TEXAS OSTEOPATHIC PHYSICIANS
# JOURNAL
January 1978

*As we leave the old year*

*behind us and look forward*

*to a healthy and prosperous*

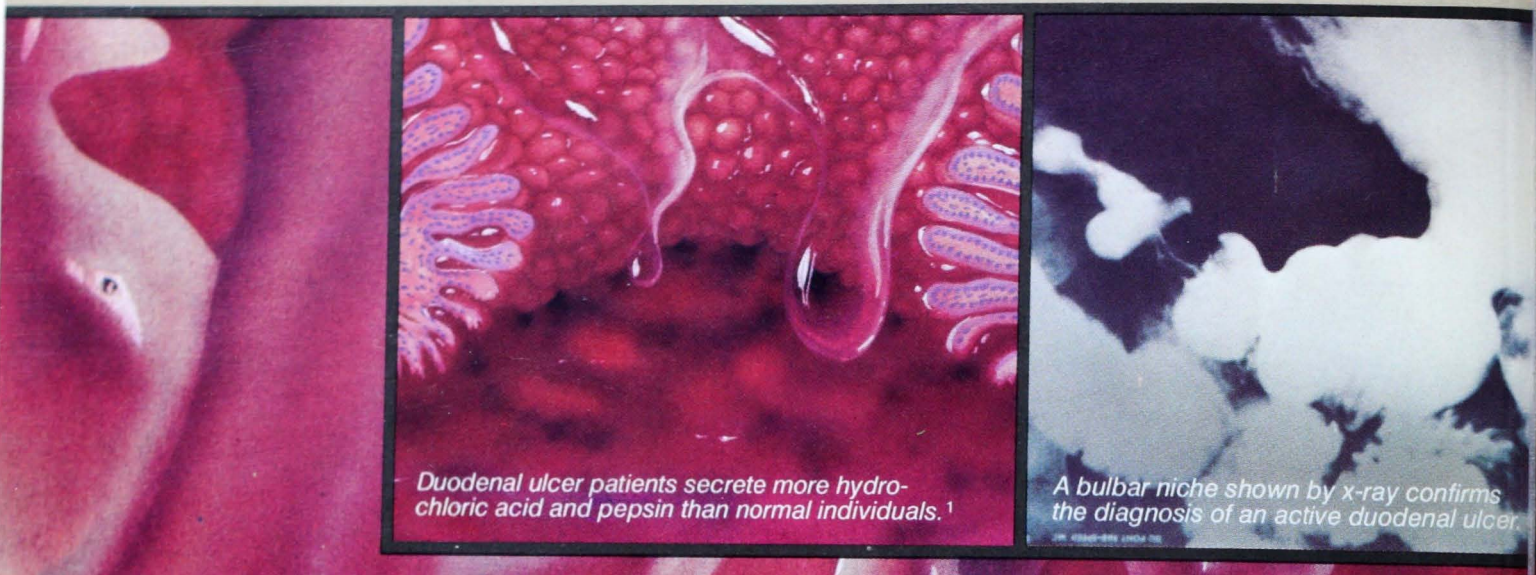
*New Year . . .*

*we pause to extend*

*our sincere good wishes*

*from all of us - to all of you.*

# HYPERACIDITY/HYPERMOTILIT



*Duodenal ulcer patients secrete more hydrochloric acid and pepsin than normal individuals.*[1]



*A bulbar niche shown by x-ray confirms the diagnosis of an active duodenal ulcer.*

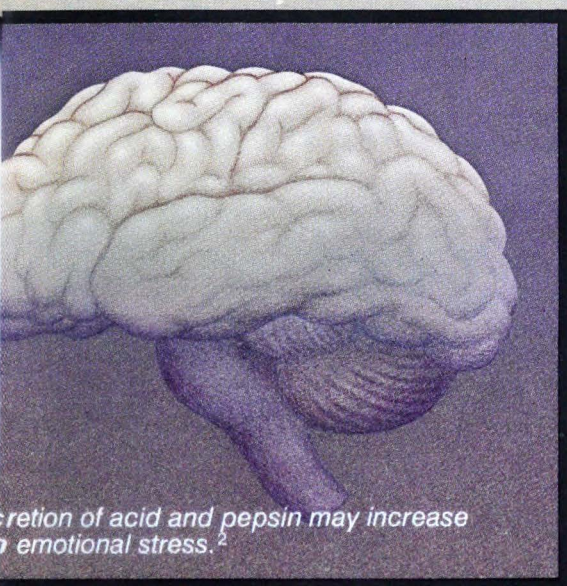
Artist's rendition of duodenal ulcer


**References:**

1. Isenberg JI: *Postgrad Med* 57:163-169, Jan 1975
2. Wolf S, *et al: Gastroenterology* 69:1161-1164, Nov 1975

ROCHE

# ELATED ANXIETY...



*cretion of acid and pepsin may increase
emotional stress.*[2]

# ALL THREE RESPOND TO LIBRAX

The patient with duodenal ulcer may be "hyper" in more ways than one. Of course, the ulcer itself is associated with elevated acid-pepsin secretion. But frequently linked with the related pain and spasm are the subjective factors of excessive anxiety and emotional tension.

## IN DUODENAL ULCER* ONLY LIBRAX PROVIDES:

**1 The specific antianxiety action of Librium® (chlordiazepoxide HCl)**

**2 The potent antisecretory-antispasmodic actions of Quarzan® (clidinium Br)**

**Adjunctive**

# Librax®

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

**Antianxiety/Antisecretory/Antispasmodic**

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

## Librax®

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

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

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

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

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

**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) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions) reported following discontinuation of the drug.

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

As with all anticholinergics, inhibition of lactation may occur.

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

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

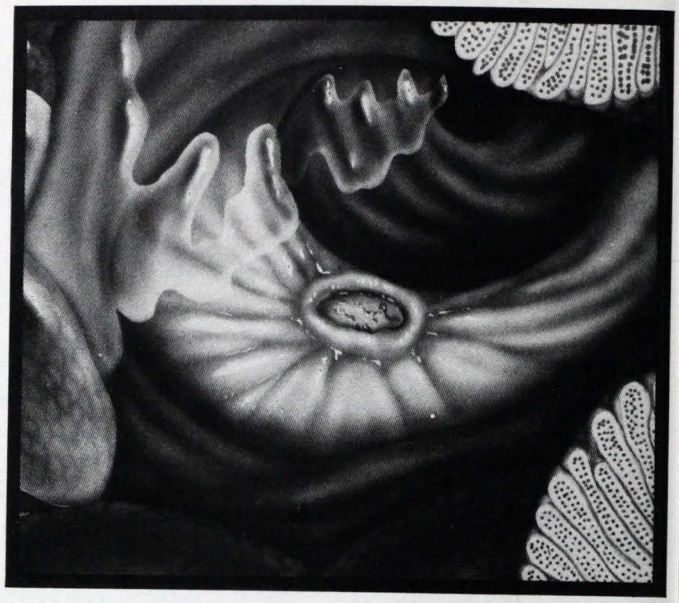
**Dosage:** Individualize for maximum benefit. Usual maintenance dose is 1-2 capsules, 3-4 times/day, before meals and at bedtime. Geriatric patients—see Precautions.

**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, singly and in trays of 10.

ROCHE

Roche Products Inc.
Manati, Puerto Rico 00701

# To lessen hyperacidity, hypermotility and related anxiety in duodenal ulcer*



## Adjunctive/Dual-Action

# Librax®

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

Because only Librax provides the specific anti-anxiety action of Librium® (chlordiazepoxide HCl) plus the potent antisecretory-antispasmodic actions of Quarzan®(clidinium Br)

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Mr. Tex Roberts, Editor

# GENTEC FEATURES A TEXAS EXCLUSIVE: MENNEN-GREATBATCH CLINICAL AND DIAGNOSTIC SYSTEMS

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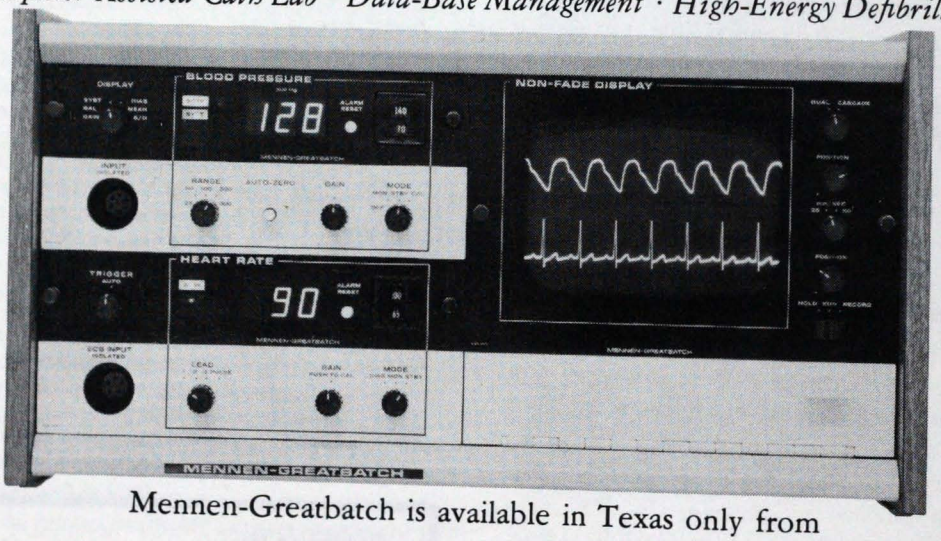


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# COMING UP!

Late winter and spring are going to be extremely busy for TOMA members, with a number of interesting and important meetings coming up.

The Lakeway Legislative Seminar January 27, 28 and 29 will be followed by the Public Health Seminar to be held in Dallas February 11 and 12. And District VI has scheduled a General Practice Seminar in Houston for February 25 and 26.

The biggest blast of all comes May 4, 5 and 6 when TOMA holds its Annual Convention and Scientific Seminar in Fort Worth.

Each of these events has a different purpose and they are all important to members.

## LAKEWAY LEGISLATIVE SEMINAR

Legislative know-how becomes more important in a doctor's professional life every day and every year. Whether or not the State Legislature is in session, its committees continue their work without letup. And excepting for some long recesses, Congress never stops. Wherever your Congressmen happen to be, the business of the federal government continues feverishly in the many departments and bureaus.

The formal legislation that is enacted by both the State and Federal governments may not be forthcoming every day, but you can be sure that the bureaucratic rule makers never let up.

Your Governmental Relations Committee, backed up by your State Office staff, serves as watchdog over the proliferation of the commandments, mandates and *de*mandments coming from the capitals, and does its best to keep the TOMA membership informed. But we'll really get down to the nitty-gritty when we meet with our state legislators and others knowledgeable in the field of government at Lakeway Inn in late January.

The general program for this Seminar was published in the December *Journal*, and since then you have each received a copy of it in the mail, along with registration and room reservation cards.

You may want to note a change in the program for Friday night in that the Keynote speaker will be Attorney General John Hill.

This Seminar can be extremely helpful to the osteopathic profession in Texas, and to each registrant personally.

Will we see you there?

## PUBLIC HEALTH SEMINAR

Although the program for the Public Health Seminar to be held at the Dallas Marriott February 11 and 12 is not quite complete, it is shaping up, and you will receive a copy of it in January.

Dr. H. Eugene Brown, who is our member of the Texas Department of Health, is in charge of the Seminar, which is sponsored in part by that Department. This year District V has committed itself to pick up part of the tab, since the Department is unable to finance it entirely.

Although it was announced in the December *Journal* that Dr. Richard T. Caleel had been invited to be the headline speaker at this Seminar, he will not be able to make it, however, Dr. Brown promises a speaker of equal capabilities.

Four speakers from the Texas College of Osteopathic Medicine have accepted invitations to participate. They include Drs. John Harakal, Joel Alter, Bill Neal and Richard Baldwin. Their subjects and times of presentation will be included in the program you will receive in the mail.

As previously reported, Mr. Eugene Aune, vice president for governmental relations for Texas Blue Cross-Blue Shield, will be on the program.

An addition to the program is Ray Moore, M.D., Deputy Commissioner of the TDH, who will speak on what the Department can do for the practicing physician.

As usual, the Public Health Seminar will be interesting and informative. Watch your mail for the program and your hotel reservation request card, which you will be receiving about mid-January.

# Federal Guidelines on Hospital Cost Control Legislation Cause Nationwide Wave of Protests

There seems to be confusion in all quarters on what course the Department of Health, Education and Welfare will take regarding the Federal Guidelines on hospital cost control legislation, which could close some hospitals all across the nation.

Governor Dolph Briscoe, and a number of other interested Texans, went to Washington and were assured by HEW Undersecretary Hale Champion that these guidelines would be modified, and that they would not become regulations and would only act as simple benchmarks for planning purposes.

So there arises a question of semantics and interpretation.

In trying to pin down exactly what we are up against, we resorted to Webster and found the following:

A guideline is "a statement of policy by a person or group having authority over an activity."

Policy is defined as "a definite course or method of action selected from among alternatives and in light of given conditions to guide and determine present and future decisions."

Benchmark? Why, that's "a mark on a permanent object indicating elevation and serving as a reference in topographical surveys and tidal observations." (And that's the *only* definition of it we find.)

Does all that confuse you further?

As we see it, all these words are definitely open to a variety of interpretations—depending on the inberpreter. And we all know who is going to do the interpreting. Who but the Federal bureaucrats?

The report we have from the Texas Statewide Health Coordinating Council is that Mr. Champion "gave repeated assurance (to the Governor and others) that no Texas facility would be closed or its services reduced by the guidelines, unless so recommended by the local Health Systems Agency and Statewide Health Coordinating Council and the Governor."

The House of Representatives was sufficiently alarmed by a nationwide wave of protests against the proposed guidelines that it unanimously passed a Resolution requesting the Administration to drastically change them.

However, the Resolution simply expresses opposition to the HEW proposals. For this reason several Congressmen have introduced another Resolution which would absolutely prohibit some of the actions which could be taken by the DHEW.

We have found from sad experience that if such prohibitions are not spelled out to the letter by Congress, the *intent* of the legislation is too often lost when the bureaucrats start setting forth rules

and regulations. Preliminary guidelines soon become mandates that must be adhered to.

HEW Secretary Joseph Califano and other officials say they have no power at all to close hospitals and have not asked for any; however, the guidelines do suggest a limit of no more than four acute-care beds for each 1,000 persons in any area.

Congressman Omar Burleson says, "If this were carried out, under the regulations, 100,000 of the nation's almost one million acute-care beds could be closed at what they say would be a saving of $2 billion a year."

Having had our eyes on the government bureaucracies for a number of years, we wholeheartedly agree with Mr. Burleson's statement that "Regardless of what the officials say, these new proposals would be a foot in the door that could soon lead to closing many hospital facilities labeled 'unneeded'."

In addition to the Resolution passed by the House, about half of the members of the Senate have contacted Secretary Califano, asking for clarification and for exemptions for small hospitals that serve millions of Americans.

One of the guidelines that is particularly distressing as they now stand is the one that could shut down obstetrical wards that delivered less than 500 babies a year. Since there are many, many hospitals that could not meet this requirement, it means that the mother would be required to travel any number of miles to find a hospital that provides this service—and we could only hope she would make it in time. If this guideline was put into effect, we would no doubt see quite a rise in home deliveries.

Mr. Burleson says, "The Secretary of HEW has given us a measure of assurance that smaller hospitals qualifying for Federal funds will not be closed, but we believe that more is needed to guarantee against the reduction of needed medical services, especially in small town hospitals.

"It is true that hospital costs have soared to unreasonable heights in the last few years, but this drastic proposal is not the answer to reduction of costs."

Which brings us back to exploring *why* hospital costs have risen so sharply. And we have to come to the conclusion that the hospitals themselves are not responsible. The responsibility has to be laid at government's doorstep.

When the Federal government got a foot in medicine's doorway, the cost of health care rose in all sectors—just as does the cost of everything the government gets into.

There is a lot to be said for a minimum wage law, but as wages of hospital personnel go up, so does the cost of a hospital stay.

When doctors and hospitals must practice defensive medicine, costs are going to rise further.

Everyone wants a nation of healthy people, but we're not going to get it by closing hospitals. There are many people who will do without needed hospital care, rather than travel many miles away from home, their families and their family doctor to get it.

Government regs are the main culprits in the high cost of medical care, but the government bureaucrats are trying (and succeeding to a large degree) in making you and your hospitals the fall guys.

It reminds us of an item a columnist wrote some years ago. She said that when the first woman tried cooking an eggplant, she should have admitted her mistake and thrown it out then and there.

That's the way we feel about the government's role in medicine. They should have realized they could never make their interference palatable and retired from the field. But like the women who continue to try to find ways to make eggplant fit to swallow, the government gets more deeply embroiled in concocting a mess of pottage and trying to force it down the throats of all those connected with the healing arts.

We, with Congressman Burleson, are taking HEW's verbal assurances with a number of large grains of salt. But the salt is more like brine than seasoning!

# TMF: Looking Back and Looking Forward

by Shirley Kitchens
Director of Communications
Texas Medical Foundation

As the Texas Medical Foundation looks forward to another year, we would like to share with you some of our accomplishments for the year 1977. Most of you are familiar with the Foundation and know that it was created in 1971 by physicians with the assistance of TOMA and TMA.

Early in 1977, TMF's medical directorate, composed of Joseph T. Painter, M.D., Carmault B. Jackson, M.D., and John H. Boyd, D.O., presented a plan for reorganization of the Foundation and the recruitment of a full-time chief executive. In May, the corporate body met and voted to accept bylaw changes proposed by the medical directorate. Shortly thereafter, A. Rex Kirkley, M.D., was named the first full-time president of TMF.

## Membership drive nets 800 new members

During our last membership drive, the number of TMF members rose from 1,700 to more than 2,500. D.O. support is an important factor in the Foundation's success. This is demonstrated by their participation on the Board of Directors. Nine D.O.s serve as TMF Board members and H. Eugene Brown, D.O., is Vice Chairman of TMF.

Because the Foundation is designed to participate in socioeconomic activities and business contracts on behalf of its physician members, it is able to have influence on government programs, to assist physicians in providing services, and to see that patients receive better care under coordinated programs in a cost-effective manner.

A prime ingredient in the successful representation of physicians in the area of federal aid for health care is data. TMF now has gathered and established a sound data base of medical care information that can help physicians and their patients. Armed with quality data, physicians can improve and expand their participation and effect on government programs. They can use this information to refute contentions that further intervention in the physician/patient relationship is justified. The data also can be used for health care planning in physicians' communities, based on the needs of their patients.

## Foundation directs utilization review

A Foundation project that generates valuable medical data is the TMF Texas Admissions and Review Program (TARP). TMF's TARP is successfully performing utilization review of hospital patient care funded by Medicaid, while allowing physicians at the local level to control the review process. This control allows physicians to maintain quality care and cost effectiveness within their hospitals.

Presently, TMF contracts directly with the Texas Department of Human Resources (TDHR) to administer its TARP program. Hospitals that sign with TMF not only have access to a uniform certification process, but also receive assistance from the Foundation in gaining approval of their review program from TDHR and the health insuring agent. Once the hospitals are certified, TMF's daily concurrent utilization

review helps the hospitals maintain their certification.

In addition to administering its own program, TMF contracts with the Medicaid health insuring agent, National Health Insurance Company, to process Medicaid review abstracts for all hospitals in Texas and to train personnel of non-TMF hospitals throughout Texas in the performance of Medicaid review activities.

## TARP generates valuable medical data

To date, more than 172 hospitals have implemented utilization review as performed under the direction of the Foundation. The number of admissions within these hospitals reflects that TMF-administered TARP is reviewing approximately 62 per cent of the annual Medicaid admissions in Texas.

Another area being developed by the Foundation is that of private review. The Health Insurance Association of America (HIAA) has approached TMF regarding utilization review of patients covered by private insurance. HIAA is a professional association made up of and funded by the larger private, commerical insurance companies. Since HIAA represents more than 90 per cent of the major insurance carriers in the United States, a sizable percentage of all Texas hospital admissions is covered under policies issued by HIAA member companies. These insurance companies are interested in having TMF develop a review program of privately insured patients similar to TMF-TARP.

The program called Quality-Assured, Cost-Effective Review, or QACER, will allow physicians to take the initiative in program planning and medical care determinations affecting payment. In the past, third party payors have made the decisions concerning medical necessity determinations, basing most of their decisions on dollar thresholds.

In addition to representing physicians in third-party initiated programs, the Foundation is working to streamline aspects of medical care delivery system. For example, TMF sees a need to improve ambulatory health services with an innovative ambulatory medical record. Information could be carried by the patient on a plastic card containing magnetically encoded data similar to a credit card. The information on the card would provide a linkage system among the independent and autonomous providers, each responsible for a portion of the patient's care. This system would make the patient a more effective carrier of his or her own medical information and eliminate duplication of time and paperwork involved in keeping medical records.

## POS streamlines physicians' office procedures

A program initiated to streamline the physician's office procedures is already in operation. Called Physicians' Office System (POS), this program offers to physicians an accurate billing system and accounting statements, practice analyses information, and fee profiles. TMF selected Comtrol, a business data organization, to provide computer-based, physician office services to Foundation members.

These programs are but a few of those envisioned by the Foundation. As needs grow, others will be added to assist providers by contributing to innovative programs designed to meet increasing demands of medical care in Texas. Already TMF is seeking funds from private philanthropic groups to study and develop a system of medical care delivery to rural areas of Texas. Family planning is another area being studied by the Foundation.

## Unity of effort benefits both provider and patient

Physician initiative in the health care field is essential and can be more successful than government or intermediary-initiated programs. But obviously, physicians need relief from the ever increasing demands being placed on their time and energy—demands that keep them from concentrating on the practice of medicine. By creating and supporting the Texas Medical Foundation, Texas physicians have positively focused their initiative and continue to unify and direct their efforts toward programs that will benefit both provider and patient.

# Texas Ticker Tape

## DR. WALTON NAMED BANK DIRECTOR

Dr. John A. Walton, president of TOMA District V, and a Dallas City Councilman, has been elected a director of Commercial National Bank. The bank is located in Dallas' Pleasant Grove where Dr. Walton has been practicing for a number of years.

## KCOM PLANS CAMPUS IMPROVEMENT

The Board of Trustees of the Kirksville College of Osteopathic Medicine approved a long-term plan for campus improvement. Several new buildings will be constructed, and the existing campus area will be landscaped.

The board also committed the college to a substantial enrollment increase, if such a plan is economically feasible and is approved by the accrediting agency, which is AOA. The nation's need for primary care osteopathic physicians was cited as a reason for the enrollment increase.

## DR. BASCONE ON TUBERCULOSIS COMMITTEE

The State Board of Health appointed Dr. Anthony G. Bascone, radiologist of Dallas, to the Health Department's Tuberculosis Advisory Committee. The announcement was made December 6. He is the only D.O. among the dozen physicians, dentists and laymen to receive an appointment to this Committee.

## THE LATEST (BUT NOT THE LAST) WORD ON NHI

Although pressure is being applied from several quarters in Washington for the President to submit a statement of principles on National Health Insurance, apparently HEW Secretary Joseph Califano is trying to get that item set to one side until hospital cost control legislation can be enacted.

The furor caused by publication of guidelines for such legislation may stall its enactment for some time, which could very well delay a draft bill for NHI until late '78, or possibly '79.

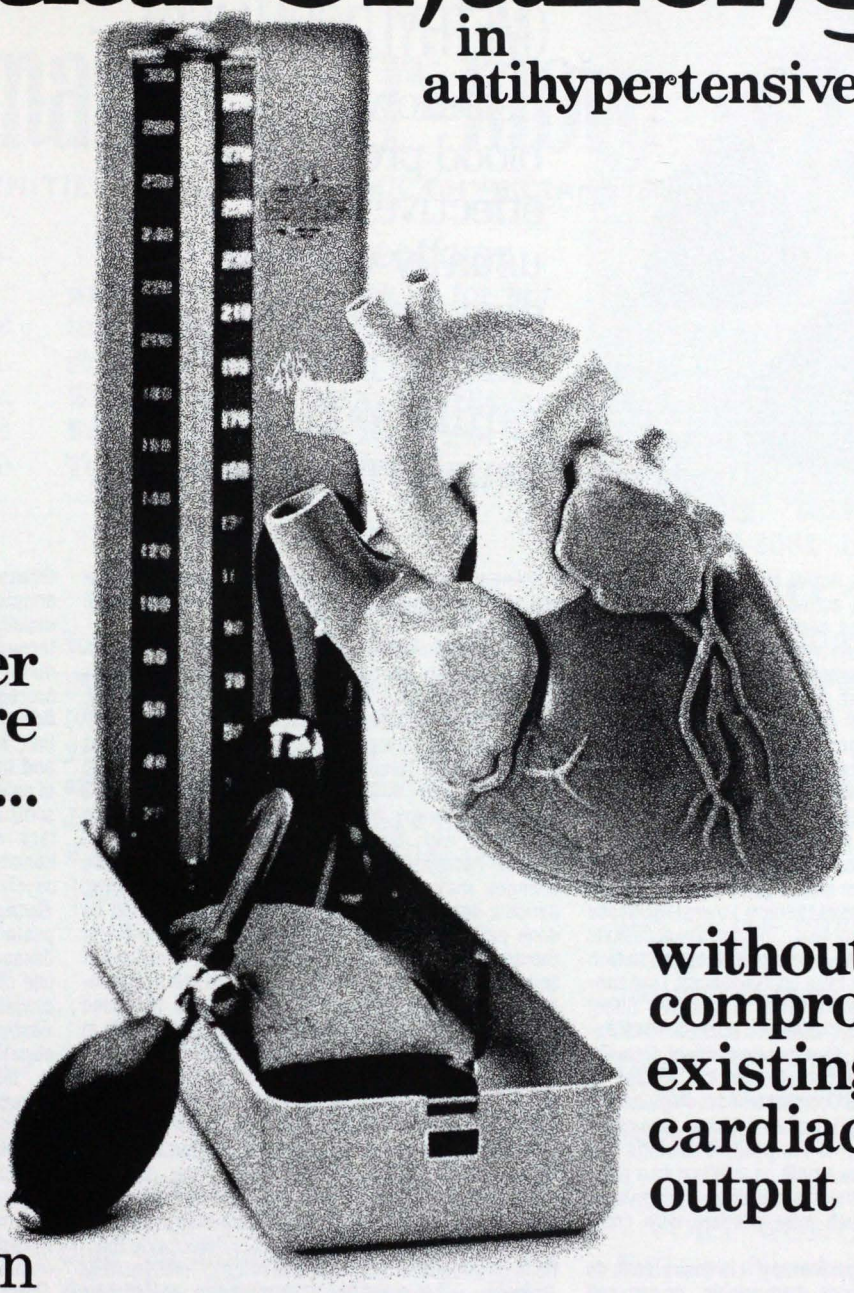
## FWOH RECEIVES AOA ACCREDITATION

Fort Worth Osteopathic Hospital has received its 2-year accreditation from the Committee on Hospital Accreditation of the AOA, according to Claude G. Rainey, FWOH executive vice president.

The Hospital voluntarily underwent a 3-day inspection in July by an AOA accreditation team which included two hospital administrators and one physician. The team subsequently reported on their findings in a survey report which they submitted to the AOA accreditation committee with their recommendation that the Fort Worth Hospital should remain accredited for a 2-year period.

# A Dual Challenge

## in antihypertensive therapy



**to lower blood pressure effectively...**

**without compromising existing cardiac output**

## in hypertension

TABLETS: 250 mg, 500 mg, and 125 mg

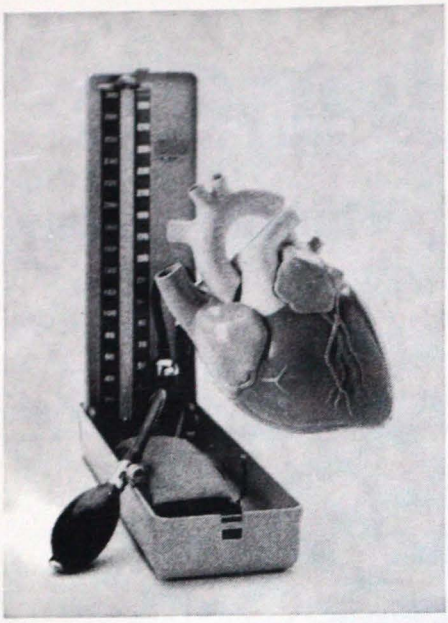
# ALDOMET® (METHYLDOPA | MSD)

## helps lower blood pressure effectively... usually with no direct effect on cardiac function–cardiac output is usually maintained

ALDOMET is contraindicated in active hepatic disease, hypersensitivity to the drug, and if previous methyldopa therapy has been associated with liver disorders.
It is important to recognize that a positive Coombs test, hemolytic anemia, and liver disorders may occur with methyldopa therapy. The rare occurrences of hemolytic anemia or liver disorders could lead to potentially fatal complications unless properly recognized and managed. For more details see the brief summary of prescribing information.

**For a brief summary of prescribing information, please see following page.**

MSD
MERCK SHARP & DOHME



in hypertension

# ALDOMET®

## (METHYLDOPA|MSD)

helps lower blood pressure effectively... usually with no direct effect on cardiac function– cardiac output is usually maintained

**Contraindications:** Active hepatic disease, such as acute hepatitis and active cirrhosis; if previous methyldopa therapy has been associated with liver disorders (see Warnings); hypersensitivity.

**Warnings: It is important to recognize that a positive Coombs test, hemolytic anemia, and liver disorders may occur with methyldopa therapy. The rare occurrences of hemolytic anemia or liver disorders could lead to potentially fatal complications unless properly recognized and managed. Read this section carefully to understand these reactions.**

With prolonged methyldopa therapy, 10% to 20% of patients develop a positive direct Coombs test, usually between 6 and 12 months of therapy. Lowest incidence is at daily dosage of 1 g or less. This on rare occasions may be associated with hemolytic anemia, which could lead to potentially fatal complications. One cannot predict which patients with a positive direct Coombs test may develop hemolytic anemia. Prior existence or development of a positive direct Coombs test is not in itself a contraindication to use of methyldopa. If a positive Coombs test develops during methyldopa therapy, determine whether hemolytic anemia exists and whether the positive Coombs test may be a problem. For example, in addition to a positive direct Coombs test there is less often a positive indirect Coombs test which may interfere with cross matching of blood.

At the start of methyldopa therapy, it is desirable to do a blood count (hematocrit, hemoglobin, or red cell count) for a baseline or to establish whether there is anemia. Periodic blood counts should be done during therapy to detect hemolytic anemia. It may be useful to do a direct Coombs test before therapy and at 6 and 12 months after the start of therapy. If Coombs-positive hemolytic anemia occurs, the cause may be methyldopa and the drug should be discontinued. Usually the anemia remits promptly. If not, corticosteroids may be given and other causes of anemia should be considered. If the hemolytic anemia is related to methyldopa, the drug should not be reinstituted. When methyldopa causes Coombs positivity alone or with hemolytic anemia, the red cell is usually coated with gamma globulin of the IgG (gamma G) class only. The positive Coombs test may not revert to normal until weeks to months after methyldopa is stopped.

Should the need for transfusion arise in a patient receiving methyldopa, both a direct and an indirect Coombs test should be performed on his blood. In the absence of hemolytic anemia, usually only the direct Coombs test will be positive. A positive direct Coombs test alone will not interfere with typing or cross matching. If the indirect Coombs test is also positive, problems may arise in the major cross match and the assistance of a hematologist or transfusion expert will be needed.

Fever has occurred within first 3 weeks of therapy, occasionally with eosinophilia or abnormalities in liver function tests, such as serum alkaline phosphatase, serum transaminases (SGOT, SGPT), bilirubin, cephalin cholesterol flocculation, prothrombin time, and bromsulphalein retention. Jaundice, with or without fever, may occur, with onset usually in the first 2 to 3 months of therapy. In some patients the findings are consistent with those of cholestasis. Rarely fatal hepatic necrosis has been reported. These hepatic changes may represent hypersensitivity reactions; periodic determination of hepatic function should be done particularly during the first 6 to 12 weeks of therapy or whenever an unexplained fever occurs. If fever and abnormalities in liver function tests or jaundice appear, stop therapy with methyldopa. If caused by methyldopa, the temperature and abnormalities in liver function characteristically have reverted to normal when the drug was discontinued. Methyldopa should not be reinstituted in such patients.

Rarely, a reversible reduction of the white blood cell count with primary effect on granulocytes has been seen. Reversible thrombocytopenia has occurred rarely. When used with other antihypertensive drugs, potentiation of antihypertensive effect may occur. Patients should be followed carefully to detect side reactions or unusual manifestations of drug idiosyncrasy.

*Pregnancy and Nursing:* Use of any drug in women who are or may become pregnant or intend to nurse requires that anticipated benefits be weighed against possible risks; possibility of fetal injury or injury to a nursing infant cannot be excluded. Methyldopa crosses the placental barrier, appears in cord blood, and appears in breast milk.

**Precautions:** Should be used with caution in patients with history of previous liver disease or dysfunction (see Warnings). May interfere with measurement of: urinary uric acid by the phosphotungstate method, serum creatinine by the alkaline picrate method, and SGOT by colorimetric methods. Since methyldopa causes fluorescence in urine samples at the same wavelengths as catecholamines, falsely high levels of urinary catecholamines may be reported. This will interfere with the diagnosis of pheochromocytoma. It is important to recognize this phenomenon before a patient with a possible pheochromocytoma is subjected to surgery. Methyldopa is not recommended for patients with pheochromocytoma. Urine exposed to air after voiding may darken because of breakdown of methyldopa or its metabolites.

Stop drug if involuntary choreoathetotic movements occur in patients with severe bilateral cerebrovascular disease. Patients may require reduced doses of anesthetics; hypotension occurring during anesthesia usually can be controlled with vasopressors. Hypertension has recurred after dialysis in patients on methyldopa because the drug is removed by this procedure.

**Adverse Reactions:** *Central nervous system:* Sedation, headache, asthenia or weakness, usually early and transient; dizziness, lightheadedness, symptoms of cerebrovascular insufficiency, paresthesias, parkinsonism, Bell's palsy, decreased mental acuity, involuntary choreoathetotic movements; psychic disturbances, including nightmares and reversible mild psychoses or depression.

*Cardiovascular:* Bradycardia, aggravation of angina pectoris. Orthostatic hypotension (decrease daily dosage). Edema (and weight gain) usually relieved by use of a diuretic. (Discontinue methyldopa if edema progresses or signs of heart failure appear.)

*Gastrointestinal:* Nausea, vomiting, distention, constipation, flatus, diarrhea, mild dryness of mouth, sore or "black" tongue, pancreatitis, sialadenitis.

*Hepatic:* Abnormal liver function tests, jaundice, liver disorders.

*Hematologic:* Positive Coombs test, hemolytic anemia. Leukopenia, granulocytopenia, thrombocytopenia. Positive tests for antinuclear antibody, LE cells, and rheumatoid factor.

*Allergic:* Drug-related fever, lupus-like syndrome, myocarditis.

*Other:* Nasal stuffiness, rise in BUN, breast enlargement, gynecomastia, lactation, impotence, decreased libido, dermatologic reactions including eczema and lichenoid eruptions, mild arthralgia, myalgia.

**Note:** Initial adult dosage should be limited to 500 mg daily when given with antihypertensives other than thiazides. Tolerance may occur, usually between second and third months of therapy; increased dosage or adding a diuretic frequently restores effective control. Patients with impaired renal function may respond to smaller doses. Syncope in older patients may be related to increased sensitivity and advanced arteriosclerotic vascular disease; this may be avoided by lower doses.

**How Supplied:** Tablets, containing 125 mg methyldopa each, in bottles of 100; Tablets, containing 250 mg methyldopa each, in single-unit packages of 100 and bottles of 100 and 1000; Tablets, containing 500 mg methyldopa each, in single-unit packages of 100 and bottles of 100 and 500.

*For more detailed information, consult your MSD representative or see full prescribing information.*

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* * * * * *

WHITESBORO—Family practice associate needed, guaranteed salary plus percentage; No O.B.; hospital near-by. Contact: John Galewaler, D.O., 304 Charlie Drive; Whitesboro, Texas, 76273: Phone 214—564-3503.

* * * * * *

NACOGDOCHES — Young G.P. needed to help well-established practice in East Texas. Trade area of 40,000. Financial arrangement negotiable. For further information contact: Bill Hairston, D.O., 932 University Dr., Nacogdoches, Texas 75961 or call 713—564-1188.

* * * * * *

WANTED — energetic, hard working G.P. willing to do some OB-Gyn. Busy 3 man practice needing 4th man. Guaranteed salary, offices and support personnel. Mild climate; year round recreational facilities near-by. Contact Samuel B. Ganz, D.O., 3933 Up River Road, Corpus Christi, Texas 78408, Phone: 512— 888-4281.

* * * * * *

HOUSTON — Guaranteed income plus fringe benefits for Spanish-speaking D.O. Call David J. Levy, D.O., 713—675-2777; 723 Shotwell, Houston, Texas 77020.

D.O. ANESTHESIOLOGIST — with Texas license looking for full-time opportunity, preferably in smaller community. No G.P. work. Write Box D, TOMA, 512 Bailey, Fort Worth, Texas 76107; or call Tex Roberts 817—336-0549.

* * * * * *

FORT WORTH — G.P. needed for association in a two man family practice. No cash outlay, salary or percentage for six months to one year, leading to full partnership after one year, if desired. Contact: J. G. Dowling, D.O., 3514 E. Berry, Fort Worth, Texas 76105; Phone: 817—531-2801.

* * * * * *

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

* * * * * *

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

PETERSBURG — G.P. wanted to take over well-established rural practice in D.O. community. It has been covered by D.O.s for 20 years. Rich farming community and is 30 miles from Lubbock. Contact: Norman D. Truitt, D.O., Box 10, Petersburg, Texas 79250. Phone: 806—667-3581 or 806—667-3376.

* * * * * *

DALLAS SUBURBAN — general practice available: Moving to specialize, must sell active general practice, four miles out of Dallas city limits. Two freeways near-by to provide easy availability of four large hospitals with Emergency Room Facilities within 10-20 minutes of the office; Lease-Purchase arrangements available for suitable, mature, earnest physician. References necessary. Write Box R, TOMA, 512 Bailey Avenue, Fort Worth, Texas 76107 or call - Tex Roberts 817—336-0549.

* * * * * *

FORT WORTH — Office space for lease. New building. Suitable for medical or dental practice. 1500 square feet. Located at 4201 Camp Bowie Blvd. Contact David M. Beyer, D.O., 4201 Camp Bowie Blvd., Fort Worth, Texas 76107. 817—731-0801.

* * * * * *

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

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

# We're doing something

## DISTRICT II

**by Judy Alter**

District II met at the French Quarter Restaurant in Fort Worth on Tuesday, November 15. Dr. John Kemplin presented the program, "What's New in Radiology," and Mr. Garth Close, collector, presented a program for the Auxiliary, "The World of Miniatures."

♦ ♦ ♦ ♦ ♦

Wedding bells rang Saturday, November 26, for Karen Walker, daughter of Dr. and Mrs. Lee J. Walker. James Alber is the groom.

♦ ♦ ♦ ♦ ♦

Dr. and Mrs. David Beyer are the proud parents of a daughter, Laura, born September 30.

♦ ♦ ♦ ♦ ♦

District II welcomes the following new members, all of them recent additions to the faculty of the Texas College of Osteopathic Medicine:

Dr. Vanna Powell from Philadelphia; Dr. Irwin Schussler from Florida; Dr. William Hinsberg from Michigan; Dr. Clint Burns from New Orleans, and Dr. Stephen Urban from Rhode Island.

♦ ♦ ♦ ♦ ♦

Visitors at the November District II meeting were Dr. and Mrs. Joe Whittemore. Dr. Whittemore, previously in private practice in Wyoming, is now stationed at Carswell Air Force Base in Fort Worth.

♦ ♦ ♦ ♦ ♦

District II held its annual Christmas Party December 8 at Rivercrest Country Club. Highlight of the evening cocktail buffet was the program, "An Evening with Joann Miller," presented by the Director of the Granbury Opera House.

## DISTRICT III

*Although the* Journal *has no formal report from District III this month, three newspaper articles have been received concerning what one District III member did lately, and what one did 22 years ago that is newsworthy today.*

*Most of two articles from the* Tyler Morning Telegraph *are reprinted below. The third item, which concerned Dr. Earl C. Kinzie, was quite a lengthy one from the* Dallas Morning News *of December 11, 1977, but most of the information in it is contained in the shorter article from the Tyler paper.—Ed.*

### *Football Injuries Can Be Hazardous To Health*

**by Russell Laird**

It's the final play before halftime.

Whitehouse High School's football Wildcats are trailing the Gladewater Bears, 28—0.

Mike Byrd, playing as a receiver for Whitehouse, goes downfield in hopes of catching a long pass from quarterback Shane Chambless.

Gladewater comes up with an interception. Byrd sees the interception, turns and heads back upfield in pursuit of the Gladewater defender-turned-ball-carrier.

As Byrd runs toward the play, another Gladewater player runs almost right beside him, trying to get in front of him to block him out of the play.

Byrd, concentrating on beating the Bear blocker by his side, doesn't see Charles Gordon coming at him head-on. Gordon blocks Byrd out of the play. Both are shaken on the play.

Byrd is down.

Team doctor Dr. Kerry Rasberry former Whitehouse and curren Tyler Junior College Trainer Ro Paul Martin and Whitehouse coache C. L. Nix and Larry Scoggins ru on the field to lend aid to Byrd an see what the nature of his injury is

Wills, the Whitehouse head coac . . . later related what took place o the field.

"His (Byrd's) eyes were open an we thought he had just got th breath knocked out of him," Will said. "He was probably out on th field about five minutes, then the brought him into the fieldhous under the doctor's directions.

"After about five minutes or so Dr. Rasberry said he thought Mik had something wrong with his live or spleen," Wills recalled.

Dr. Rasberry's speculation turn ed out to be true. After Byrd wa taken to Medical Center in Tyle in the Whitehouse rescue unit . . he was examined and tested.

It was determined through ex ploratory surgery that Byrd had ruptured liver, a gash seven inche long and seven inches deep.

Byrd's liver was stitched up i surgery. . . He's doing well an is expected to recover fully. . .

Accidents can happen in jus about any given situation . . When accidents do happen durin the course of football games, it' wise to have proper personne and emergency facilities on hand

The folks in Whitehouse an Gladewater, and all over Eas Texas were glad Dr. Rasberry wa there that night. He knew Mik should be taken to the hospita immediately. His judgment wa invaluable.

Gladewater head coach Jack Murphy said (they were all) very much concerned about Byrd's condition.

Murphy also agrees with all coaches questioned that "it's important to have a doctor on the sidelines always and you should always have an ambulance available in case you need it." . . .

Wills said the accident served one purpose.

"It really proves you should be ready for emergencies," he said.

*[Reprinted from the Tyler Morning Telegraph November 7, 1977]*

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## Special Delivery A Tale Of Two Men: Same Name

**By Mary Grant**

One Lindale native sat especially alert at the television Thursday night watching the Heisman Trophy ceremony and Tyler's own Earl Christian Campbell.

Dr. Earl Christian Kinzie helped Earl Christian Campbell take his first look at this world when Dr. Kinzie made his way to the bedside of Ann Campbell and delivered her a fine baby, namely the future football player.

"To tell the truth," said Dr. Kinzie, "I had forgotten I had delivered Earl until someone mentioned we had the same name. Then I remembered Ann Campbell had named her son for me."

A general practitioner in Lindale for more than three decades, Dr. Kinzie has delivered: "It's a guess, probably 2,000 babies," he said.

Three of those 2,000 were Campbells, Earl and his twin brothers, Tim and Steve. "Ann asked me to name the twins, so I chose biblical names, Timothy and Steven," the doctor said.

"I fuzzily remember going out to the Campbell house out by Hopewell Baptist Church to deliver the baby," he said between conversations on the telephone with patients.

"Just recently, I called Ann," Dr. Kinzie said, "I asked about Earl and she said he was fine and did I remember I had delivered him 'right in this house.'"

"You can imagine how proud I am of him," Dr. Kinzie said.

The Kinzie Christmas letter contains a paragraph about Campbell. "Earl (Dr. Kinzie) is especially interested in Texas University football and the Heisman Trophy candidate—the great Campbell—that he delivered twenty-two years ago," the letter states.

The Campbell name evokes nothing but praises from the Lindale doctor. "I can say nothing but good things about that family.—They always worked hard and are fine people.

"The nice thing about Earl is he has his head screwed on right. He receives all that praise—all those accolades—and is still so quiet."

As Earl grew up, Dr. Kinzie occasionally treated him for childhood diseases and when Earl entered the University of Texas, Dr. Kinzie gave him his physical.

"I remember he weighed 214 pounds," Dr. Kinzie said. Quite a bundle compared to the baby the doctor delivered those 22 years ago.

*[Reprinted from the Tyler Morning Telegraph December 10, 1977]*

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## Dr. Powell newest faculty member

Dr. Vanna Powell has joined the faculty of Texas College of Osteopathic Medicine as an assistant professor of obstetrics and gynecology.

A graduate of Kirksville (Mo.) College of Osteopathic Medicine, Dr. Powell was completing residency training in obstetrics and gynecology at Parkview Hospital in Philadelphia, Pa. prior to joining TCOM. She served her internship at Kirksville Osteopathic Hospital.

Dr. Powell holds membership in the American Osteopathic Association and the American College of Osteopathic Obstetricians and Gynecologists.

# ATOMA News

by Mrs. D. Y. Campbell

Thirteen of your ATOMA Board members met with ATOMA President, Wanda Puryear at her home for a midyear Board meeting Friday, December 2, and their reports indicate that everything seems to be going well for us.

♦ ♦ ♦ ♦ ♦

The IAM (Immunization) Program has been quite successful in some areas of the state, while in other areas there was not a lot of interest or activity. Perhaps if we as individual members indicated our willingness to assist, we could help more. Call Mrs. Jeannie Clark at 12907 Arroyo Doble Drive, Manchacha; 512—282-1738. She can tell you how best to help.

♦ ♦ ♦ ♦ ♦

Our state convention meets May 4, 5 and 6 at the Sheraton in Fort Worth. Anita Stark will be our official AAOA visitor. Theme for the convention is Western, and Fun Night means we can attend in our fanciest Western dancing dress or blue jeans (or somewhere between), so keep that in mind as you begin to make plans.

♦ ♦ ♦ ♦ ♦

Our big money project for the year is the "Money Hat". Remember it benefits Scholarship and OPF and since it is designated for TCOM the money stays close to home.

Here's how it works: The cowboy hat will be covered with *real* money—each dollar representing one member of ATOMA. At present we have 384 members and hope to attain 400 by convention time, thus making the Money Hat worth 400 *great big beautiful* dollars. We are selling chances to win for one dollar each, and *each of us* can be selling between now and convention, as well as during convention, and we are encouraged to sell to friends and neighbors.

Your District president will have tickets for you, and you may also write Joan McGrath (Mrs. T. T.) at 1209 Southwood, Arlington 76013; phone 817—469-1582 for tickets. Bea Wiltse of Houston and Joan are co-chairmen of this project.

♦ ♦ ♦ ♦ ♦

Corpus Christi and Tyler Districts have not reorganized yet, but we hope they will soon.

♦ ♦ ♦ ♦ ♦

Thanks to each of our 384 ATOMA members for your support, encouragement and friendship to me and to one another.

♦ ♦ ♦ ♦ ♦

Happy New Year!



## *Square pegs in round holes in Washington*

President Carter is having considerable trouble finding qualified people to work for him, according to the Kiplinger Washington Letter.

Apparently "conflict of interest" disqualifies a number of good people. Previous experience is not what qualifies them for public office, but actually seems to exclude them. So "consumer advocates" are hired and then have to learn the job.

Another stumbling block seems to be that the President's recruiters don't know enough people and "they lack the breadth to know where competent executives can be found."

In the middle range of government jobs, salaries are often higher than in the private sector, but this doesn't hold true in the top positions. Good people are reluctant to leave their present position and take a lower paying government job.

But, according to Kiplinger, probably the biggest impediment of all is the probing by Congress and others in government into personal and business records. There is a big expense connected with digging out information that will adequately answer reams of questions put to them.

So these jobs are being filled by academicians, economists, et cetera. They have studied how things are *supposed* to work, but have had no practical experience in actually *running* them. Although they may be helpful in consulting capacities they are not qualified to *make* policy, but they are being moved into policy-making jobs regardless.

Or did you already know that the rules and regulations coming out of Washington are being made by people who don't know what they're talking about?

# DOCTORS-MEMORIAL HOSPITAL

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# GENERAL PRACTICE SEMINAR

**Marriott West, Houston**
**February 25 & 26, 1978**

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**13 CME CREDIT HOURS APPLIED FOR CATEGORY 1–A**

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## SPEAKERS

Stevan Cordes, D.O. (Euless)
*"Newer Aspects of Hypersensitivity Diseases In Adults and Children"*
*"Controversies In Nutrition"*

♦♦♦♦♦♦

Mitchell Porias, D.O. (Houston)
*"Recent Advances in Cataract Surgery"*

♦♦♦♦♦♦

Floyd Hardimon, D.O. (Houston)
*"Pediatric Orthopedics"*

♦♦♦♦♦♦

Ladd Tucek, D.O. (Houston)
*"Vertigo"*

♦♦♦♦♦♦

David Sufian, D.O. (Houston)
*"Carcinoma of the Lungs, Diagnosis And Present Modes of Treatment"*
*"Diagnosis and Treatment of Aortic Aneurysm and Occlusive Diseases of the Lower Extremities"*

♦♦♦♦♦♦

Max Ketner, D.O. (Houston)
*"Evaluation of Low Pack Pain"*

Jack Blumental, D.O. (Houston)
*"Complications of Intestinal Bypass for Morbid Obesity That the Family Physician Should Know"*
*"Pearls for General Practitioners"*

♦♦♦♦♦♦

James Gengelbach, D.O. (Houston)
*"Vaginitis"*
*"The Management of the Adenexial Mass"*

♦♦♦♦♦♦

David Harman, D.O. (Houston)
*"Pre-anesthetic Evaluation"*

♦♦♦♦♦♦

Victor Zima, D.O. (Houston)
*"Errors and Safeguards In Surgical Evaluation of the Patient"*
*"Interesting Surgical Case Presentation"*

♦♦♦♦♦♦

David Armbruster, D.O. (Pearland)
*"AOA Questions and Answers"*

♦♦♦♦♦♦

John L. Mohney, D.O. (Houston)
*"Osteopathic Manipulation of Thoracic Spine"*

# 1978 Convention Exhibitors to Date

Abbott Laboratories
Ayerst Laboratories
Beecham Laboratories
Boehringer Ingelheim, Ltd
Bristol Laboratories
Bronson Pharmaceutical
CIBA Pharmaceutical Company
Comatic Laboratories
Dista Products Company
ellows Medical Division: Chromalloy
Flint Laboratories
Frigitronics of Connecticut, Inc.
Hoechst-Roussell Pharmaceuticals
International Medical Electronics
Ives Laboratories, Inc.
Kremers-Urban Co.
Lederle Laboratories
Mallinckrodt, Inc.
Merrell-National Laboratories
Milex Southern, Inc.
Miller Pharmacal, Inc.
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Ortho Pharmaceutical Corporation
Pfizer Laboratories, Inc.
Professional Analysis Association
Professional Mutual Insurance Co.
A. H. Robins Company
Ross Laboratories
Rucker Pharmacal Co., Inc.
Sandoz Pharmaceuticals
Stuart Pharmaceuticals
Texas College of Osteopathic Medicine (2)
Texas Commerce Trust Company
Tutag Pharmaceuticals, Inc.
United Medical Research, Inc.
USV Laboratories
Western Research Labs
Wyeth Laboratories
X-Ray Sales & Service
Eli Lilly and Company (grantor)

# A debt you didn't know you owed?

Even in these inflationary times a billion dollars sounds like—and is—an awful lot of money. But $1 billion was the amount of the national debt at the beginning of this century, and it stayed at that figure for 16 years.

Then when the people looked at the national debt in 1920 and saw that it had risen to the astronomical figure of $24 billion, they must have been horrified.

Some of us were around in 1920, but few of us were old enough to be concerned about such a debt. Anyway, comprehension of just how much $1 billion is—or $24 billion—is beyond most of us.

Only twice in the more than three-quarters of this century that has passed has the national debt declined. From 1920 (when it was $24 billion) to 1930 the debt was lowered to a mere $16 billion.

It rose rather slowly over the next decade and was at $43 billion in 1940—something less than triple the 1930 figure.

Now, are you ready for this?

From 1940 to 1950 the national debt climbed to $256 billion! More than six times what it was in 1940. (There was a slight reduction in 1947 and 1948 and actually declined from $269 billion between 1946 and 1950.)

The next ten years were fairly stable, in that it only rose a mere eight per cent. But from 1960 to 1970 it took another spurt with close to 80 per cent rise—fro $291 to $368 billion.

The estimates for the end 1978 are that the national de will reach $787 billion! That ave ages out to more than $10 billio a year rise in the national de since 1900.

So what the heck. That on means that since you *are* the go ernment, your individual share the debt is a mere $4,000.

You mean that's a debt yo didn't know you owed?

Sure, your income tax amounte to more than that this year, bu what you paid isn't going to reduc the national debt. It's going to pa for a lot more government yo didn't know you needed.

# LAETRILE WARNING

Cancer patients and their families are warned that:

Whether sold as a drug (amygdalin) or as a "vitamin" (B-17), Laetrile is worthless in the prevention, treatment or cure of cancer. The substance has no therapeutic or nutritional value.

Laetrile can be fatal for cancer patients who delay or give up regular medical treatment and take Laetrile instead.

Laetrile contains cyanide and can cause poisoning and death when taken by mouth. One infant is known dead of cyanide poisoning after swallowing fewer than five Laetrile tablets. At least 16 other deaths have been documented from ingestion of Laetrile ingredients (apricot and similar fruit pits).

Laetrile is especially hazardous if the injection form is taken by mouth. This can cause sudden death.

Laetrile is not routinely subject to FDA inspection for quality and purity as are all other drugs.

Analysis has shown some Laetrile to contain toxic contaminants. Ampules of Laetrile for injection have been found with mold and other adulterants which can be dangerous when injected.

Those who persist in the use of Laetrile or its ingredients should:

° Be prepared to deal promptly with *acute* cyanide poisoning if the oral product is used. Vigorous medical treatment must be started immediately or death can result.

° Watch for early symptoms of *chronic* cyanide poisoning, including weakness in the arms and legs and disorders of the nervous system.

° Keep the drug out of reach of children.

For full details about the hazards of Laetrile, see your family physician or a cancer specialist, or write the Food and Drug Administration, Laetrile, HFG-20, 5600 Fishers Lane, Rockville, Maryland 20857.

*Donald Kennedy*
*Commissioner of Food and Drugs*
*Food and Drug Administration*

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