82; 874 Towers St., Meridian, MS 39305

Grayce, Albert, PCOM '55; 667 Ridge Pike, Lafayette Hill, PA 19444

Kenis, George J., PCOM '79; 1168 Baltimore Pike, Springfield, PA 19064

Kopyt, Nelson P., PCOM '79; 50 S. 18th St., Easton, PA 18042

Lee, Karl E., Capt., CCOM '81; Dept. of Family Practice, Fox Army Community Hospital, Redstone Arsenal, AL 35808

Littleford, John A., UHSCOM '72; 1776 S. Jackson, Suite 1111, Denver, CO 80210

Neller, Gary Keith, Maj., OCOMS '82; 82nd Air Borne Div., Division Psychiatrists, Fort Bragg, NC 28307-5100

Piner, Judith, Lt., CCOM '81; 1202 Harbor Village, Corpus Christi, TX 78412

Schooley, Thomas F., CCOM '38; 417 E. Fox Den Dr., Knoxville, TN 37922

Sonnenschein, Sylvia, Capt., COMP '83; 417 Koko Isle Circle, Honolulu, HI 96825

Stevenson, Robert M., CCOM '52; 311 E. Summit St., Kent, OH 44240

Sumski, Dennis E., UHSCOM '75; 1421 E. Main St., Flat River, MO 63601

Schwartz, Gerald H., UHSCOM '73; 7808 Woodlawn Ave., Philadelphia, PA 19126

Sweeney, Dolores, Lt., CCOM '81; 1562 Pacific Ranch Dr., Encinitas, CA 92024

Welch, Michael D., Lt., UHSCOM '82; Naval Hospital, Box 68, Camp Pendleton, CA 92099

Whitham, John A., UOMHS '75; 6801 McCart, Suite B-1, Fort Worth, TX 76133

Writesel, Kenneth A., Capt., KCOM '82; U.S. Army Health Clinic, AHN: HSXP-FS-RIA, Rock Island, IL 61299