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# HEALTH CENTER

AT TYLER

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**Editor's Note**

This is the first issue of an external magazine for the UT Health Center at Tyler. It replaces the newsletter previously published by Texas Chest Foundation.

The objective of this publication is to inform the public about various activities of the health center in the areas of patient care, research and education. The magazine also will continue to carry news about the foundation and the UT Health Center Development Board.

We hope you enjoy the magazine. Your comments and suggestions are welcome.

Ken Whitt  
Director of Information Services

THE UNIVERSITY  
OF TEXAS  
**HEALTH  
CENTER**  
AT TYLER

SPRING 1983  
CONTENTS

VOL. 1 NO. 1

**Administration**

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Director of Internal Audits



<b>Bamma Freeman</b> Therapists help woman function once again.	2
<b>Tyler's UT Components</b> Share cooperative programs, people.	4
<b>Educational Mission</b> UT Regent says broader educational mission needed at Tyler health facility.	5
<b>Student Housing</b> Local leaders asked to help raise funds.	8
<b>Ahn Recognized</b> Leading research authority on mycobacterial diseases.	9
<b>Pediatric Pulmonary</b> Lab helps young with advanced equipment.	10
<b>Smoking Cessation</b> Grady Faulk is helping East Texans break the habit.	11
<b>Cardiac Catheterizations</b> Health Center conducts 200th procedure.	13
<b>Texas Chest Foundation</b> News and gifts.	14
<b>5th Anniversary</b> Employee appreciation barbeque.	16
<b>News Briefs</b> Appointments, projects and other developments.	17
<b>Published Research</b> Patients participate in antibiotic study.	20





## Therapists Help Woman Function Once Again

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BY LAUREN ROSSMAN

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Last year Bamma Freeman was admitted to the UT Health Center in acute respiratory failure, suffering from an acute heart attack, extreme obesity and with arthritis so painful she could not walk or move her arms.

For nine months the 73-year-old woman from Groveton, who was transferred from Lufkin Memorial Hospital, was an exceptional and special therapy patient. Some staff members at the health center frankly doubted that she would recover. Mrs. Freeman herself didn't know what to expect, but admits feeling that she'd never walk again.

On Oct. 13 Mrs. Freeman was discharged and sent home with a wheelchair, a stationary walker and weighing more than 100 pounds lighter than when she was admitted.

"By the help of the Lord, my physician, my therapists and my trying, I'm where I am today," Mrs. Freeman said on the day of

her departure.

Her therapists were Deborah Leahey in physical therapy and Ellen Scherling and Karen Ficken in occupational therapy.

"They didn't give up on me, even when I wanted to," Mrs. Freeman said.

A close patient-therapist relationship developed during the rigorous recovery process. "There were good days when she was really motivated, and bad days when she didn't want to do anything," says Leahey of her patient. "But she knew we cared. We wanted her to reach her goals and I think that motivated her."

The recovery process began about a month after Mrs. Freeman was admitted and placed on a respirator. Her vital signs had stabilized and her physician, Dr. Wilbur G. Avery, professor of clinical medicine, set the goal of her walking again. He prescribed the therapies as well as a special diet.

Because of heavy limbs, severe

arthritis and lost muscle tone, movement was difficult for Mrs. Freeman. Scherling, director of occupational therapy, began by strengthening Mrs. Freeman's fingers and hands through working with theraplast. Leahey, a licensed physical therapist, began with exercises Mrs. Freeman could do in bed.

After two weeks of bed mobility exercises Mrs. Freeman finally was able to attain a sitting position on the edge of the bed without help. The next goal was to get the patient to a standing position, which required more bed exercises over several weeks.

By mid-June Mrs. Freeman had learned through her occupational therapist to use adaptive devices such as a long-handled reacher and brush. She learned cognitive skills through highly structured projects. Each project involved finishing specific steps before proceeding to the next one.

"At first problem solving was



tough for her," Scherling said of her occupational therapy patient, "but through making collages, antiquing bottles and sewing curtains for the pediatric pulmonary laboratory she was able to learn to follow through on projects and improve her memory."

Also by mid-June Mrs. Freeman was finally able to be raised to a standing position on a tilt table. This exercise allowed weight to be gradually placed on her legs to strengthen her bones and muscles. By July she had been taken off the respirator and given a portable oxygen unit as a breathing aid.

The month of August was a milestone in Mrs. Freeman's therapy. She took slow, short steps by holding on to parallel bars and learned to move from her wheelchair to a low bed. She also began breathing on her own

without the aid of equipment.

Just prior to her release, Mrs. Freeman became independent in using a wheelchair and in self-care and homemaking activities. It was then when her physician and therapists felt it was time to see if she could readapt to a home environment.

A preliminary visit to Mrs. Freeman's Tyler apartment, where she now lives with her husband, Sam, was made by the therapists to determine what changes would be needed. They discovered Mrs. Freeman's wheelchair was too large to maneuver in her apartment and were able to obtain a smaller one. A tub bench and railing were installed to assist her in bathroom mobility.

The therapists then took Mrs. Freeman to her apartment for a "trial run" to be sure she could use her new equipment safely and

to teach her husband how to help her be as independent as possible.

"Even though the equipment will help her take care of herself, Leahey said, "she'll still need some supervision." Besides her husband and daughter, who will be caring for her, a nurse will make periodic visits to see how she is adjusting.

"Home is the link from the hospital to the community," Scherling explained, "and therapists strive to help patients become functioning citizens again. "This home visit program, initiated with Mrs. Freeman, is the first follow-up program in East Texas not associated with a home health care agency.

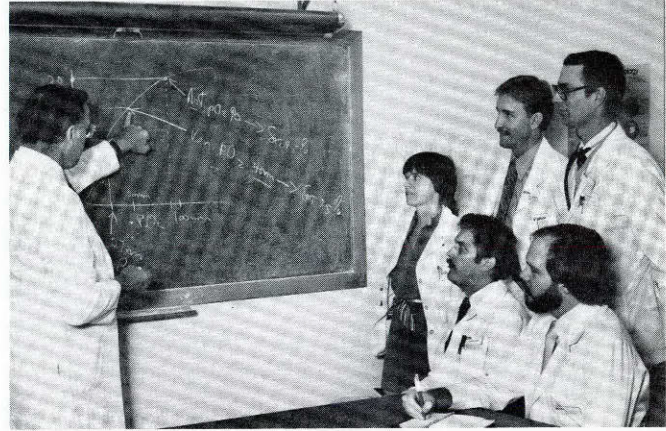
"Mrs. Freeman's case is an example of a good united effort between therapists, physician, family and the patient's own motivation," she added.



Mrs. Bamma Freeman of Groveton takes steps as husband, Sam, looks on.



# Tyler's UT Components Share Cooperative Programs, People



BY SUZANNE DuBEAU

**A**lthough The University of Texas Health Center at Tyler and the University of Texas at Tyler are two separate institutions situated some 11 miles apart, many of our staff members identify with both because they teach UT Tyler courses.

Dr. Donald Nash, immunology research associate professor, is also a clinical professor in medical technology at UT Tyler. Last fall Dr. Nash taught a two-week lecture series in clinical immunology for medical technology students and an on-campus basic immunology course to graduates and undergraduates, both through the biology department.

Dr. John Evans, assistant director of medical education, teaches a UT Tyler seminar, "Supervisory Management for Health Care Professionals," occasionally. An adjunct professor at UT Tyler for the past two years, Dr. Evans has previously taught the course in Gilmer, Longview and at Mother Frances and Medical Center hospitals in Tyler.

Many of UT Tyler's health-related classes are taught at the health center because of its regional location.

Cooperative planning efforts—headed by Dr. Wilbur Avery, the health center's director for medical education, and UT Tyler's Dr. Tom Keagy, assistant to the president for academic affairs—are currently being explored. The two institutions are

discussing ways to expand existing programs and to identify the need for new programs.

Dr. Avery has recently instituted physician participation in UT Tyler student nurse clinical rotation at the health center.

In other cooperative efforts, Dr. Rick Carter, a research assistant professor in physiology who directs the health center's exercise laboratory, will be coordinating the clinical teaching as well as the classroom instruction in the new clinical exercise physiology program. This new master's degree program was developed by both institutions and was approved last fall by the state Coordinating Board.

Dr. Carter also supervises the health center's three-phase cardiac rehabilitation program, a cooperative effort with UT Tyler's exercise physiology area. The health center currently houses the entire program, but starting this spring the third phase of the program—12 weeks of aerobic exercise and recreational activities—will also be held at the UT Tyler campus.

Serving as medical director of the cardiac rehabilitation program—and as a medical consultant to UT Tyler's adult fitness and bariatrics programs—is health center's cardiologist Dr. Robert Payne.

Students in UT Tyler's bachelor of science degree program in medical technology complete 14

weeks of lectures and labs on campus, then spend the rest of the final 12-month period in rotation at the health center and other area health facilities. Dr. Jim Koukl, director of UT Tyler's medical technology program, says students who complete the program are eligible for examination and certification from the Board of Registry, American Society of Clinical Pathologists.

Most health center staff members doubling as UT Tyler adjunct instructors work with the medical technology program and are from the pathology department headed by Dr. L.R. Hieger, himself a clinical professor in medical technology at UT Tyler. These clinical instructors are Dr. Luis Munoz, Linda Bell, Jack Hooper, Illiece Luman, David Murphy, Charlotte Bell and Mary Carr.

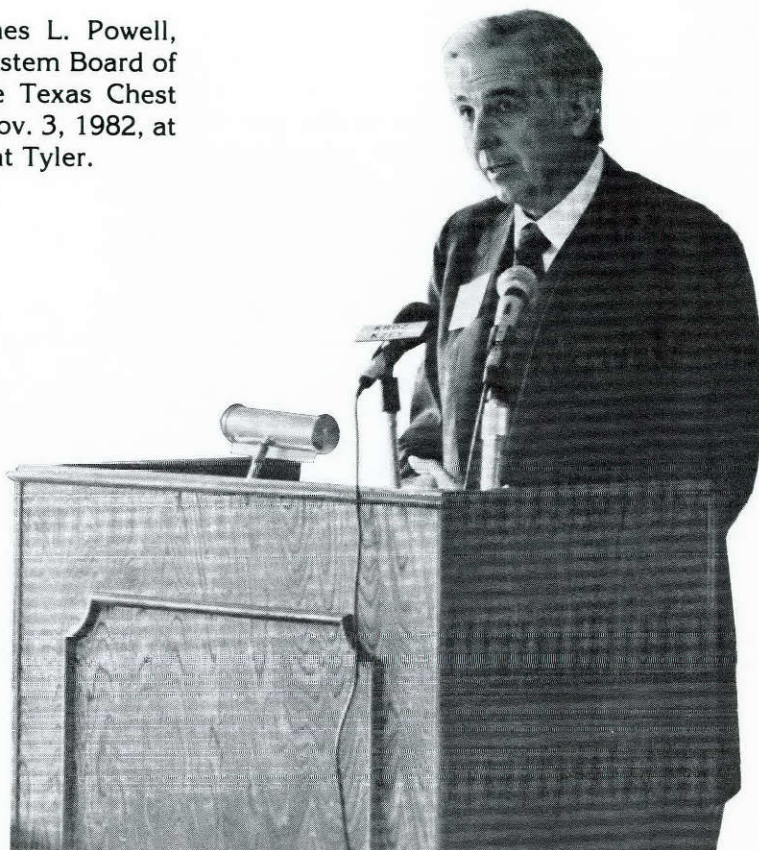
Medical technology students at UT Tyler also learn about blood gasses from Willie Blevins, technical director of the health center's pulmonary function laboratory. Dr. Ron Dodson, chief of cell biology and environmental sciences, has presented lectures in the pathophysiology course taught by UT Tyler's biology department.

Dr. Keith McCoy, chairman of UT Tyler's health and physical education department, says he is pleased with existing cooperative master's programs and projections for new ones. Preliminary discussions have begun regarding doctoral-level programs in health-related areas, McCoy added.



# Educational Mission

The following are remarks by James L. Powell, chairman of The University of Texas System Board of Regents, to the annual meeting of the Texas Chest Foundation and Development Board, Nov. 3, 1982, at The University of Texas Health Center at Tyler.




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## *UT Regents' Chairman Powell says broader based academic programs needed at Tyler health facility.*

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**M**r. Roosth, members of the Texas Chest Foundation, and the Development Board of The University of Texas Health Center at Tyler, distinguished guests, ladies and gentlemen:

It is indeed a pleasure to represent the Board of Regents of The University of Texas System at your annual meeting. This is a significant occasion because your meeting here today is the tenth annual meeting of the Texas Chest Foundation, and the first meeting of the members sitting as the Development Board of The University of Texas Health Center at Tyler.

On behalf of the Board of Regents, I bring you

greetings. I also express our thanks for the support that you, as a foundation, have provided to our common goal—that of helping this institution achieve excellence as a statewide center specializing in patient care, education and research in chest diseases. Because of your assistance, The University of Texas Health Center at Tyler was able to complete a significant occupational disease research project for the National Institutes of Health. Your foundation underwrote the total cost of constructing and furnishing the chapel and counseling center that is so important in patient care at this institution.



I mentioned earlier that our common goal—the advancement of this health component to a position of excellence—is a priority of the Board of Regents and system administration. It is through the cooperation of members of development boards, such as this one, that we will achieve the margin that represents excellence throughout The University of Texas System.

Since education is the primary purpose of The University of Texas, it is the responsibility of the Board of Regents to expand the educational mission of this institution and develop broader based academic programs. Education in its broadest sense includes research, and this institution must intensify its research mission to achieve its full potential as one of the outstanding chest disease treatment and research centers in this country.

The educational mission must also broaden to include expanded medical and osteopathic student education as well as the development of a primary care residency program in either family practice or internal medicine, in cooperation with community hospitals and private practicing physicians.

In order for these goals to be accomplished, increased support from the community leadership and the medical society must be developed.

An immediate plan is to develop strong educational programs in all health careers in this hospital. By working closely with The University of Texas at Tyler we will establish programs in the health care professions that will supply the personnel needs in this area of the state. These health careers include such professions as respiratory therapy, physical medicine and rehabilitation, health educators for public schools, exercise physiologists, technicians and nursing personnel—in fact, this institution has cooperative programs with four different nursing programs in this area.

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***Increased support from the community leadership and the medical society must be developed.***

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Movement is already underway to expand and develop these health care professions. A committee of leading educators from U.T. Tyler and the hospital staff is meeting on a regular basis to provide guidelines for the development of expanded degrees and programs in health careers as a cooperative venture between these two institutions. In fact, one such program has been recently approved and is in the process of being implemented: a master's degree in exercise physiology and rehabilitation. This program is a clinical training ground for candidates for the master's

degree in exercise physiology. The program is gaining national interest, and it will have resounding success.

I am certain that you will be interested in several recent developments for which this institution, its staff,

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***By working closely with UT Tyler, we will establish programs in the health care professions.***

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and you, as a Development Board, can be proud:

- (1) A chest cancer diagnosis and treatment program has been established in this institution. This program has doubled in the number of patients seen in the past year, indicating its success. This program provides needed and major cancer services to the citizens of East Texas.
- (2) A specialized Pediatric Chest Disease Service has been established where children with asthma and cystic fibrosis can be treated on a regular basis with the very best of medical care available.
- (3) A first-class heart program is now in existence, with a heart catheterization laboratory for evaluation of all forms of heart disease. More than 500 patients have been evaluated in this program over the past year.
- (4) An elective program has been established in chest diseases for senior medical students from the medical school in Houston. This teaching program has become popular and is considered an outstanding academic experience for the students. We hope to offer this program to students from all of the University of Texas medical schools.
- (5) A visiting committee has been established. This committee is composed of the chiefs of pulmonary diseases in each of the four University of Texas medical schools and two outstanding pulmonary physicians from outside the state. This committee will meet twice yearly and evaluate the institution's programs and provide recommendations for future professional development of this institution.
- (6) A planning process has been implemented in this institution that has resulted in the first six-year plan in the history of the hospital. The plan will provide guidance for the Board of Regents in developing resources and support for achieving excellence in the institution.
- (7) Recently the Health Center has assumed a greater role and responsibility in post-graduate physician education. This expanded program will provide important continuing education to



assure the quality of medical practice in this area of the state.

The Board of Regents, and I am sure each of you, are proud of the accomplishments of this institution. We all wish to continue this institution's quest for excellence.

This institution does need additional support from you as Development Board members in order to meet the goals, objectives and expectations for this hospital. The University of Texas does not have unlimited resources and therefore must call upon the supporters of its component institutions to assist each institution in developing its full potential.

I would suggest two major development programs that you as board members could undertake that would provide momentum for this institution's future.

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***The Board of Regents has a commitment to develop a nationally-known chest disease institution in Tyler.***

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- (1) In order to expand educational programs for students and young resident physicians in training, the institution is in need of low-cost housing which you've seen presented here today. The students and residents who will participate in the expanding educational programs in this hospital will be temporarily relocated from their parent institutions—medical schools or hospitals—for a training period in the Tyler health center. To prevent the undue financial burden of duplicate housing expenses for this period of time, low-cost housing needs to be provided on this campus. State funds cannot be used for this purpose, and therefore we are asking the Development Board to assist in raising funds for this construction.
- (2) A major research expansion must be developed for this institution in order to establish leading edge research in chest diseases. Outstanding research can result in this institution becoming world renowned as a chest institution of the first class. Research is expensive. This institution needs an operative research fund dedicated to the establishment of a research center in chest disease, a center composed of a team of outstanding researchers conducting research destined to make major breakthroughs in the diagnosis and treat-

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***Two major development programs—student housing and research expansion—would provide momentum for future.***

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ment of lung diseases. Such a dedicated fund will provide the catalyst for research support from other sources, such as the National Institutes of Health and from industry.

Importantly, the Board of Regents has a commitment to develop a nationally-known chest disease institution in Tyler. We are asking your support in this program. I realize that I have outlined major tasks for this Development Board, but with your track record of past performance and dedication to this institution, I am certain this can and will be accomplished.

In closing—and after having challenged you to continued developmental efforts on behalf of this Health Center—let me remind you of a commitment that has been made by the Board of Regents. For about five years we have been attempting to secure legislative enactment of a constitutional amendment which would expand the use of the Permanent University Fund bonding capacity to all components of The University of Texas System. Coupled with that expanded component eligibility would be the authorization to broaden the purposes for which those bond proceeds could be expended to include major repair and rehabilitation, acquisition of library books and materials, and the purchase of capital equipment, in addition to the construction and equipping of new permanent improvements.

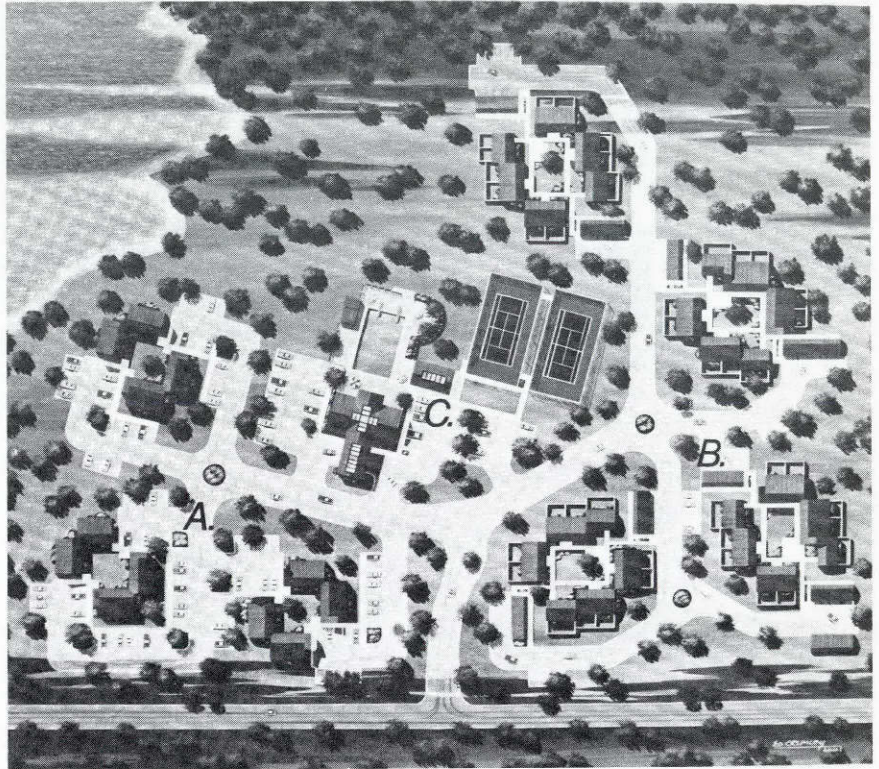
In my opinion, the approval of such a constitutional amendment by the legislature and by the people of Texas will have a far-reaching impact on the Tyler health center. In this era of space age technology, sophisticated clinical instrumentation and advanced research laboratories, the availability of the Permanent University Fund cannot be overemphasized.

The promise of this Board of Regents is that it will continue its best efforts in the legislative session beginning in 1983 to secure this essential constitutional amendment. I know of no more important issue toward which we should combine our very best efforts. We will be calling for your support and your encouragement in this sensitive political area.

Again, on behalf of the Board of Regents, I thank you for your past support and your future commitments.



# Local Leaders Asked to Help Raise Funds For Student Housing and Research Center



Architect's concept of how the student housing project would be built in clusters of four buildings each, grouped around an open court.

University of Texas System Board of Regents Chairman James L. Powell challenged the Health Center's development board Nov. 3 to help raise funds for construction of the first phase of a proposed student housing complex.

Powell also encouraged the development board to lend its support in establishing a research center that would attract outside funding.

He said both the student housing and the research center are needed to develop educational programs and to make the health center nationally recognized.

Powell said low-cost housing is needed at the Tyler facility in order to expand educational programs for students and young resident physicians in training. He said state funds cannot be used for this purpose.

It is estimated that the first phase of the four-unit project, to be built on 12 wooded acres north of the patient care building, will

cost approximately \$1.2 million. Preliminary plans for the project were prepared by Simons-Clark Associates of Tyler.

"We are asking you to assist in raising funds for this construction," Powell told members of the 39-member development board and Texas Chest Foundation attending the annual meeting in the cafeteria. He said such housing would remove a major barrier to development of proposed educational programs.

The first construction phase would consist of 10 wood frame buildings that would house 32 students in one cluster and resident physicians in another cluster of 10 unit two and three-bedroom apartments. The complex could later be expanded to accommodate an additional 132 students and medical residents. When completed, the complex would contain a community building and recreational facilities.

Powell also challenged local

leaders to establish a research fund that would be dedicated to establishing a research center. He said such a center could attract outside funds to support a clinical laboratory which would be "destined to make major breakthroughs in the diagnosis and treatment of lung diseases."

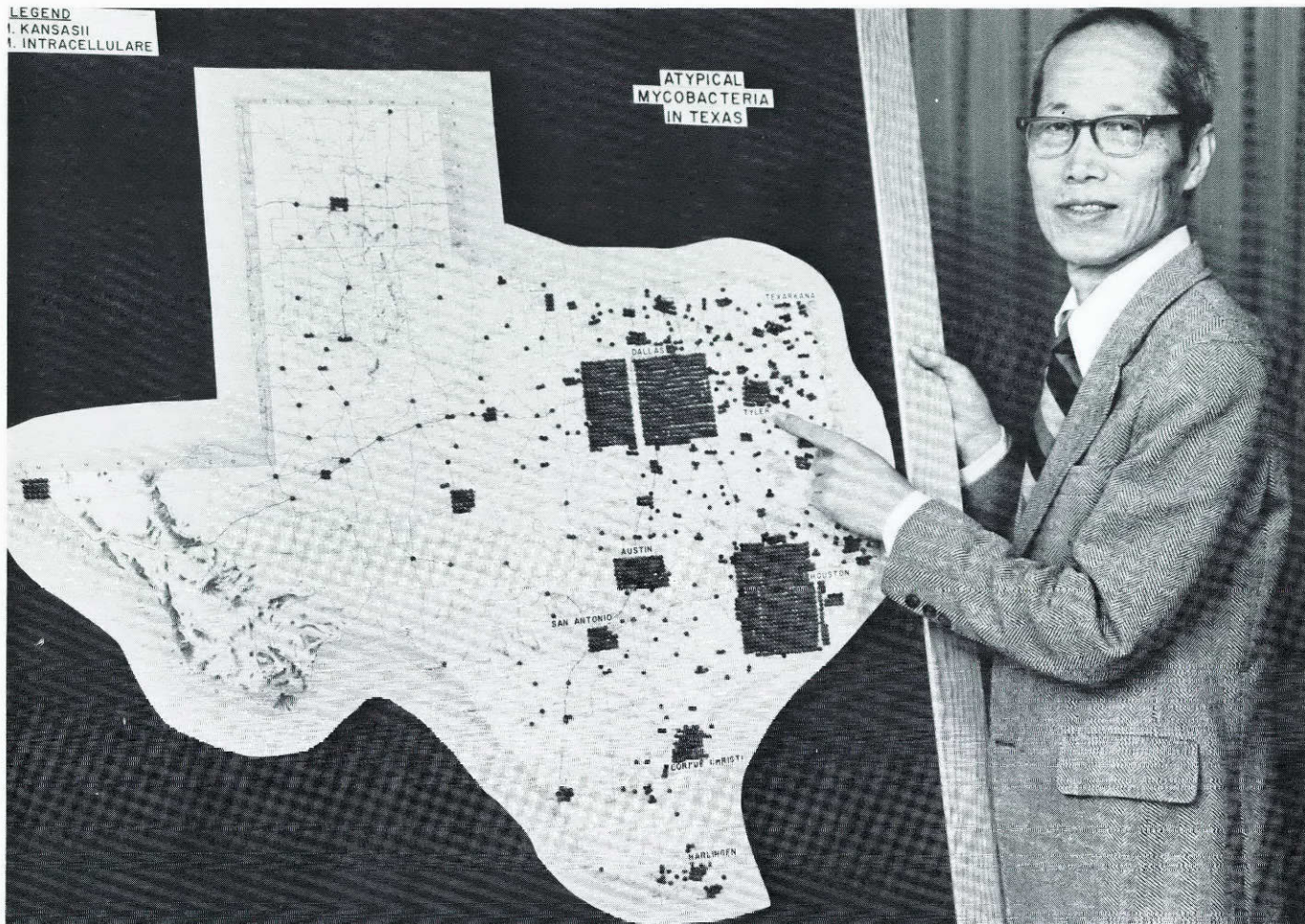
Powell estimated that it would take more than \$1 million to establish such a center. He said it would provide the catalyst for attracting other research support, such as from the National Institute of Health and from industry.

"The Board of Regents has a commitment to develop a nationally-known chest disease institution in Tyler," Powell said. "We are asking your support in this program. I realize that I have outlined major tasks for this development board, but with your track record of past performance and dedication to this institution, I am certain this can and will be accomplished."



LEGEND  
 I. KANSASII  
 I. INTRACELLULARE

ATYPICAL  
 MYCOBACTERIA  
 IN TEXAS



## Ahn's Research Gains Attention

Dr. C.H. Ahn, who has spent nearly two decades at the U.T. Health Center at Tyler, has become nationally recognized as a research expert in the study of mycobacterial diseases.

The microorganisms he studies resemble the bacillus which causes tuberculosis and became a concern for researchers in the 1960s after the decline of TB as a major health problem.

Two types of organisms are known to exist in Texas. One is called *Mycobacterium kansasii*, predominate in the Mississippi Valley area of Illinois, Louisiana and Texas, and the other is *Mycobacterium intracellulare*, prevalent in eastern Texas and the south-eastern United States.

After more than 10 years of studying these diseases, Dr. Ahn says researchers still know very little

about how these mycobacterial diseases are acquired, but they can be fatal if not treated.

Researchers have concluded that *M. kansasii* is found mostly in middle-aged, white males from urban areas, while its companion *M. intracellulare*, is usually found in similar types from rural areas. The Tyler researchers, led by Ahn, have found a similar pattern in Texas.

"The reason for the urban vs. nonurban pattern is not clear and will remain so until the enigma of the means of acquiring these diseases is worked out," Ahn said.

The organisms are present in both soil and water, and infection is presumably acquired from the environment.

From his investigation, Ahn has concluded that the *M. kansasii* disease is the more severe of the

two. Both diseases are classified as chronic illnesses found among patients with other respiratory problems.

Ahn and his coworkers have found evidence that suggests people who have been exposed to tuberculosis, especially Spanish-speaking people in southern Texas, may have developed resistance to these other mycobacterial diseases. Ahn says previous tuberculosis infections may have resulted in cross-immunity.

A map Ahn keeps in his office indicates that the majority of patients referred to the Tyler facility who have contracted the diseases are clustered in the populated areas of Dallas-Fort Worth and Houston, and diffusely distributed among rural areas of north and east Texas. Ahn says there may be



some unknown environmental factors causing them to flourish in the upper part of the state.

In more recent research Ahn and his colleagues—specifically Dr. George Hurst, who is Ahn's main academic helper—have proposed new diagnostic criteria for physicians to use in identifying the two diseases.

Ahn says further analysis of approximately 500 patient cases he has studied at Tyler suggests that earlier diagnostic criteria was inadequate. He said some patients may have been misdiagnosed as having the disease, whereas they were more likely to have had mere colonization.

Colonization refers to organisms found in the breathing tubes or bronchi which have been damaged by prior infections. These organisms have not invaded healthy tissue. Their presence may have lit-

tle or nothing to do with the patient's illness.

In a research paper published last year in *The American Review of Respiratory Diseases*, Ahn suggests ways to modify the diagnosis criteria in order to distinguish between patients with colonization and those with actual disease.

Fellow researcher Dr. Jerry McLarty, chief of epidemiology, said the UT Health Center at Tyler may have the largest patient population of this type disease in the world. He says Ahn's latest research on improving diagnostic techniques represents a major step and is being cited in major chest disease journals.

At the international meeting of chest physicians in Toronto last fall, the three major speakers in a session on mycobacteria referred to Ahn's work.

"Dr. Ahn is a fascinating man. He does all of this research on his own time—at night and on weekends—because of his patients," McLarty said. "His drive comes from wanting to know things and to make advances in his profession."

Ahn is a native of Kyongpook, Korea, and a graduate of Yensei University Medical School. He came to the U.S. in 1954 to do his medical residency at Seaview sanatorium as a senior staff physician and moved to Tyler in 1964 when the UT Health Center was known as East Texas Chest Hospital. He was named chief of special clinical research in 1973 and became chief of the tuberculosis division a year later.

Ahn and his wife have five children. Two of them, Sam and Suzanne, also have medical degrees and have assisted their father in research.

## Pediatric Pulmonary Lab in Service

In the first six months of operation, the UT Health Center's pediatric pulmonary laboratory diagnosed and treated more than 70 young patients from the East Texas area who suffer from asthma, cystic fibrosis and other pulmonary diseases.

Dr. Michael R. Green, instructor in clinical pulmonary pediatrics, is the lab's medical director. Dr. Green came to the health center in 1981 after seven years of post-graduate training in pediatrics, including two years as a pediatric pulmonary fellow under Dr. Miles Weinberger at the University of Iowa. He received his medical degree from UT Health Science Center at San Antonio.

Nearly all pediatric pulmonary lab patients are outpatients referred predominantly by East Texas physicians. About 75 percent of these patients, from age six and up, have asthma.

Though testing equipment used by the UT Health Center is full size, special computer software allows the integrated system to be scaled down for pediatric applications. Before testing begins, the child's name, age, weight and



height are entered on the terminal. Information is recorded and stored in the system's memory during pulmonary function testing administered to diagnose and to help treat pulmonary ailments.

Except in rare cases, Dr. Green says he considers pre-schoolers to young to undergo the lab regimen. "They may not be mature enough to understand instructions or may be too intimidated by white (laboratory) coats."

Last year, the laboratory's technical director, Tyler (Buz) Combs, was hired to set up and operate the lab's advanced equipment. A registered respiratory therapist and graduate of Southwest Texas State University, Combs was previously technical director of cardiopulmonary at Marshall's Memorial Hospital.

Nurse clinician Joan Jeter coordinates lab visits, physician contact and patient education.



# Cessation

As an ex-smoker himself, Grady Faulk understands the difficulty people have in putting down cigarettes.

Faulk has collected a basket of cigarette lighters from his clients.



BY KEN WHITT

After more than a year in operation, the smoking cessation program developed by the University of Texas Health Center at Tyler has involved local people in 900 counseling sessions with some 250 people who desire help. They want to stop smoking cigarettes.

At last count, more than 100 of these people reported they had quit smoking, says program coordinator Grady Faulk. All of the counseling has been done by Faulk who launched the program in 1981.

As an employee at the UT Health Center where thousands of Texans are admitted annually for diagnosis and treatment of some form of lung or heart disease, Faulk began to develop a counseling program he felt would help people stop smoking. He was con-

vinced that as an ex-smoker he could provide a more effective program than others which were designed and conducted by people who had never smoked. Faulk had given up cigarettes after smoking them 36 years.

After studying various other smoking cessation programs conducted throughout the country, Faulk took what he considered the best of four of them and wrote his own program. To verify his conviction that he had developed a sound teaching method, he sent his plan to the Center for Behavioral Studies at North Texas State University for a critique. A professor there with experience in smoking cessation programs assured Faulk that his lesson plan was academically and scientifically sound.

Faulk launched the program in

June 1981 from offices at 1407 S. Fleishel St. in Tyler with funds and encouragement provided by the Texas Chest Foundation. The nonprofit foundation provides financial support for patient care, research and educational programs at the UT Health Center.

"In the beginning we tried evening conference-type meetings to handle a large number of people," Faulk says. "But we discovered that after working all day people were tired and not as attentive. So, I then concentrated on a personal counseling approach here at the office. I'm convinced it works much better."

Faulk starts an individual in the program by reviewing their smoking habit. He has them fill out a questionnaire listing the various reasons why they want to quit smoking.



In subsequent sessions he shows them special films and discusses how to deal with withdrawal. By the fourth session he asks them for a personal commitment on the day and time they plan to quit.

"His approach was different than I thought he would use," says Jerry Mizener of Tyler, who completed the program last spring. "I had read a couple of books on how to stop smoking. So I was surprised by his approach. It worked for me. I stopped April 27th."

Lynne Russell, a head operating nurse at Mother Frances Hospital in Tyler, echoed Mizener's praise for the program. After trying for more than a year to quit smoking on her own, she entered the UT Health Center program in October, 1981.

"The biggest thing is the way he (Faulk) handles it," she said. "You can tell he's done an extreme amount of research. He motivates you and makes you feel good about yourself."

"Now as I look back I can't understand why I ever smoked at all. Ninety percent of smoking is habit; only a small percentage involves withdrawal. The body doesn't crave cigarettes; it's just habit."

"The program is a great service

to the community," she added. "The foundation is to be commended for financing it."

In the past fiscal year, Faulk said he counseled 227 people, of which 101 had completed the prescribed five-session program. He said 94 of those reported that they had quit smoking. Of the total counseled, 16 people were advised to discontinue the program.

## People in the program are shown how to deal with withdrawal.

"Some people have more serious problems," Faulk explains. "I couldn't help them."

He says approximately 75 percent of the program's clients are women, most of whom are not yet showing any adverse health effects. Asked if the reason more women enter the program than men is because counseling is usually during week days, Faulk responded: "No, it's more difficult for women to quit than men. Women smoke for the tranquilizing effect and men smoke for pleasure. For that reason, a man can put cigarettes down more

easily than women and walk away from them."

To illustrate, Faulk describes one female client who had real difficulty in resisting the smoking temptation. After one of their counseling sessions Faulk advised her to go straight home, put her pack of cigarettes in the kitchen sink and turn on the water. At the next session she told Faulk she followed his instructions.

But, she confessed, later that night when her husband left in the family car and leaving her stranded at their remotely located home, she retrieved the soggy cigarette packs from the garbage and unsuccessfully tried to dry them out in the microwave oven.

"So you see, some people really have a difficult time in quitting. As an ex-smoker, I understand and can relate to what they are experiencing," he said.

Faulk has a ritual that he performs with all of his clients. On the first session he gives them a packet of matches he picks up at nearby bank and gives them to the client in exchange for their cigarette lighter. After a year and a half, he has accumulated a basket full of lighters.

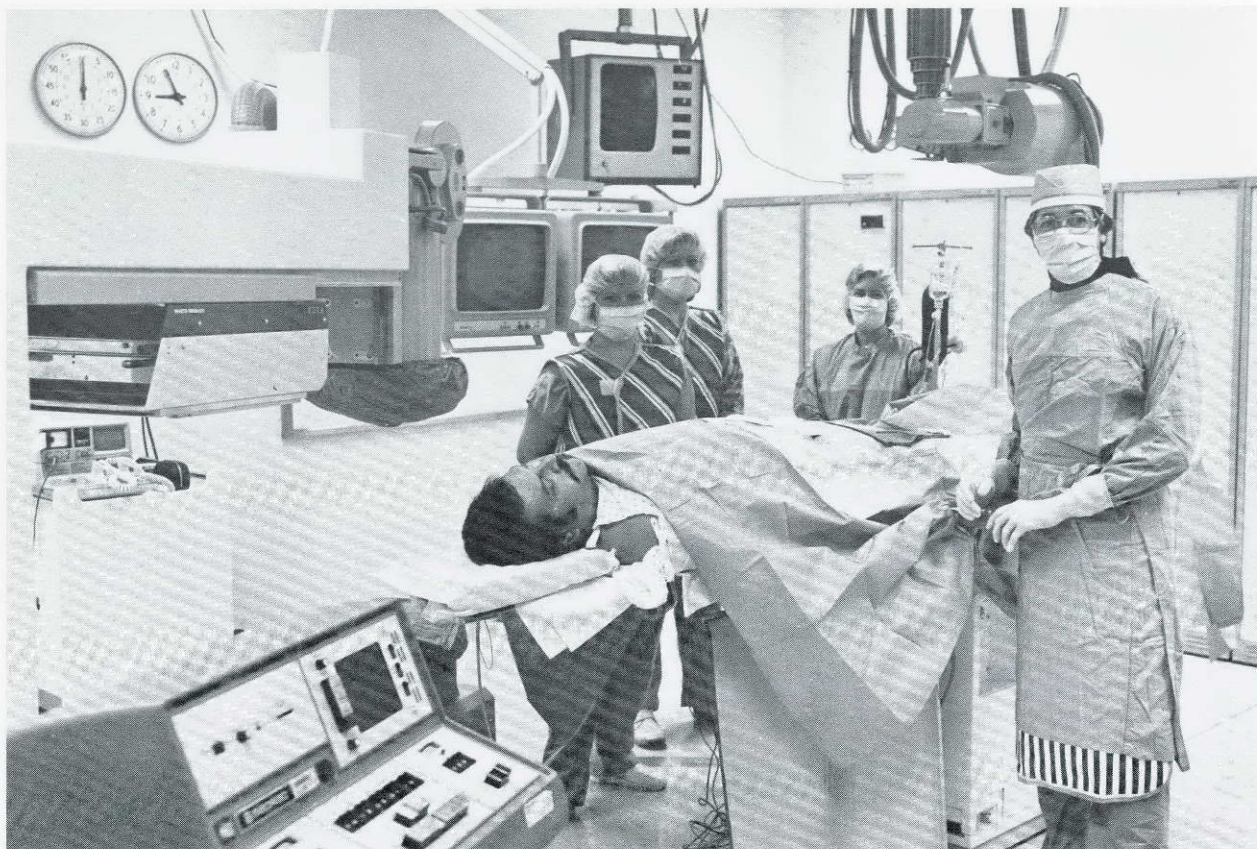
It's his way of trying to persuade East Texans from flippin' their BIC.



The "Please" no smoking table-top signs are provided by Texas Chest Foundation. Anyone wanting one or several should contact Grady Faulk at the Smoking Cessation Program office at 1407 S. Fleishel, Tyler, or by calling 593-2001.



# Cardiac Catheterizations



UT Health Center cardiologist Dr. Robert Payne prepares to perform a cardiac catheterization on a patient, one of more than 200 performed.

## Health Center Conducts 200th Procedure

In February the University of Texas Health Center at Tyler performed its 200th cardiac catheterization procedure. The service was inaugurated in June 1981 after Dr. Robert Payne, a cardiologist with eight years experience in private practice, was named director of cardiology.

It took a year to complete the first 100 catheterizations and only six months to complete the second 100.

"Based on the first year of operation, we thought it would be next fall before the 200th catheterization was performed," says Health Center Director Dr. George A. Hurst. "Dr. Payne has been extremely busy. I think it is an indication that the service was needed and a reflection on the reputa-

tion he has established in such a short time."

Cardiac catheterization is a diagnostic procedure whereby a catheter—a long, slender tube—is inserted into a blood vessel in the arm or leg and passed to the heart to detect abnormalities.

The procedure usually requires a two-night stay at the health center or can be arranged as an outpatient procedure from other Tyler hospitals. Baseline tests and X-rays are taken the first day and the hour-long procedure is performed the second day.

Assisting Dr. Payne with the procedure are two nurses, Ed Jones and Sharon Verash, and two X-ray technicians, Camille Mullenax and Brenda Coughenour.

The UT Health Center and Wad-

ley Regional Medical Center at Texarkana are the only medical facilities in Health Systems Agency—a 19-county area of Northeast Texas—which provide the service.

Of the patients referred for catheterizations so far, 70 percent have come from about 40 Tyler physicians. Overall, patients have come from 22 counties, mostly from the region with 50 percent coming from Smith County.

About 30 percent of the patients undergoing catheterization diagnosis have been referred to hospitals in Dallas, Houston or Galveston for open heart surgery.

The health center has presented a certificate of need application to the Texas Health Facilities Commission for authorization to initiate adult open heart surgical services by next September.



# Texas Chest Foundation and News



George A. Hurst, Isadore Roosth and James L. Powell

## Officers Elected At Annual Meeting

The UT Health Center Development Board and Texas Chest Foundation trustees received a report on development fund balances and elected new officers at the Nov. 3 annual meeting.

This year marked the foundation's 10th anniversary and was the first joint meeting of the foundation and UT Health Center Development Board. The same group of board members serves both organizations.

Health Center Director George A. Hurst pointed out that Isadore Roosth of Tyler has served as president and Royce Wisenbaker has served on the executive committee since the foundation's inception in 1972.

"We would not be where we are

today without the leadership of these two individuals," Hurst said in acknowledging their service to the health center.

It was announced that Ed Rasco, foundation treasurer, was stepping down after 10 years in that position but will continue as a trustee.

Roosth was re-elected president, A.W. (Dub) Riter renamed vice president and Jud Adams was returned to the secretarial post. Henry M. Bell III was named treasurer and elected to a three-year term as trustee. Another new board member, Dr. Earl C. Kinzie of Lindale, was also named to represent the Texas Osteopathic Medical Association, District III, position on the board.

## Two Trustees Honored

Foundation trustees Watson Wise and H.J. McKenzie, both of Tyler, recently were honored at special recognition dinners.

Wise was honored by friends for his contributions to medicine and education at an October dinner in which the Rev. Norman Vincent Peale was guest speaker. Wise was cited for the seven dialysis centers he has donated to hospitals in Texas and South Korea. Dr. Chai H. Ahn, associate professor of clinical medicine at the UT Health Center-Tyler, represented his native country at the dinner.

McKenzie, retired president of Cotton Belt Railroad, received the 1982 People of Vision Award from the Tyler chapter of Texas Society to Prevent Blindness.



# U.T. Development Board

## Gifts

### Contributions to Texas Chest Foundation

#### Memorial Gifts

Mr. and Mrs. W.F. Carroll, in memory of Mrs. Evelyn Wright.  
 Mr. and Mrs. J.R. Horsley, in memory of Mrs. Evelyn Wright.  
 Mr. and Mrs. Gordon Campbell, in memory of Mrs. Evelyn Wright.  
 Mrs. John T. Randel, in memory of Mrs. Evelyn Wright.  
 Mrs. Cecil McCullars, in memory of Mrs. Evelyn Wright.  
 Mary W. Fletcher, in memory of Mrs. Evelyn Wright.  
 Mrs. S.H. Bothwell, in memory of Mrs. Evelyn Wright.  
 Mrs. C.N. Clyde, in memory of Mrs. Evelyn Wright.  
 Mr. and Mrs. Calvin Clyde, Jr., in memory of Mrs. Evelyn Wright.  
 Mr. and Mrs. Ralph Spence, in memory of Mrs. Evelyn Wright.  
 Mr. and Mrs. Byron Saunders, in memory of Mrs. Evelyn Wright.  
 Mr. and Mrs. Huff Baines, in memory of Mrs. Evelyn Wright.  
 Mr. and Mrs. Randall D. Klein, in memory of Mrs. Evelyn Wright.  
 Mrs. William J. Speas, Jr., in memory of Mrs. Evelyn Wright.  
 Mr. and Mrs. A.W. Riter, Jr., in memory of Billy Williamson.  
 Mrs. Louise Boulter Chapin, in memory of Billy Williamson.  
 Mary Dow, in memory of Billy Williamson.  
 Nancy Boulter, in memory of Billy Williamson.

Officers and Directors, Peoples National Bank of Tyler, in memory of Billy Williamson.  
 Roosth and Genecov Production Company, in memory of Margaret Faulk.  
 Mr. and Mrs. Johnny Wright, in memory of Margaret Faulk.  
 Mr. and Mrs. Kenneth L. Whitt, in memory of Margaret Faulk.  
 Officers and Directors, Citizens First National Bank of Tyler, in memory of Margaret Faulk.  
 Mr. and Mrs. Billy D. Myers, in memory of Margaret Faulk.  
 Dr. and Mrs. Paul Turman, in memory of Margaret Faulk.  
 Mrs. John T. Randel, in memory of Dean Kidd.  
 Mr. and Mrs. Byron Saunders, in memory of Russell Cantwell.  
 Mrs. Maureen G. Coleman, in memory of Dr. James L. McCary.  
 Mrs. George Foltz, in memory of Olney Davis.  
 Mr. and Mrs. Sam Tipps, in memory of Kathryn Tipps.  
 Johnny Wright, in memory of Mrs. Louise Merrick.  
 Johnny Wright, in memory of Robert A. Fry.  
 Mr. and Mrs. Tom C. Brown, in memory of Robert A. Fry.  
 Johnny Wright, in memory of A.E. Dennis.  
 Mr. and Mrs. Tom C. Brown, in memory of A.E. Dennis.

Johnny Wright, in memory of Lonnie Holotik.  
 Mr. and Mrs. Grady Faulk, in memory of J.C. Prejean.  
 Mr. and Mrs. W.T. Matlage, Sr., in memory of John A. Matlage.  
 Dr. and Mrs. W.T. Matlage, Jr., in memory of John A. Matlage.  
 Mr. Isadore Roosth, in memory of J.C. Prejean.  
 Johnny Wright, in memory of G.W. Dower.  
 Johnny Wright, in memory of Mrs. Charles R. Johnson.  
 Mr. and Mrs. Henry M. Bell, Jr., in memory of Mrs. Robert Lee Bobbitt, Jr.  
 Mr. and Mrs. Deakins, in memory of Mrs. Robert Lee Bobbitt, Jr.  
 Dr. and Mrs. E.C. Kinzie, in memory of Agnes Pool.

#### Honor Gifts

Mrs. D.R. Glass, in honor of Isadore Roosth.

#### Foundation Gifts

Eugene E. Miller  
 Mrs. William Sheehy  
 Sam Roosth Foundation  
 A.S. Genecov Foundation  
 Billie J. Chapman  
 Bobby D. Chapman  
 Bill Lang  
 Julia C. Downing  
 Miss Camille Northcutt  
 Carole Hawkins  
 Dixie Greschuck

### Board of Trustees

The following persons are members of the Board of Trustees for Texas Chest Foundation and members of the Development Board for The University of Texas Health Center at Tyler:

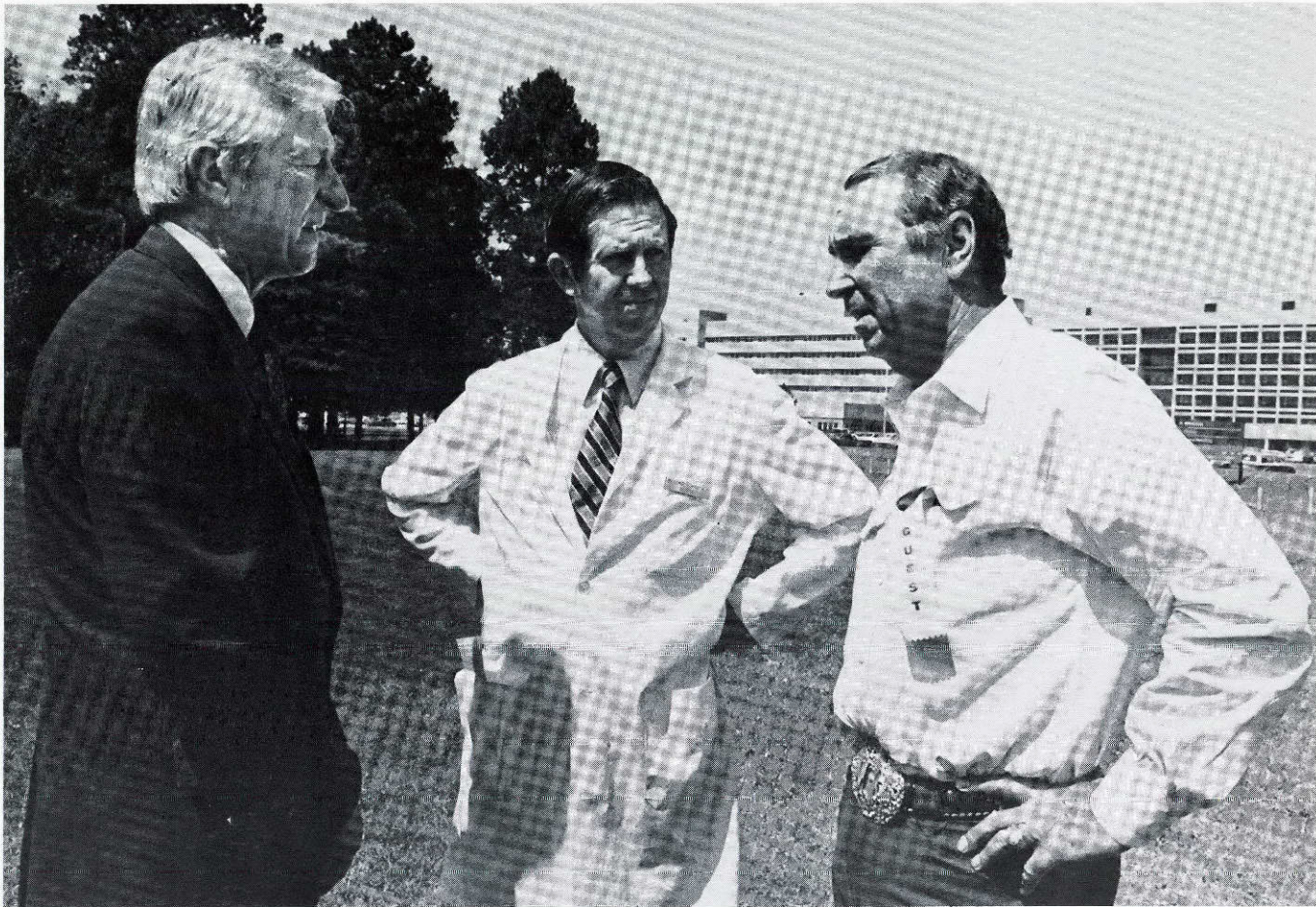
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 Watson Wise, Tyler  
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# 5th Anniversary Celebration



## EMPLOYEE APPRECIATION BARBEQUE

Employees dined on barbecue dished up by physicians and administrative staff Sept. 17, while listening to western music provided by Hoss Huggins' band. Special guests included Congressman Ralph Hall and Sen. Peyton McKnight of Tyler (above), whom Director George Hurst recognized for helping the health center become a component of the UT System, and state Rep. Bill Hollowell of Grand Saline. Guests from Tyler and other neighboring cities were on hand to celebrate the fifth anniversary as UT Health Center-Tyler.



# News Briefs

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Dr. Kenwyn G. Nelson



Dr. Ragene Rivera



Dr. Ronald F. Dodson

## *Three Initiated into Medical Organization*

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Two physicians and a researcher on the UT Health Center staff have been initiated as fellows in the American College of Chest Physicians in ceremonies at Toronto, Canada.

Initiated were Dr. Ragene Rivera, Dr. Kenwyn G. Nelson and Dr. Ronald F. Dodson.

The multidisciplinary organization is an international society which provides continuing educa-

tion in cardiopulmonary medicine and surgery. Membership in the college signifies peer recognition of the highest professional achievement.

Dr. Rivera is an assistant professor of clinical medicine, specializing in oncology. She received her M.D. degree from Baylor College of Medicine where she was an instructor before joining the health center staff in 1980.

Dr. Nelson, chief of surgery and professor of clinical thoracic surgery, has been at the health center since 1975. He received his M.D. degree from the University of Virginia.

Dr. Dodson is chief and research professor of cell biology and environmental sciences. He has a Ph.D. degree from Texas A&M University. He came to the health center in 1978 from Baylor College of Medicine in Houston.

## *Nelson Appointed Acting Chief of Staff*

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Dr. Kenwyn G. Nelson, chief of surgery and professor of clinical thoracic surgery, has been appointed acting chief of medical staff for the UT Health Center, announced Dr. George A. Hurst, director.

"Dr. Nelson will assume responsibilities as acting chief of staff in addition to his responsibilities as chief of surgery," Hurst said.

Nelson temporarily fills the

position held by Dr. William T. Matlage, who retired. The acting chief of staff has the following individuals, departments and services report to him: physicians, departments of radiology and pathology, dental service and the Outpatient Clinic. Nelson received his M.D. degree from the University of Virginia. Recently he was initiated as a fellow in the American College of Chest Physicians.

The acting chief of staff was a career officer in the U.S. Army Medical Corps from 1951 until coming to the Health Center in 1975. He served at Walter Reed General Hospital and in Viet Nam, but spent most of his career at William Beaumont Army Medical Center in El Paso where he was deputy commander and chief of professional services, chief of thoracic surgery service and director of medical education.



## *Infectious Lung Diseases Lab Opens*

Dr. Richard J. Wallace Jr., assistant professor of medicine, microbiology and immunology, at Baylor College of Medicine in Houston, has been appointed chief of the UT Health Center's new microbiology department.

The newly-established departmental laboratory will conduct studies of infectious lung diseases.

"We are pleased Dr. Wallace has joined our research facility," said Dr. George A. Hurst, health center director. "He is a national authority in the field of rapidly-growing mycobacterial infections."

These organisms are closely related to the organisms which cause tuberculosis and can cause similar disease.

The newest member of the health center staff is the author or co-author of 37 research articles dealing with infectious disease. He is a member of several profes-

sional societies, including the Infectious Diseases Society of America. He is a fellow of the American College of Physicians and the American College of Chest Physicians. He has been active in the southern section of the American Federation for Clinical Research and was a member of the 1981 program committee for the American Thoracic Society's scientific assembly on microbiology, tuberculosis and pulmonary infections.

Dr. Wallace was born in Boston, Mass., and is a 1968 graduate of the University of Texas at Austin. He received his M.D. degree in 1972 from Baylor College of Medicine where he has been on the research staff since 1977. In association with his work at Baylor, Wallace has been head of the infectious disease section at Houston's Jefferson Davis Hospital.



**Dr. Richard J. Wallace Jr.**

He did his internship and residency at Boston City Hospital from 1972-74, and was a fellow in infectious diseases at Channing Laboratory in Boston during 1974-75. In 1975 he received a two-year National Institute of Health fellowship in infectious diseases to conduct research at Baylor.



### **FIRST RESPIRATORY THERAPY GRADUATES**

Nine students from the respiratory therapy satellite certification technology program begun in cooperation with Tyler Junior College graduated in September. They are, front row from left, Carolyn Campbell, Carolyn Gaiser, Sherry Tabura Hunt, Sharie Lindsey Jobe and Debra Wilkins. Back row, from left, are Barbara Crow, Danetta Schultz, Sonja Jones and Richard Pharr.



## Memories Planted

A "Plant A Memory" project in 1977 to replace trees lost in the construction of the UT Health Center's patient care building has culminated with the erection of a bronze plaque commemorating 42 people.

Approximately \$1,000 was donated in their memory.

Last spring three large live oak trees were planted just east of the patient care building. The trees were purchased from the donations made by more than 200 people in memory of relatives and friends.

The following names are inscribed on the plaque:

Mrs. A.S. Anderson, Mrs. Jessie Bennett, Harold M. Brewster, Mrs. George Carlisle, Mrs. Elizabeth Cook, Emily Marie Dietz, John Dorman, Walter Hackney, Mrs. Harold Hamlin, Mrs. Ettie Hanson, Mrs. Nicholas Hebert, W.L. Henderson.

Mrs. Margurete Hercules, Paul



**Reba Hackney stands at plaque containing her husband's name. Three trees were planted to commemorate the names of 42 people.**

R. Hieger, Mrs. Cassie High, Elbert Hood, Roy Huddle, Clyda Killingsworth, Raymond King Sr., Marvin G. Kirby, Mrs. Blanche Knotts, Paul Lamb, Mary Malone, William E. McKenzie, Charlie Michael, Page T. Morris, A.C. Pate.

Jack R. Pate, Leah Elizabeth

Paxton, Mrs. Dolly Peason, Mr. and Mrs. Sam Ross, Phillip Ruckert, Mrs. Lelia Smith, Lena Smythe, Barney Steel, Mrs. Leoma Stegall, Laura Stoddard, Mrs. Myrtis Townsend, Veterans of Foreign Wars, C.S. Wetsel, Mrs. Josie Whitehead and Manzie Whitehead.

## Five-Member Advisory Group Named

A visitors' committee composed of physicians from outside the UT Health Center at Tyler has been formed to advise the administration and staff on various matters.

Accepting appointments to the committee are the following physicians: W.G. Johanson Jr., professor of medicine and chief of pulmonary disease, UT Health Science Center at San Antonio; Alan K. Pierce, professor of medicine, UT Health Science Center at Dallas; Ronald G. Crystal, chief of pulmonary branch, National Institutes of Health; Robert G. Loudon, professor of medicine, University of Cincinnati; and Williams DeGroot, professor of medicine and chief of pulmonary disease, UT Medical Branch at Galveston.



**These four visiting physicians— Ronald G. Crystal and Williams DeGroot, (standing) and W.G. Johanson Jr. and Robert G. Loudon—made their first visit to the Health Center in December and submitted an advisory report to the administration. A fifth committee member, Alan K. Pierce, was unable to attend the first meeting.**



## Published Research

The following is a list of research projects conducted by physicians and research faculty at The University of Texas Health Center at Tyler that have been recently published or accepted for publication.

"Antibiotic Therapy of Acute Exacerbations of Chronic Bronchitis," *Annals of Internal Medicine*, July 1982, by M. Brooke Nicotra, M.D. and Manuel Rivera, M.D., UT Health Center-Tyler, and Robert J. Awe, M.D., Baylor College of Medicine, Houston.

"Selecting Drug Combinations for Treatment of Drug-Resistant Mycobacterial Diseases," *The Journal of Clinical Pharmacology*, July 1982, by Donald R. Nash, Ph.D., and Vincent A. Steingrube, UT Health Center-Tyler.

"Criteria for Pulmonary Disease Caused by Mycobacterium Kansasii and Mycobacterium Intracellulare," *American Review of Respiratory Disease*, April 1982, by Chai H. Ahn, Jerry W. McLarty, Samuel S. Ahn, Suzanne I. Ahn and George A. Hurst, UT Health Center-Tyler.

"Regression Analysis of Cytopathological Data," *Biometrics*, December 1982, by A.S. Whittemore, Stanford University; Jerry W. McLarty and Nobel G. Fortson, UT Health Center-Tyler; and K. Anderson, Stanford.

"Factors Relating to Recurrence of Chronic Pulmonary Histoplasmosis Following Treatment With Amphotericin B," *The American Journal of the Medical Sciences*, January-February 1983, by J.R. Lowell and Jerry W. McLarty, UT Health Center-Tyler.

"Asbestos Bodies and Particulate Matter in Sputum from Former Asbestos Workers: An Ultrastructural Study," *Acta Cytologica*, (in press), by Ronald F. Dodson, Marion G. Williams Jr. and Jerry W. McLarty, UT Health Center-Tyler.

"Analysis of Cores of Ferruginous Bodies from Former Asbestos Workers," *Environmental Research*, (in press) by Ronald F. Dodson, Michael F. O'Sullivan, Marion G. Williams Jr. and George A. Hurst, UT Health Center-Tyler.

"Method of Removing the Ferruginous Coating from Asbestos Bodies," *Journal of Toxicol and Environmental Health*, (in press), by Ronald F. Dodson, Marion G. Williams Jr. and George A. Hurst, UT Health Center-Tyler.

"A Procedure for the Isolation of Amosite Asbestos and Ferruginous Bodies from Lung Tissue and Sputum," *Journal of Toxicol and Environmental Health*, (in press), by Marion G. Williams Jr., Ronald F. Dodson, Carolyn J. Corn and George A. Hurst, UT Health Center-Tyler.

"In Vitro Drug Sensitivity of *M. Avium-Intracellulare* Complex in the presence and Absence of Dimethyl Sulfoxide," *Microbios*, (in press), by Donald R. Nash and Vincent A. Steingrube, UT Health Center-Tyler.

"Primary Immune Responsiveness and Other Observations In Mice Given Oral Dimethyl Sulfoxide," *Immunopharmacology*, (in press) by Donald R. Nash and Vincent A. Steingrube, UT Health Center-Tyler.

## Antibiotic Therapy Study

Medical researchers at the UT Health Center-Tyler have concluded from a recent study that antibiotic therapy is not needed in moderately ill patients who experience increased severity of chronic bronchitis.

The study involving 40 patients was prompted by conflicting data obtained from similar research, most of which had been conducted in the United Kingdom.

The study was conducted by Dr. Brooke Nicotra and Dr. Manuel Rivera, both associate professors of clinical medicine at the UT Health Center-Tyler, and by Dr. Robert J. Awe of the Baylor College of Medicine in Houston.

The purpose of the study was to establish the value of an antibiotic, tetracycline, in the therapy of chronic bronchitis patients who experience increased symptoms of

breathing difficulty, coughing and sputum production.

Forty patients agreed to assist in the controlled study. Each person completed a questionnaire about their condition at the beginning and at the conclusion of seven days of treatment. The patients were divided into two groups of 20, similar in age and sex. In each group, 75 percent of the patients were current smokers.

For treatment, both groups received medication to cause relaxation of muscle in the air passages, given through a vein, by mouth or by inhalation. But one group also received an antibiotic, tetracycline, and the other half was given a placebo, an inactive substance used in controlled studies.

After a week of therapy, clinical improvement, as judged by both

patients and the physicians, was significant. In the physicians' judgment, improvement was equal in both groups.

The doctors concluded that the equal degree of recovery in both groups could be attributed to the fact that the patients' worsened condition was probably not caused by a bacterial infection. The researchers also felt that their study clearly shows that chronic bronchitis patients with moderate exacerbations improve with treatment regardless of the use of antibiotics. They also recommend, however, that further studies to evaluate the usefulness of antibiotics in severely ill patients be done.

Their findings were published recently in the medical journal, *Annals of Internal Medicine*.







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