

TEXAS OSTEOPATHIC PHYSICIANS  
**JOURNAL**

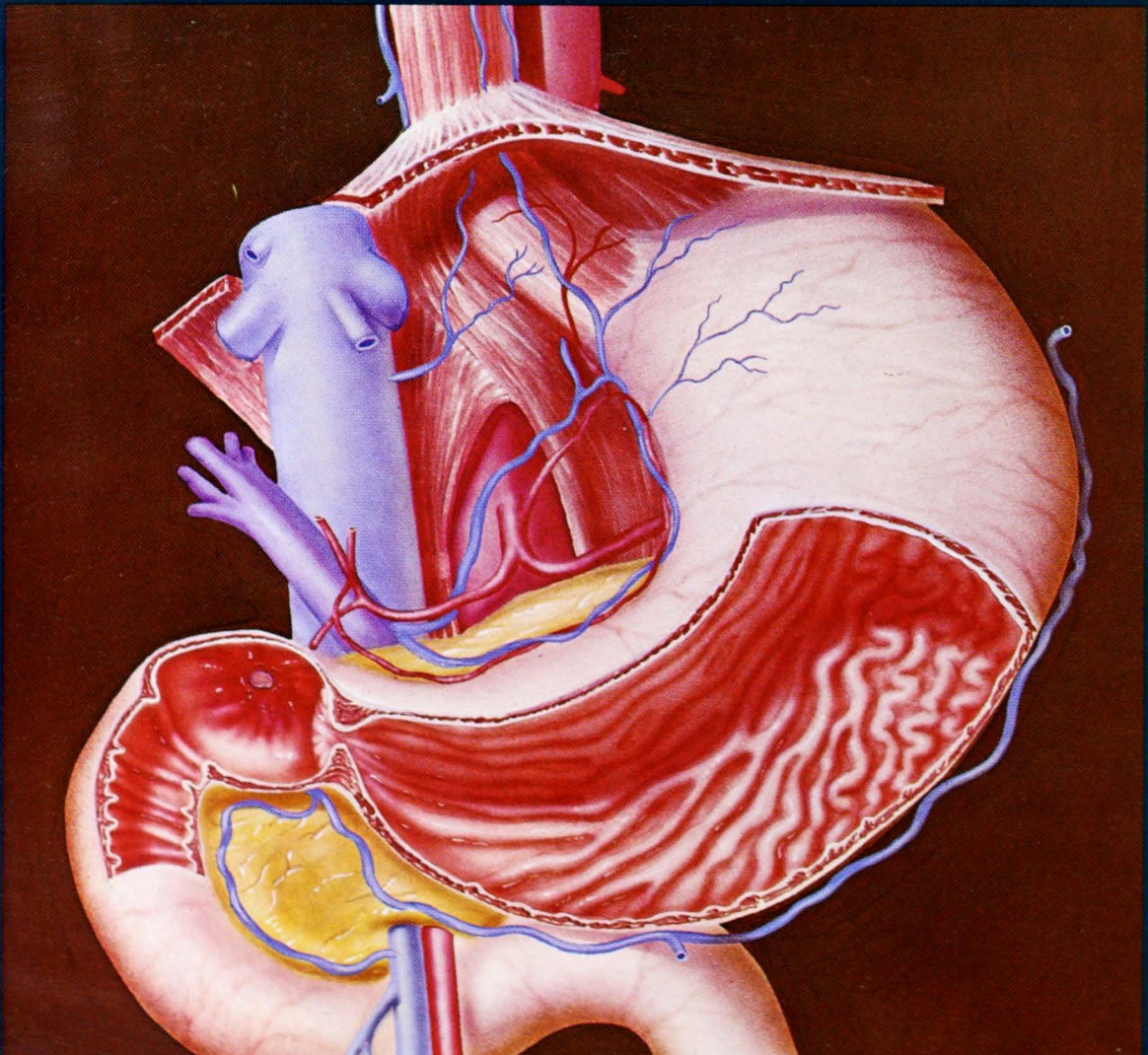
August 1975



In Memoriam  
Phil R. Russell, D.O.



When the  
complaint is always  
“indigestion”..  
it may be  
duodenal ulcer





Repeated episodes of vague gastrointestinal discomfort such as heartburn, belching, epigastric pain, and other symptoms commonly called "indigestion" may be indicative of duodenal ulcer and warrant further investigation. When investigation reveals the presence of a duodenal ulcer, healing the lesion may pose less of a problem for the patient than instituting the suggested measures to help prevent exacerbation of his symptoms. Healing the acute lesion may only necessitate disruption of the patient's normal routine for a relatively short period of time. However, long-term management, in order to keep the duodenal ulcer healed, often requires lengthy adjustments in the patient's life style—in eating habits, in handling anxiety-provoking situations—and the patient may need extra help and counseling in successfully achieving these changes, and perhaps at times may also need the benefits of adjunctive medication.

**If it's duodenal ulcer, consider Librax<sup>®</sup> as adjunctive therapy**

During the period when the lesion is healing, the patient will probably do better with a comprehensive medical regimen: one that not only takes into account symptomatic relief of hypersecretion and hypermotility, but one that also provides relief of excessive anxiety that may contribute to the exacerbation of these somatic symptoms.

Because Librax offers dual relief for both somatic symptoms and undue anxiety, it is often prescribed adjunctively in cases of duodenal ulcer. Librax can be helpful both in the management of the acute attacks and in helping the patient maintain his gains while the lesion is healing.

**1** Only Librax provides, in a single capsule, the well-known antianxiety action of Librium<sup>®</sup> (chlordiazepoxide HCl) and the dependable antisecretory/antispasmodic action of Quarzan<sup>™</sup> (clidinium Br)—both products of Roche research.

**2** The calming action of Librium makes Librax unique among agents for the adjunctive treatment of certain gastrointestinal disorders.

**3** Librax is relatively free from side reactions and complications. While dryness of the mouth and blurring of vision are the most frequently reported side effects with clidinium Br, and drowsiness, ataxia and confusion are the side effects reported most frequently with chlordiazepoxide HCl (particularly in the elderly and debilitated), physicians should be aware of the possibility of other adverse reactions as noted on following page.

**4** Up to 8 capsules daily in divided doses may be prescribed according to your patient's individual needs—1 or 2 capsules, 3 or 4 times daily.

**helps relieve  
anxiety-linked symptoms  
of duodenal ulcer**

**adjunctive  
Librax<sup>®</sup>**

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



Please see following page  
for a summary of  
product information.



## Initial therapy

Rx  
Librax  
#35  
Sig:  $\dot{\bar{t}}$  t.i.d.a.c.  
and  $\dot{\bar{t}}$  h.s.

The initial prescription allows evaluation of patient response to therapy.

## Follow-up therapy

Rx  
Librax  
#100  
Sig:  $\dot{\bar{t}}$  t.i.d.a.c.  
and  $\dot{\bar{t}}$  h.s.

Follow-up therapy, with a prescription for 2 to 3 weeks' medication, usually helps maintain patient gains.

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

**Indications:** Symptomatic relief of hypersecretion, hypermotility and anxiety and tension states associated with organic or functional gastrointestinal disorders; and as adjunctive therapy in the management of peptic ulcer, gastritis, duodenitis, irritable bowel syndrome, spastic colitis, and mild ulcerative colitis.

**Contraindications:** Patients with glaucoma; prostatic hypertrophy and benign bladder neck obstruction; known hypersensitivity to chlordiazepoxide hydrochloride and/or clidinium bromide.

**Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering Librium (chlordiazepoxide hydrochloride) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards. As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

**Precautions:** In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

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

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

**How Supplied:** Librax® Capsules, each containing 5 mg chlordiazepoxide hydrochloride (Librium®) and 2.5 mg clidinium bromide (Quarzan<sup>TM</sup>)—bottles of 100 and 500.



Roche Laboratories  
Division of Hoffmann-La Roche Inc.  
Nutley, New Jersey 07110

helps relieve  
anxiety-linked symptoms  
of duodenal ulcer

adjunctive  
**Librax**®

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





## *Dr. Luibel named AOA President-Elect*

George J. Luibel, D.O., of Fort Worth, chairman of the board of TCOM and former president of TOMA, was named president-elect of the American Osteopathic Association at the AOA House meeting in Chicago in July.

Samuel B. Ganz, D.O., of Corpus Christi, was reelected speaker of the House of Delegates of the American Osteopathic Association. Dr. Ganz is also speaker of the TOMA House of Delegates.

David R. Armbruster, D.O., of Pearland, president-elect of TOMA, was elected to the AOA Board of Trustees for a three-year term.

A Texas resolution, calling for changes in the AOA Hospital accreditation and inspection program, was passed by the AOA House.

AOA passed a \$75.00 assessment on members and voted to raise dues to \$175.00 annually.

Tex Roberts, CAE, Executive Director of TOMA, was elected president of the Association of Osteopathic State Executive Directors (AOSED). Roberts has been active in AOSED since 1963.

The Texas Resolution had the backing of TOMA House, AOSED, several other states, and was presented by H. Eugene Brown, D.O., of Lubbock, immediate past president and newly appointed to the Texas State Board of Health Resources.

TOHA helped generate the Texas document, seeking changes in the accreditation and inspection procedures and manual.

*[The AOA election was held after this issue of the Journal was ready to go to the printer. The complete story will appear in the September issue. — Ed.]*

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Mr. Tex Roberts, Editor



# Phil R. Russell, D.O.

*whose life was dedicated to  
the advancement of a cause*

Dr. Phil R. Russell, who was nationally known for his accomplishments in the furtherance of osteopathic medicine, died June 19 at Fort Worth Osteopathic Hospital—a facility he helped to found. He would have been 81 July 2.

Not only in Texas, but throughout the country, Dr. Russell was considered a key force in the solid establishment and recognition of osteopathic medicine, both as an art and as a science.

When he with Judy Alter wrote "The Quack Doctor," published in 1974, some of his colleagues objected to the book's title, but Dr. Phil, with supreme confidence in the osteopathic concept and modalities and his application of them, had no objection to being called a quack, and no doubt named his book with tongue in cheek.

Since the general public has become better informed regarding osteopathic medicine, its practitioners are no longer labeled "quacks" or "cultists", and through the efforts of osteopathic physicians such as Dr. Phil, has come to understand that D.O.s are *healers* and deserve the recognition and respect for which they have had to fight for so many years.

After Dr. Phil's birth in Commerce, Texas, his mother attended the American School of Osteopathy (now KCOM) and became Maude Graham Russell, D.O.

Dr. Phil attended the Fort Worth public schools, Carlisle Military Academy (now the University of Texas at Arlington) and Castle Heights Polytechnic College before entering ASO, from which he received his D.O. degree in 1916.

His first practice was in Terrell, before he moved to Cleburne where he practiced for two years. When his mother became ill in 1920, he moved to Fort Worth to take over her practice in association with his brother, Dr. Roy G. Russell.

He immediately entered professional affairs and was elected president of the North Texas Osteopathic Association in 1921. In 1923 he was elected president

of the Texas Association of Osteopathic Physicians and Surgeons (now the Texas Osteopathic Medical Association), and was president of the AOA in 1941-42. He also served for many years in the AOA House of Delegates and as a trustee of that organization.

In 1925 Governor Miriam Ferguson named Dr. Phil to serve on the Texas State Board of Health—the first D.O. to receive such an appointment. In 1931 he was appointed to a six-year term on the Texas State Board of Medical Examiners by Governor Ross S. Sterling. Governor James B. Aldrich reappointed him to a six-year term on the Examining Board.

In 1960 Governor Price Daniel appointed him to the White House Conference on Aging. Dr. Russell also served on the Governor's Steering Committee on Aging under Governor John Connally.

Dr. Phil has been recognized both for his work for his profession and for his country. President Franklin D. Roosevelt awarded him a Certificate of Citation for his work on the Medical Advisory Board of the U. S. Selective Service System during World War II.

The Distinguished Service Award of the AOA was presented to him in 1942. He was granted an Honorary Doctor of Science degree by the College of Osteopathic Medicine and Surgery in 1944, and in 1951 Kirksville College of Osteopathic Medicine conferred the honorary degree of Doctor of Science in Osteopathy on him.

He received the O. J. Snyder Memorial Award from the Philadelphia College of Osteopathy, and the Andrew Taylor Still Medallion of Honor from the American Academy of Applied Osteopathy.

While he was helping to build his profession, he also did much toward building buildings to house it. In addition to being one of the founders of Fort Worth Osteopathic Hospital, he was a key force in the building of the AOA headquarters in Chicago and of the TOMA State Office in Fort Worth.



# Doctor Phil and I

Since 1950 he had served as chairman of the Board of Directors of FWOH and had recently been named chairman emeritus of that hospital's governing body.

Dr. Phil had been honored for his many years' work in establishing the Texas Osteopathic Insurance Liaison Committee (TOIL) and the Hospital and Insurance Committee of TOMA.

Always interested in athletics, he served as physician to the old Fort Worth Cats baseball club and served TCU as physician to its football team from 1922 through 1952.

When he was named executive secretary of TOMA in 1950, he partially retired from private practice, although he maintained a small treatment room in the State Office. When this *Journal* called Dr. Russell just prior to printing the June (1975) issue, Mrs. Russell said he was at the hospital (FWOH) treating a patient!

While serving as executive secretary (1950-1964) he traveled extensively—visiting the District societies, osteopathic colleges, inspecting osteopathic hospitals, speaking to pre-med groups and spending considerable time in Austin, working for equal rights for his minority profession.

In the foreword to his book, Judy Alter (properly Dr. Alter since she holds a Ph.D. in English) says, "Dr. Russell calls himself a "quack" doctor because he is a practitioner of osteopathic medicine, but Dr. Russell's significance as a "quack" doctor goes beyond the limits set by schools of medicine.

"A foxy man, capable of wily and devious methods to gain his ends, he is also a man who totally dedicated his life to delivering health care to the people.

". . . he practices and preaches a brand of medicine based on dealing with the patient as an individual. Over and over, Dr. Russell stresses the importance of observation, of looking at and listening to a patient to get behind the story he is actually telling and get to the root of the problem. . .

"Most of all, Dr. Russell is a positivist, a man who believes that much can be accomplished by sheer determination and. . . this philosophy and its worth are evident in his accomplishments for osteopathic medicine and for his patients."

Two funds have been set up to honor Dr. Phil's memory—one at FWOH and one at TCOM. Gifts to one of these funds may be directed to either the Office of the Executive Vice President at FWOH, 1000 Montgomery Street, Fort Worth, Texas 76107; or to the Texas College of Osteopathic Medicine, 3516 Camp Bowie Boulevard, Fort Worth, Texas 76107.

Dr. Russell is survived by his widow, Zelma, and a son, U.S. Air Force Col. (retired) Roy Russell of Foresthill, California. ▲

I still expect him to drop by the State Office or call, usually on a Monday morning.

He is now silent and resting, but his influence runs deep in the profession. One thing about Dr. Phil, you knew where he stood and you very definitely got a positive reaction, particularly if it had to do with the D.O. degree, the Association—either State or National—or the currently disturbing influences affecting the health care.

He was continuously and compulsively concerned about the individual patient. He and Dr. G. W. Thompson were primary movers in establishing peer review in TOMA long ago.

In any encounter with Dr. Phil you had to be prepared to defend your position and your reasoning and seldom could you float along in a neutral "non-think" attitude! At times he took a dim view of some of us latter-day association managers and he made it plain that a number of programs were going to pot in his opinion.

On the other hand he was alert to those events and people happenings that the State Office should know about and he was prompt in reporting. He attended every meeting of our TOIL Committee, actively represented the Association on the Governor's Committee for Aging, and was on the executive committee of the Texas United Community Services.

Yes, something is missing.

Among these are the stories of the early years in establishing osteopathic medicine in Texas, including the story about how the Klu Klux Klan helped the D.O.s legislatively in the 1920's. Some of the stories were captured in his book, but not all of them.

He worked for the profession until the day he died. In his day he was an autocrat of the first water, probably, but he did what he thought should be done for the degree and profession at the time. He had the courage to stand up and be counted even if he stood by himself.

Although he'd come into the State Office at times and practically take the roof off that he had originally put on it, we respected him and tried to keep him happy.

After being around us for more than six and a half years, I think he thought we were probably O.K. I hope so. — — Tex Roberts ▲



# Man on the Move

## *the life and times of Phil R. Russell, D.O.*

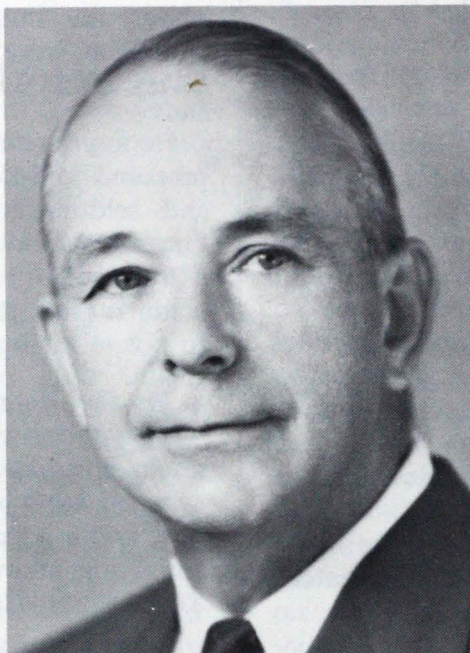
For nearly 60 years Dr. Phil R. Russell was a great moving force in osteopathic medicine. . . and he was always on the move—from the time he received his D.O. degree until just a few weeks before his death.

The photo on this month's cover was taken at the convention in Dallas this last May by Pat Patterson of Marion Labs. It was Dr. Phil's 56th TOMA convention. He also attended TCOM graduation ceremonies June 2.

The TOMA State Office archives yielded many photographs that tell much of his life story.



The picture above (undated, as are a number of those in his file) perhaps was taken on the occasion of his graduation from KCOM (then ASO) in 1916.



A guess would be that this photo was made some time after he served as TOMA president (1923-24), but before his term as president of AOA in 1941.



Shown with an architect's rendition of the AOA headquarters in Chicago, Dr. Phil was largely responsible for its building.



Appropriately, Dr. Phil gave the dedication address at the formal opening of the new AOA headquarters about 1946.



Interested in every phase of health care, Dr. Phil is pictured here at a World Health Conference.





*Dr. Phil became executive secretary of TOMA in 1950. Here he talks to President Sam Sparks and Dr. Ralph Kindberg of Detroit.*



*Wherever the action was, there also was Dr. Phil. When ground was broken for White Settlement Hospital, he was on hand for the ceremonies.*



*At PCOM's Founder's Day program in 1958, Dr. Frederick H. Barth presented the Oscar John Snyder Award to Dr. Phil.*



*A regular visitor to the osteopathic colleges, this picture was taken at KCOM in 1959. On his right is Dareld R. Morris, D.O. (now of Smithville, Texas), retiring student council president.*



*A rare moment of relaxation for Dr. Phil was enjoyed during his visit to KCCOM in 1960.*



*Always on the lookout for the best qualified prospects to enter the osteopathic profession, Dr. Phil spoke in Houston in 1962 at a vocational guidance dinner.*



*In 1964 the Society of Divisional Secretaries (now the Association of Osteopathic State Executive Directors) granted honorary membership to Dr. Phil. The plaque was presented to him by Herman Walter (Iowa Executive Secretary).*



*All living past presidents of TOMA were honored at the 1973 convention in Houston and were presented with first day covers of the new postage stamp commemorating 100 years of osteopathic medicine. President Robert G. Haman made the award and Dr. Phil is congratulated by President-Elect John Boyd.*



*The above picture was taken to be included in Dr. Phil's book, "The Quack Doctor," published in 1974.*



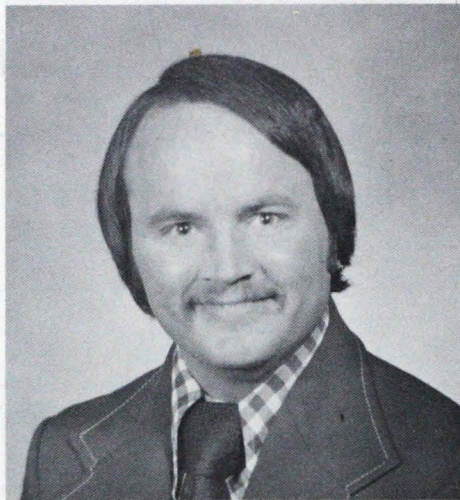
# *75 per cent of new Texas D.O.s choose to practice in smaller communities*

In the July 1974 issue of this *Journal*, it was reported that 45 Texans had just graduated from osteopathic medical schools and would be starting their internships July 1.

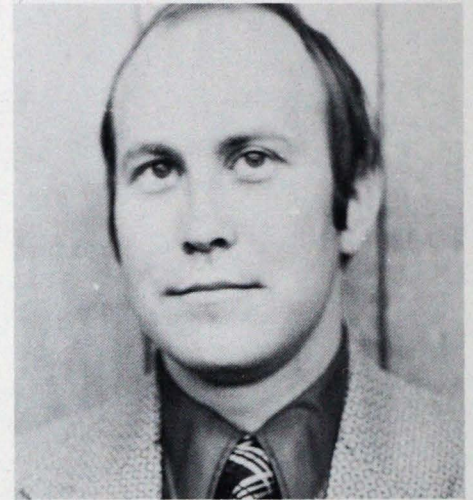
Although an effort has been made to find out where these doctors who have now finished their internships are planning to locate, to date information on only half of them has been obtained.

At least 18 of them have made plans to practice in Texas—mostly in smaller communities.

Of the six who interned this past year at Dallas Osteopathic Hospital, five are now practicing in Texas and the sixth is taking a residency.



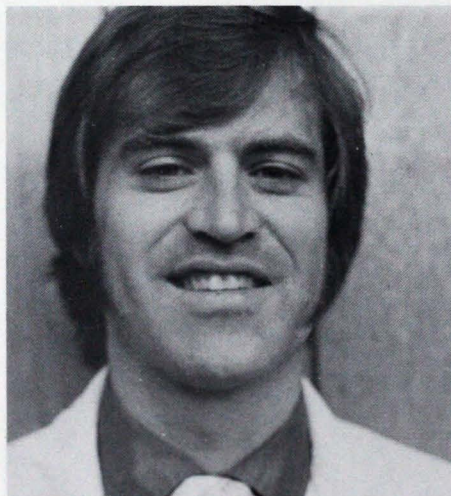
*Deer Park is the practice site chosen by Dr. Donald R. Metz, whose residence was Texas City before entering COMS.*



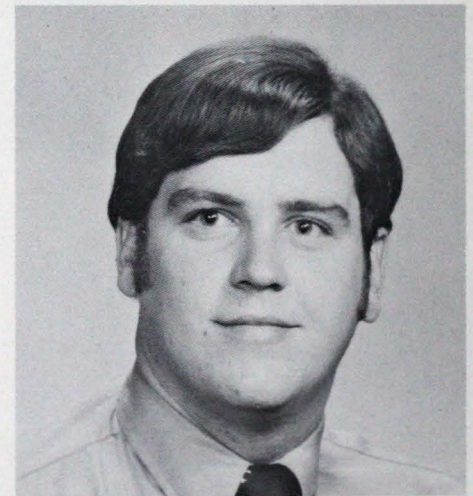
*A 1974 graduate of TCOM and a former resident of Van, Dr. Ronald D. Sherbert is practicing in Grand Saline.*



*Dr. John L. Sessions (TCOM'74), formerly of Fort Worth, has an office in Kirbyville and is practicing at the Buna Medical Center.*

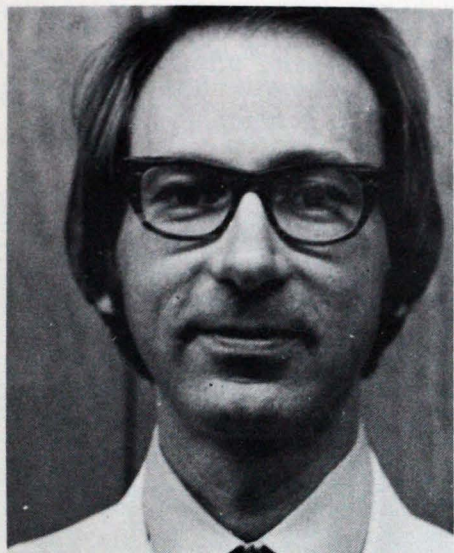


*Mabank gained another D.O. when Dr. Robert G. Holston (TCOM'74) opened his practice there. He is from Canyon.*



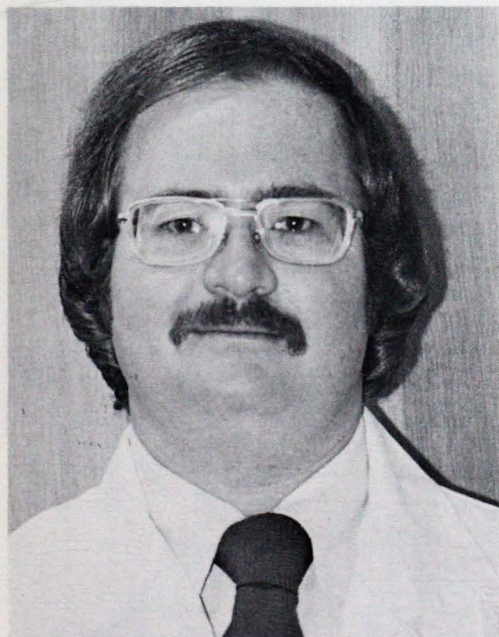
*Dr. Ronald W. Jones formerly of Texarkana, is now in general practice in Dallas. He was a 1974 graduate of COMS.*





*Remaining at Dallas Osteopathic Hospital to enter a residency in internal medicine is Dr. Robert J. Breckenridge (TCOM '74). He is from Seagoville.*

Of the eight interns who received their Certificates of Graduation from Fort Worth Osteopathic Hospital June 27, five have definitely decided on Texas as the place to practice.



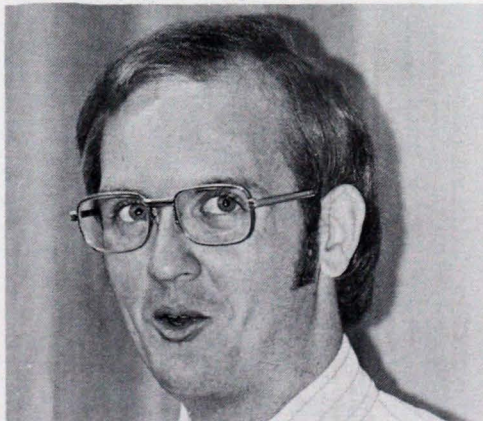
*Dr. Richard L. Wascher, Jr., will join his father in practice in San Antonio. He is a 1974 graduate of Kansas City.*



*Another '74 graudate of KCCOM, Dr. John A. Alderman, will practice in Crowley. Although he was born in Louisiana, Texas has been his home since 1946.*



*Dr. Randall C. Perkins is another Louisiana native who has become a Texan by choice. He was a resident of Fort Worth at the time he entered KCCOM, and has chosen Granbury for his practice location.*

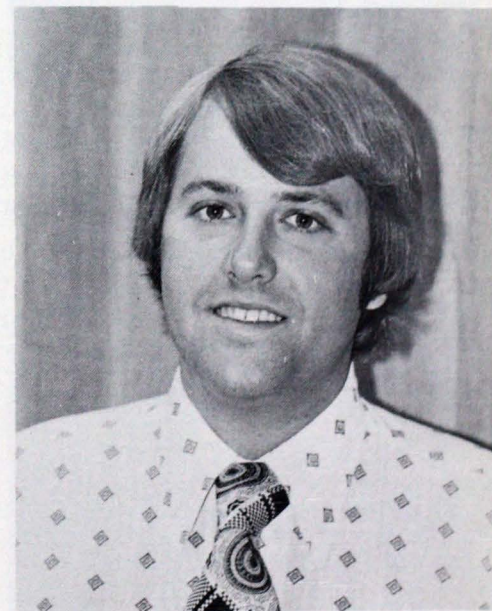


*A recipient of the Phil R. Russell scholarship in 1970, Dr. James M. Russell (KCOM'74), formerly of DeKalb, has taken over the practice of Dr. C. E. Dickey in Fort Worth.*

Future plans of the other two in the FWOH graduating class, Dr. W. Victor Morris and Dr. Terry Y. Rounsavall, are not known by this *Journal*.



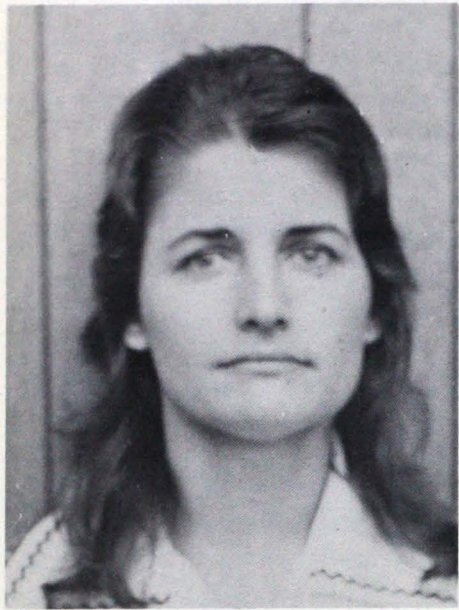
*Formerly of Corydon, Kentucky, Dr. Donald W. Bishop is now practicing in Plano. He is a 1974 graduate of KCCOM.*



*Dr. William W. Hairston (KCOM '74), of Nacogdoches, has chosen to enter a residency in surgery at Art Centre Hospital in Detroit.*

Stevens Park Osteopathic Hospital graduated five interns in its June class, four of whom have opted for Texas.

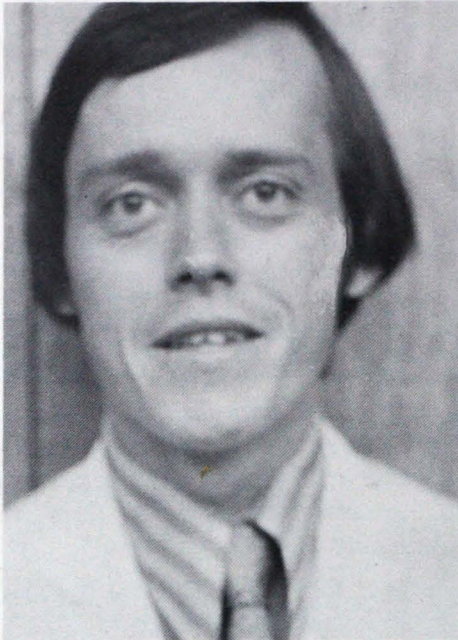




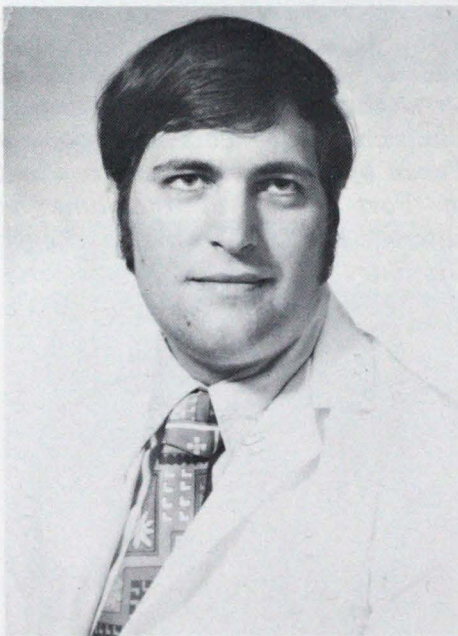
*Dr. Nelda N. Cunniff, the first woman to graduate from TCOM (1974), has gone into general practice in Burleson. A lifelong resident of Texas, Dr. Cunniff made her home in Fort Worth for many years.*



*Another D.O. who formerly lived in Fort Worth is Dr. Ronald L. Daniels (TCOM'74) who has begun his new practice in Mineola.*



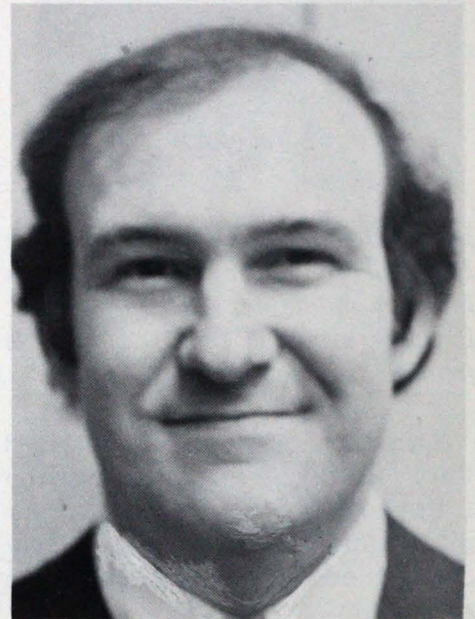
*It was a return of the native when Dr. Ronald P. Livingston decided to go back to Comanche to practice following his Stevens Park internship. He is a 1974 TCOM graduate.*



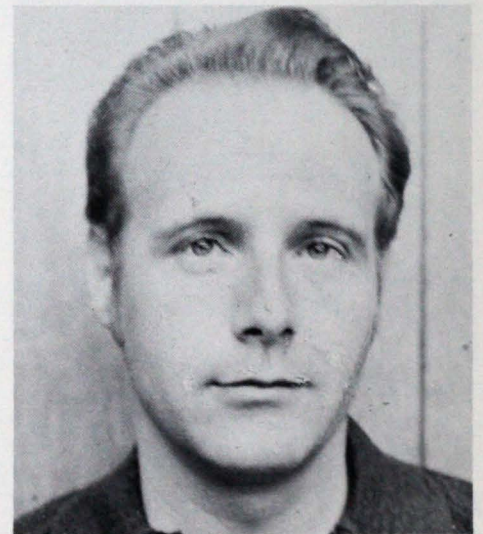
*A native of St. Louis, after interning in Texas Dr. Jerome C. Wasserstein decided to make it his home and will be practicing in Anson. His alma mater is the Chicago College of Osteopathic Medicine.*

*The fifth Stevens Park intern, Dr. David R. Trobaugh, is not a native Texan and has started his practice in Tahlequah, Oklahoma.*

Two interns from Grand Prairie Community Hospital have built a new clinic in Temple and will practice there together.



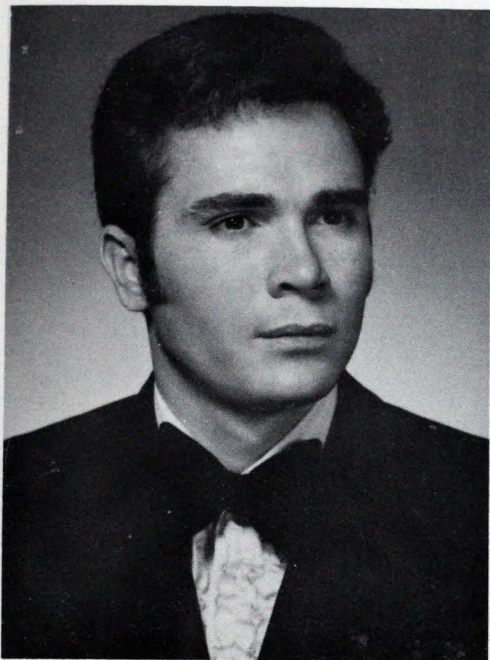
*Dr. Shelley Howell, a native of Temple, graduated with the TCOM class of '74.*



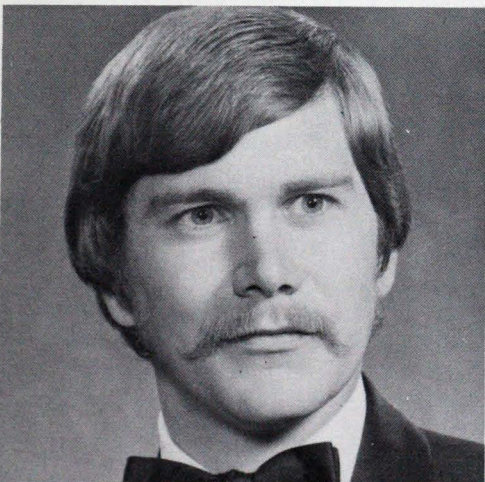
*Dr. Terry Parvin (TCOM'74) is formerly of Glen Rose.*



Of the four Texans in the East Town Osteopathic Hospital intern graduating class, information was available on only two.



*Dr. Conrad A. Speece was a resident of Denton before entering KCCOM. He is now in general practice in Dallas.*



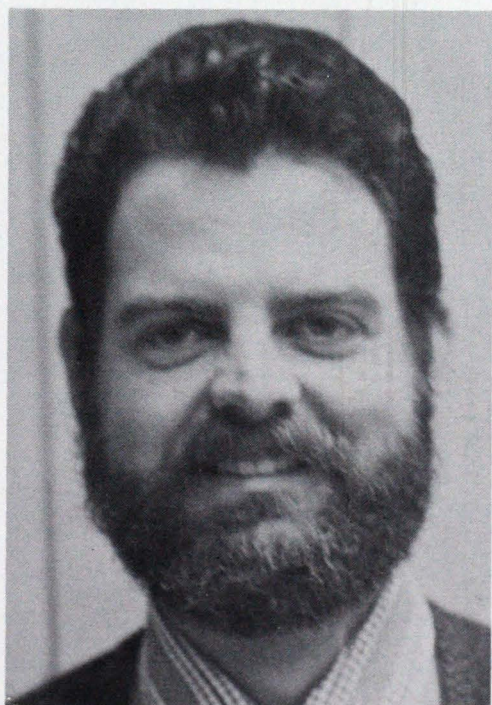
*Dr. Robert F. Shields (KCOM'74) is the son of Dr. R. J. Shields of Groves. Fort Worth is the city chosen by him in which to practice.*

The two other Texas graduates from East Town are Dr. Beauford Bapsed, Jr., of Dallas (COMS'74), and Dr. Thomas D. Wiman (TCOM '74) of Fort Worth.

Texas also gained some new D.O.s from among the military interns and from other states.



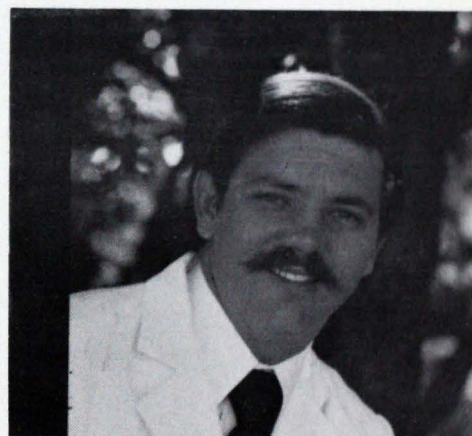
*Dr. George N. Smith (KCCOM'74) took his residency at Lakeside Hospital. A native Texan, born in Del Rio but more recently of El Paso, has set up practice in West.*



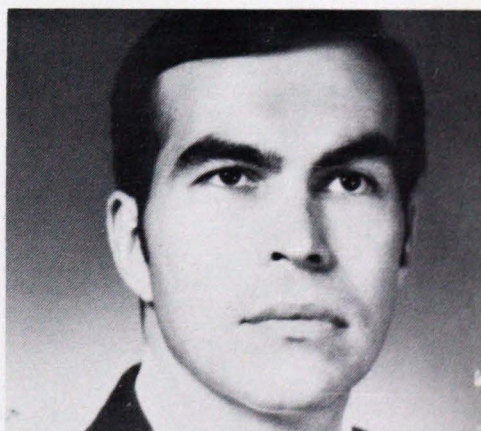
*Dr. Gilbert E. Greene of Sweetwater, who interned at Brooke Army Medical Center is now located in Dallas. He graduated with the TCOM class of '74.*



*Dr. Lewis F. Gold (KCCOM'74), formerly of Corpus Christi, another intern at Brooke, will stay there and take a pediatric residency.*



*Dr. Jesse R. Ramsey (TCOM'74) of Fort Worth interned at William P. Beaumont Army Medical Center in El Paso. He has also chosen to take a residency in pediatrics and will remain at Beaumont for that training.*



*James A. McLaughlin, a native of Ohio, interned at Doctors Hospital in Columbus. Dr. McLaughlin decided to make Texas his home and is now practicing in Grand Prairie.*



# Get well card.

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# Hospital Cannot Deny Staff Privileges Arbitrarily

Private hospitals have the same obligation as public institutions to protect physicians against arbitrary or discriminatory exclusion from staff privileges, a California appellate court has declared.

The ruling came in a decision against a private hospital which had returned without consideration a doctor's application for staff membership because it was not accompanied by three letters of recommendation from members of the regular hospital staff.

Although the requirement for the three supporting letters was part of the institution's bylaws, the court nevertheless described it as "not substantively rational" and a violation of "minimum common law standards of fair procedure." It pointed out, in this connection, that the hospital had received 22 letters from other physicians recommending this applicant for staff privileges.

The court record disclosed that the plaintiff-doctor at the time of his application had full staff privileges at four other hospitals; and he did not claim that rejection by the defendant-hospital jeopardized his income. His sole aim, he said, was to find a hospital closer to his home office.

## Due Process Stressed

As a private hospital, the court observed, the defendant-institution was free to establish its own rules, regulations and qualifications for its medical staff, provided they were not unreasonable "or applied in a discriminatory manner." It added that an applicant for membership in any professional society has a judicially enforceable right to have his application considered "in a manner comporting with the fundamentals of due process."

As stated in its bylaws, the hospital's purpose was "to insure that all patients. . . receive the best possible care." The court conceded that, to achieve this aim, the hospital could obtain greater candor regarding applicants' qualifications from staff members than from non-members. While it agreed with these propositions "in the abstract," it cited the danger that staff endorsements be "arbitrarily and discriminatorily withheld."

One more factor was weighed by the court in this case. Although the hospital is privately owned, it is the recipient of funds made available under the Hill-Burton Act which provides for federal grants to public and private hospitals for construction costs. Thus, the appeals court concluded, the defendant-hospital meets the constitutional criteria used for public hospitals.

*In this connection, the tribunal cited decisions handed down by Federal courts holding that, when a private hospital accepts government funds for construction or operation, "discrimination against physicians may constitute a violation of the Fourteenth Amendment of the U.S. Constitution."*

*[Reprinted from the Physician's Legal Brief, May-June 1975.]*

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## KCOM plans 23-Hour CME Program Oct. 20-22

Dr. Ira Rumney, director of postgraduate programs at Kirksville College of Osteopathic Medicine has announced plans for a 23-hour continuing medical education program on osteopathic fundamentals which will be held October 20, 21 and 22 in Kirksville.

This annual program is aimed at providing the osteopathic physician with a review and an extension of his basic skills in the area of manipulative therapy. Dr. Rumney points out that the course covers a great deal of material in the three day span to offer the visiting physicians a thorough course in osteopathic theory and methods.

More than ten hours of laboratory work in osteopathic theory and methods stressing technique under the tutelage of Dr. Rumney and associates will be offered during the three days.

The annual Founder's Day celebration at KCOM will be held in conjunction with the postgraduate program.

Application for postdoctoral credit from the American Osteopathic Association and the American College of General Practitioners in Osteopathic Medicine is pending.

Because of the number of applicants for the 23-hour course will be limited, physicians are encouraged to register as soon as possible. All registrations must be made prior to the opening of the course.

The fee for the osteopathic fundamentals course will be \$200, with a deposit of half of that amount required at the time of registration.

For further information on the course contact:

Dr. Ira C. Rumney, Director of  
the Postgraduate Institute of  
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**ARANSAS PASS**—Excellent opportunity available for physician desiring to practice in this small Gulf Coast town located near the north Padre Island gateway. D.O. recently moved, leaving large practice behind. Contact C. H. Lewis, D.O., Chief of Staff, Aransas Hospital, Inc., phone 512-776-2571.

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**D.O.s CONTEMPLATING** semi-retirement may find a job with Blood Plasma Centers attractive at approximately \$25,000 a year for a 40-hour week. The work consists mostly of physical examinations. Drop a note or call on what states you are licensed in and what states you would be willing to serve in to TOMA, 512 Bailey, Fort Worth, Texas 76107; 817-336-0549.

**HURST**—Hurst General Hospital needs two emergency room D.O.s. Must be desirous of going into general practice in the vicinity. Liberal salary per night. Must locate within 15 minutes of the hospital. Contact Walter Dolbee, Adm., 837 Brown Trail, Hurst, 76053, 817-282-9211.

**OMAHA**—G.P. needed by August 1 to take over established practice. Close to Mt. Pleasant Hospital and joint staff hospital at Naples. Call collect: Dr. Adron Tenbrook, 214-884-2142.

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

**WACO** — Needed immediately two osteopaths for family practice group. Completely equipped offices in new Medical and Surgical Clinic. New 49-bed hospital across street. Near Waco. In prosperous Farm/Ranch/Industry area. Salary—incentive. Call B. D. Pierce, M.D., Medical Director, 817-826-5372 or 817-826-5131.

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**YOUNG D.O.** — Willing to do office and hospital work in area north of Austin. Contact Robert L. Peters, Jr., D.O., 305 West Taylor, Round Rock 78664, Ph. 512-255-3674; or John H. Schepman, D.O., 8301 Balcones, Austin 78759, Ph. 512-258-3606.

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# Malpractice Mess -- Whose fault?

[The following item is from "A Report on the 64th Legislature" by Senator Andujar.]

The Legislature passed two bills which will temporarily help relieve skyrocketing costs of malpractice insurance for doctors, *BUT* the House of Representatives failed to pass the most essential long-range plan to control the problem.

The truth is that the medical professions have been hit with a sudden and violent illness of their own: hospitals and medical personnel are being sued for larger and larger sums of money. As jury awards rise, it becomes more profitable to sue. It is especially profitable for the Texas trial attorneys pursuing malpractice suits because they receive from 35 per cent to 50 per cent of all settlements made. Some trial lawyers now even have runners in hospitals looking for potential cases. In Indiana, attorney's fees are limited to 15 per cent.

In order to protect themselves

from financial ruin, doctors and hospitals have to carry more insurance which in turn is now too expensive or impossible to get. Some doctors in high risk specialties who formerly paid around \$8,000 per year are now paying \$35,000 to \$40,000. But no matter which specialty field they practice, all doctors and hospitals are paying higher premiums. This means that every time you go to the doctor or the hospital, your bill must include higher costs for insurance. It is estimated that the present crisis is adding \$8 per day to hospital costs. The saddest fact of all is that the injured patient receives only 18 cents to 31 cents out of every premium dollar paid. The rest of the money goes to lawyers, insurance investigators, and administrative costs.

Exhausting hours of effort and pleas by the Governor led to marathon attempts to solve this crisis. In the end, the public lost and the trial attorneys won.▲

## Dr. Mancuso lectures in Montreal and Arizona

Louis G. Mancuso, D.O., F.I.A.P., presented a paper on May 14, at the International Academy of Proctology Congress and Teaching Seminar in Montreal, Canada.

The subject of the paper was Diverticulosis and Diverticulitis. Scientific sessions which featured speakers from all over the world were from May 12 through 15.

Dr. Mancuso also presented a paper at Phoenix, Arizona at the Western States Society of Proctology Convention, April 20 through 23.

Dr. Mancuso was appointed program chairman for the 1976 convention to be held in San Diego, California.▲

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# D.O. Filmstrips Now Available

The American Osteopathic Association, in cooperation with the firm View-Com, is making available, for a modest fee, a new filmstrip presentation.

"Doctor of Osteopathy," an audio-visual color filmstrip, which is also available in slide format, was written, and production assistance was given by the public relations department at the AOA. According to Robert Klobnak, director of public relations, "the program has been designed to educate, enlighten, and inform all those who would like to know more about the profession of osteopathic medicine."

The filmstrip includes historical background on the origin of the pro-

fession, plus a review of the recent growth and developments which have taken place.

Part of the presentation deals with the educational requirements needed for a young man or woman to qualify as an osteopathic physician and surgeon. Some of the important differences between a D.O. and an M.D. are also dealt with.

"The purpose of the program, as we see it, is two-fold," Klobnak said, "First, as an informational film for the general public and second, as a career-education film for students."

The content and length (10 minutes) of the program makes it ideal for patient viewing. It can also be

equally effective before student and civic groups and for the many people everywhere who should be given the opportunity to learn more of the "holistic" concept of osteopathic medicine.

According to Klobnak, the filmstrip format would be ideal for waiting rooms, or at any opportunity the D.O. might have to address individuals or groups on the role and ideals of today's "Doctor of Osteopathy."

Inquiries for information, or purchase, should be directed to View-Com, 1504 East Dexter, Covina, California, 91724. Purchase price of the filmstrip (or slides) is \$29.95.

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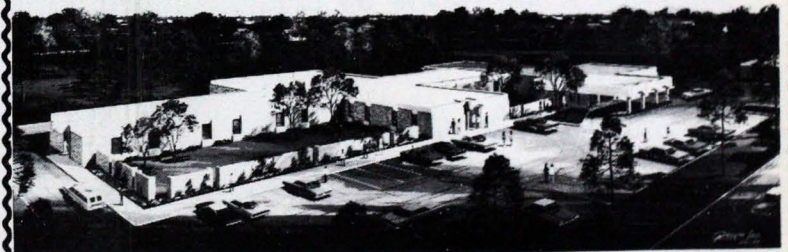
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# MEDICAL SEMINAR

*Office Neurology*

*Headaches*

*Low Back Pain*

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## FRIDAY, SEPTEMBER 12

### *Office Neurology*

- 8:00—9:00 a.m. Physical diagnosis of the neurological patient. Actual patient interviews with interpretations of physical findings.  
— Dr. Slick
- 9:00—10:00 a.m. "The dizzy patient." Is it a middle ear problem? Is it a brain stem problem? If not what is it?  
— Dr. Vigorito
- 10:00—10:15 a.m. Coffee break.
- 10:15—11:15 a.m. "Doctor my legs hurt, burn, tingle, are weak and cramp." Is this a vascular or neurological problem?  
— Dr. Lim
- 11:15—12:00 noon Traumatic head injuries. When is it safe to just observe the patient? What are the early and the late signs of neurological deterioration?  
— Dr. Norstrom
- 12:00—12:30 p.m. Panel Discussion.

*Enjoy the Gulf Coast Area*

## SATURDAY, SEPTEMBER 13

### *Headaches*

- 8:00—9:30 a.m. Important statements in history: What does physical diagnosis have to offer? When must the doctor be concerned? What do diagnostic procedures have to offer? How to manage the patient who has had headaches for ten years.  
— Dr. Vigorito
- 9:30—10:00 a.m. The internist looks at the headache patient. The neurologist and E.E.N.T. may have given up.  
— Dr. Slick
- 10:00—10:15 a.m. Coffee break.
- 10:15—11:00 a.m. What x-ray and isotope and echograms may offer in diagnosis of headache, and what are their limitations.  
— Dr. Lively

## SPEAKERS

Moderator  
H. J. Borcharding, D.O.

- |  |   |
|--|---|
| Alexander R. Lim, M.D.<br>Neurology<br>Memorial Hospital<br>Corpus Christi, Texas              | Craig W. Norstrom, M.D.<br>Neurosurgery<br>Memorial Hospital<br>Corpus Christi, Texas |
| R. McGregor Slick, D.O., FACOL<br>Internal Medicine<br>Corpus Christi, Texas                   | James Tyree, M.D.<br>Urology<br>Corpus Christi, Texas                                 |
| William E. Swan, Jr., M.D.<br>Orthopedic Surgery<br>Memorial Hospital<br>Corpus Christi, Texas | Dexter Koons, M.D.<br>Neurosurgery<br>Spohn Hospital<br>Corpus Christi, Texas         |
| Thomas Vigorito, D.O.<br>Neurology<br>Tucker, Georgia  | James W. Lively, D.O.<br>Radiology<br>Corpus Christi, Texas                           |

- 11:00—12:00 noon Brain Tumor: How the patient may present himself and some interest cases.  
— Dr. Koons

- 12:00—12:30 p.m. Panel Discussion.

*Enjoy the Gulf Coast Area*

## SUNDAY, SEPTEMBER 14

### *Low Back Pain*

- 8:00—8:45 a.m. The radiologist looks at low back pain.  
— Dr. Lively
- 8:45—9:30 a.m. The internist looks at low back pain.  
— Dr. Slick
- 9:30—10:15 a.m. The neurologist looks at low back pain.  
— Dr. Vigorito
- 10:15—10:20 a.m. Coffee break.
- 10:20—11:15 a.m. The urologist looks at low back pain.  
— Dr. Tyree
- 11:15—12:00 noon The orthopedist looks at low back pain.  
— Dr. Swan
- 12:00—12:30 p.m. Panel Discussion.

*Enjoy the Gulf Coast Area*

\*\*\*\*\*

For additional information contact:

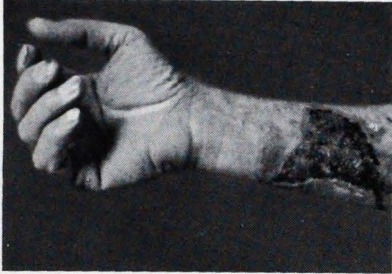
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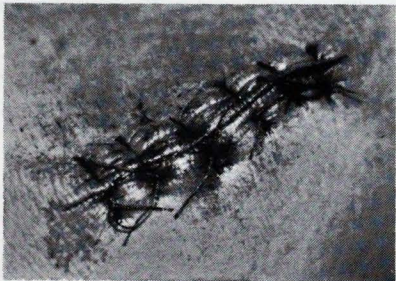
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# Texas Ticker Tape

## **DR. O'SHEA NEW CHIEF OF STAFF AT FWOH**

Dr. J. Thomas O'Shea has been elected chief of staff at Fort Worth Osteopathic Hospital. From Michigan, he joined the hospital as director of clinical laboratories in 1972. Other officers are Dr. David Bilyea, vice chief of staff; Dr. Gary Earp, secretary-treasurer and Dr. W. T. Giles and Dr. Donald K. Paxston, members-at-large.

## **NEW MEXICO OSTEOPATHIC HOSPITAL ASSIGNED FIRST PSRO REVIEW**

According to a report from the American Osteopathic Hospital Association, University Heights Osteopathic Hospital in Albuquerque is the first hospital in the nation to be assigned concurrent review activities for Professional Standards Review Organizations. The hospital has 112 beds and was founded in 1958.

## **ONE THOUSAND DOLLARS PER STUDENT DOCTOR**

Health manpower appropriations in Washington apparently will provide \$1,000 per year per student doctor in osteopathic medical schools for the 1975-76 academic year. Federal money is also being provided for training (G.P.s physicians' assistants) and for student doctor loans, scholarships and National Health Service Corps funding of physicians in underserved areas.

## **OKLAHOMA STATE REGENTS APPROVE OSTEOPATHIC CAMPUS DESIGN**

On May 27, a formal report on design plans for the new permanent campus of the Oklahoma College of Osteopathic Medicine and Surgery was approved and accepted by the Oklahoma State Regents for Higher Education. The presentation by members of the architectural firm of Murray Jones Murray, Inc. represented a culmination of the Design Development phase of planning. With the Regents' approval, construction documents may now be drawn up for bidding and a start on construction this fall. Occupancy is slated for July 1977.

## **UNANIMITY IN TEXAS**

According to word from Washington, PSRO activity in Texas is absent. "The Texas situation" is the impetus once again for a move on Capitol Hill to amend the PSRO law's area designation process. Taking a break from Presidential campaigning, Senator Lloyd Bentsen (D-Tex.) has introduced a bill (S. 2092) mandating state-wide designation where a majority of the physicians in each of previously designated multiple areas vote for it. Physicians in Texas, both M.D. and D.O., have formed TIMA and are prepared to implement PSRO on a state-wide basis.



## TOHA holds annual meeting in San Antonio

by: J. M. Brooks, Immediate Past President, Texas Osteopathic Hospital Association

The Texas Osteopathic Hospital Association held their annual meeting in San Antonio at the La Mansion Motel July 10, 11, & 12th.

An interesting program on hospital accreditation was presented and discussed thoroughly.

The following officers were elected for the 1975-76 fiscal year. *President*, R. J. Halbrook; *President-Elect*, Charles Smith; *Immediate Past President*, J. M. Brooks; *Vice President*, Mrs. Pat Borden; *Secretary & Treasurer*, John C. Woodson. *Trustees*: H. Eugene Brown and Dwight H. Hause. ▲

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## Capitation grants reduced by 20 per cent for coming year

Health professions schools across the country have recently received notice of their capitation grant awards. In most instances these announcements are sad news for already financially sagging institutions.

The fundamental reason for the lower than usual capitation awards is a quirk in the continuing resolution which extended the authority of the 1971 Health Manpower Act and, consequently, the capitation grant program. By law, the amount of money available for capitation grants is either the operational level for the previous fiscal year or the President's budget — whichever is lower. This legislative quirk is mandated in order that legislation, already long overdue for renewal, will not continue in its limbo state. During the past fiscal year, the quirk has worked toward the detriment of health professions schools and has not hastened a renewal of the legislation.

Last year, monies available for capitation grants amounted to approximately \$185 million. Monies available for the most recent awards amounted to \$150 million, or a 20% reduction over one year. If the Health Manpower Act is not renewed this year, the situation can only worsen with a series of new continuing resolutions.

The formula used to determine capitation grants is essentially beneficial to all health professions schools — e.g., \$2,500 for first

through third year students, \$6,000 per graduate of a three-year program, \$1,000 per student in a bonus class, etc. However, with the monies available for the most recent grant cycle, HEW was able to award only 46.9 cents on the dollars contained in the formula. Last year, HEW spent 63.9 cents on the dollar.

For colleges of osteopathic medicine, capitation grants for school year 1974-75 ranged between \$1.5 million and \$89 thousand. For school year 1975-76, the range extended from \$1.2 million to \$65 thousand only a marginal reduction over one year. Three-year program and bonus class incentives have been removed from all proposed renewals of the Health Manpower Training Act.

[Reprinted from Update, July 11, 1975] ▲

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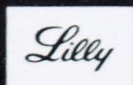
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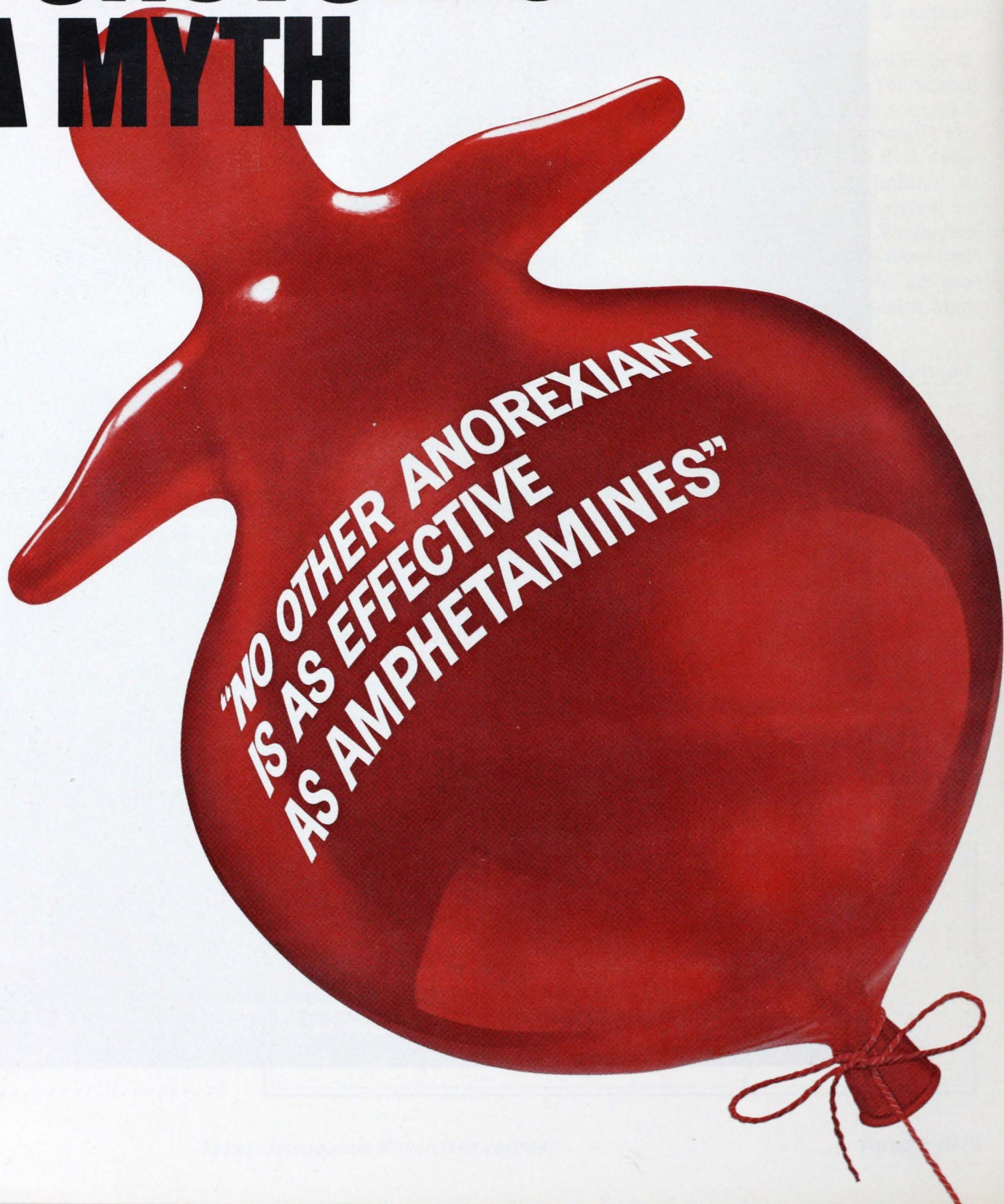
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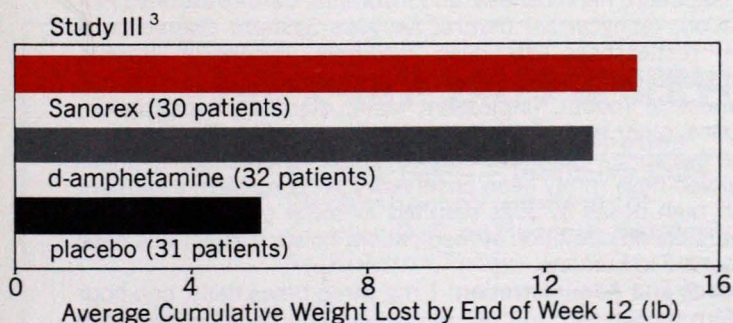
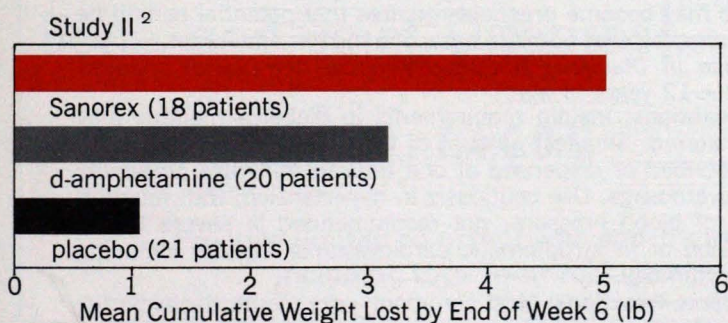
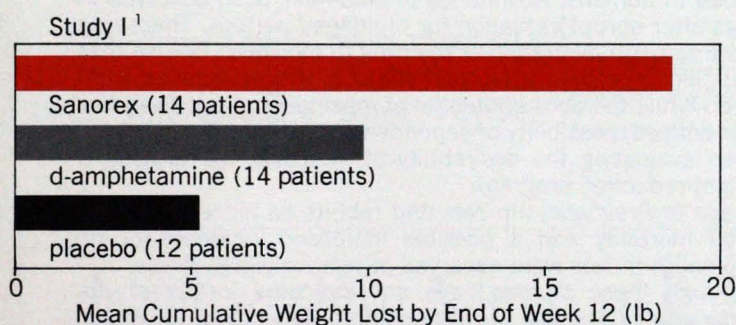
## **PUNCTURES A MYTH**





## SANOREX IS AS EFFECTIVE AS d-AMPHETAMINE

Double-blind studies<sup>1-3</sup> show that not only is Sanorex (1 mg t.i.d.) considerably more effective than placebo in helping patients achieve weight loss—but in these studies Sanorex has equaled or surpassed d-amphetamine (5 mg t.i.d.) in clinical efficacy. (Copies of these three studies are available on request.)



## SANOREX IS THE ONLY PRESCRIPTION ANOREXIANT NOT CHEMICALLY RELATED TO THE AMPHETAMINES

Although the pharmacologic activity of Sanorex and that of amphetamines are similar in many ways (including central nervous system stimulation in humans and animals, as well as production of stereotyped behavior in animals), animal experiments also suggest that there are differences.\*

### Different Chemical Structure

Sanorex is chemically unrelated to d-amphetamine—or any other “nonamphetamine” anorexiant available—and cannot be converted into an amphetamine-like substance in a biologic system.

### Different Neurochemical Action\*

Animal studies suggest that Sanorex, unlike d-amphetamine, does *not* interfere with norepinephrine synthesis.

### Action of d-Amphetamine\*

In animal studies, d-amphetamine (like food) activates afferent neurons leading to appetite centers in the hypothalamus. Resulting release of norepinephrine activates the receptor neurons. Unlike food, however, d-amphetamine also suppresses norepinephrine synthesis. Thus, increasingly larger doses of d-amphetamine become necessary to produce an effect.

### Action of Sanorex\*

After intake of food stimulates the release of norepinephrine from afferent neurons, Sanorex blocks its re-uptake without disturbing normal synthesis and release.

### Simplicity and Flexibility of Dosage

Simple one-a-day dosage is facilitated by 2-mg tablets (taken one hour before lunch). New flexibility (for the patient in whom 1 mg t.i.d. is preferred) is now facilitated by new 1-mg tablets (taken one hour before meals).

\*The significance of these differences for humans is uncertain.

For Brief Summary, please see following page.

75-391

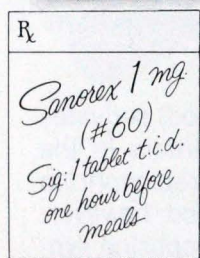
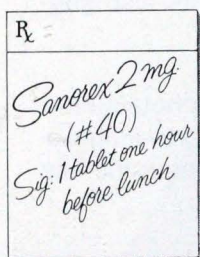
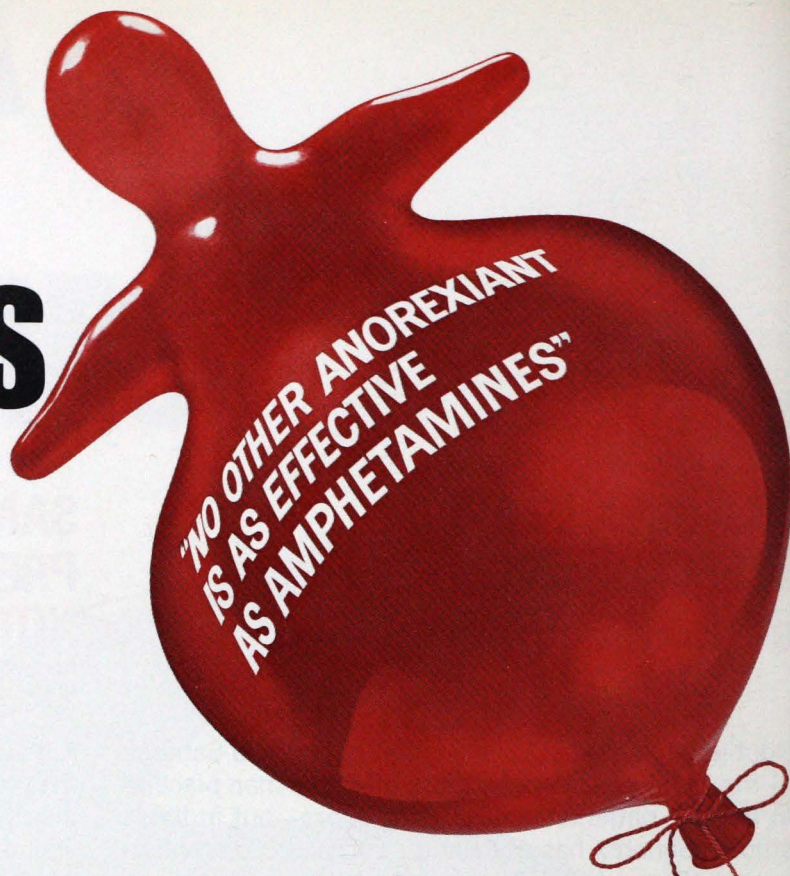




# SANOREX<sup>®</sup> (MAZINDOL)<sup>©</sup>

TABLETS, 1 mg and 2 mg

## PUNCTURES A MYTH



### References

1. Kornhaber A: Problems and current concepts in the treatment of obesity. Scientific Exhibit presented at the New York State Academy of Family Physicians 25th Annual Scientific Convention, McAfee, NJ, May 8-10, 1973.
2. DeFelice EA, Chaykin LB, Cohen A: Double-blind clinical evaluation of mazindol, dextroamphetamine, and placebo in treatment of exogenous obesity. *Curr Ther Res* 15:358-366, July 1973.
3. Vernace BJ: Practical considerations for managing obese patients: Initial interview and effective treatment in the office. Scientific Exhibit presented at the American Medical Association, 27th Clinical Convention, Anaheim, Calif, Dec 1-4, 1973.

**Indication:** In exogenous obesity, as a short-term (a few weeks) adjunct in a weight-reduction regimen based on caloric restriction. The limited usefulness of agents of this class should be measured against possible risk factors.

**Contraindications:** Glaucoma; hypersensitivity or idiosyncrasy to the drug; agitated states; history of drug abuse; during, or within 14 days following, administration of monoamine oxidase inhibitors (hypertensive crisis may result).

**Warnings:** Tolerance to many anorectic drugs may develop within a few weeks; if this occurs, do not exceed recommended dose, but discontinue drug. May impair ability to engage in potentially hazardous activities, such as operating machinery or driving a motor vehicle, and patient should be cautioned accordingly.

**Drug Interactions:** May decrease the hypotensive effect of guanethidine; patients should be monitored accordingly. May markedly potentiate pressor effect of exogenous catecholamines; if a patient recently taking mazindol must be given pressor amine agents (e.g., levarterenol or isoproterenol) for shock (e.g., from a myocardial infarction), extreme care should be taken in monitoring blood pressure at frequent intervals and initiating pressor therapy with a low initial dose and careful titration.

**Drug Dependence:** Mazindol shares important pharmacologic properties with amphetamines and related stimulant drugs that have been extensively abused and can produce tolerance

and severe psychologic dependence. Manifestations of chronic overdosage or withdrawal with mazindol have not been determined in humans. Abstinence effects have been observed in dogs after abrupt cessation for prolonged periods. There was some self-administration of the drug in monkeys. EEG studies and "liking" scores in human subjects yielded equivocal results. While the abuse potential of mazindol has not been further defined, possibility of dependence should be kept in mind when evaluating the desirability of including the drug in a weight-reduction program.

**Usage in Pregnancy:** In rats and rabbits an increase in neonatal mortality and a possible increased incidence of rib anomalies in rats were observed at relatively high doses. Although these studies have not indicated important adverse effects, the use of mazindol in pregnancy or in women who may become pregnant requires that potential benefit be weighed against possible hazard to mother and infant.

**Usage in Children:** Not recommended for use in children under 12 years of age.

**Precautions:** Insulin requirements in diabetes mellitus may be altered. Smallest amount of mazindol feasible should be prescribed or dispensed at one time to minimize possibility of overdosage. Use cautiously in hypertension, with monitoring of blood pressure; not recommended in severe hypertension or in symptomatic cardiovascular disease including arrhythmias.

**Adverse Reactions:** Most commonly, dry mouth, tachycardia, constipation, nervousness, and insomnia. **Cardiovascular:** Palpitation, tachycardia. **Central Nervous System:** Overstimulation, restlessness, dizziness, insomnia, dysphoria, tremor, headache, depression, drowsiness, weakness. **Gastrointestinal:** Dryness of mouth, unpleasant taste, diarrhea, constipation, nausea, other gastrointestinal disturbances. **Skin:** Rash, excessive sweating, clamminess. **Endocrine:** Impotence, changes in libido have rarely been observed. **Eye:** Long-term treatment with high doses in dogs resulted in some corneal opacities, reversible on cessation of medication; no such effect has been observed in humans.

**Dosage and Administration:** 1 mg three times daily, one hour before meals, or 2 mg per day, taken one hour before lunch in a single dose.

**How Supplied:** Tablets, 1 mg and 2 mg, in packages of 100. Before prescribing or administering, see package circular for Prescribing Information.



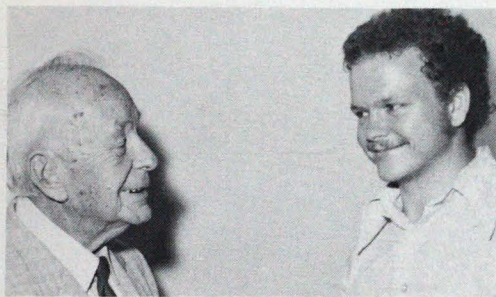


# Dr. Phil Presents Scholarships

In 1964 the TOMA House of Delegates established the \$1,000 Phil R. Russell scholarship, which was first awarded in 1965.

From records available in this office, these scholarship checks were sent direct to the osteopathic college where the freshman student/doctor winner was enrolled.

In the past several years the scholarship checks have been presented to the winners in person, and Dr. Phil had the pleasure of making the presentations.



S/D John Angelo, who received the Phil R. Russell scholarship in 1972 will graduate from TCOM with the class of '76.



In 1973 S/D Albert Kincheloe (TCOM class of '77) was chosen to receive this scholarship and is shown receiving a \$1,000 check from Dr. Phil.

*If the Lord meant us to be on our toes all the time, he wouldn't have given us so much to sit down on.*

\*\*\*

*Thinking people would feel better about a future if we would stop treating the earth as though it were rented.*



Frank Swords, and his father, Harvey G. Swords, D.O., of Dallas, came over to the State Office last August so that Dr. Phil could present a \$1,000 scholarship check to Frank, who now has completed his freshman year at KCOM.

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For the patient with a terminal illness, PAIN past, present, and future can dominate his thoughts until it becomes almost an obsession. The more he is aware of the pain he is now experiencing, the more difficult it is to erase his memory of yesterday's pain, and to allay his fearful anticipation of tomorrow's pain.

Surely the last thing this patient needs is an analgesic containing caffeine to stimulate the senses and heighten pain awareness. A far more logical choice is Phenaphen with Codeine. The sensible formula provides  $\frac{1}{4}$  grain of phenobarbital to take the nervous "edge" off, so the rest of the formula can help control the pain more effectively. Don't you agree, Doctor, that psychic distress is an important factor in most of your terminal and long-term convalescent patients?






# Codeine

Phenaphen with Codeine No. 2, 3, or 4 contains: Phenobarbital ( $\frac{1}{4}$  gr.), 16.2 mg. (warning: may be habit forming); Aspirin ( $2\frac{1}{2}$  gr.), 162.0 mg.; Phenacetin (3 gr.), 194.0 mg.; Codeine phosphate,  $\frac{1}{4}$  gr. (No. 2),  $\frac{1}{2}$  gr. (No. 3) or 1 gr. (No. 4) (warning: may be habit forming).

**Indications:** Provides relief in severe grades of pain, on low codeine dosage, with minimal possibility of side effects. Its use frequently makes unnecessary the use of addicting narcotics.

**Contraindications:** Hypersensitivity to any of the components.

**Precautions:** As with all phenacetin-containing products, excessive or prolonged use should be avoided. **Side effects:** Side effects are uncommon, although nausea, constipation and drowsiness may occur. **Dosage:** Phenaphen No. 2 and No. 3—1 or 2 capsules every 3 to 4 hours as needed; Phenaphen No. 4—1 capsule every 3 to 4 hours as needed. For further details see product literature.

 Phenaphen with Codeine is now classified in Schedule III, Controlled Substances Act of 1970. Available on written or oral prescription and may be refilled 5 times within 6 months, unless restricted by state law.

A. H. Robins Company, Richmond, Va. **A-H-ROBINS**



# AACOM contracts with BHM for OMMI

AACOM announced this week the signing of a 2-year, \$286,000 contract with BHM under which the Association will identify, assemble and analyze existing information regarding students, graduate trainees (interns and residents), faculty and practitioners within the osteopathic profession. The project will be known as OMMI (Osteopathic Medical Manpower Information).

During the first six months, beginning July 1, 1975, AACOM will report on the total number of current and projected internships through 1980, and the direction taken by those leaving internship (toward office practice, uniformed service, non-uniformed service, advanced degrees, and the like). Accredited residency programs will also be tallied as to number, specialty area and year of training.

The statistics to be assembled on osteopathic faculty will cover the current and projected numbers of college faculty by department, present working status (full or part time), and the educational backgrounds represented.

The contract includes provision for an advisory committee, representing three members from the colleges of osteopathic medicine, one member representing the AOA, one representing the AOHA, and the contract project officer, Dr. Robert Thompson, Director of AACOM's Department of Educational Services. The committee, to be entitled the Liaison Committee on Osteopathic Information, will advise the project staff concerning the availability of information within the various osteopathic organizations and on subsequent analyses undertaken.

In its second phase, the contract activities will cover organizing of the data identified and assembled in Phase 1. It is expected that the analysis of this information will be useful in the study of intern training and residency training in osteopathic medical education — the processes, programs, resources and interrelationships involved. Other issues of concern to osteopathic medical education can be effectively investigated with the assistance of these compilations.

Some of the topics include:

- \* The role of departments of osteopathic principles in the colleges and their relation to other departments.

- \* Teaching and application of osteopathic principles in the internship and residency training programs.
- \* Faculty resources for staffing departments of osteopathic principles.
- \* The role of osteopathic principles in the approval of postdoctoral training programs.
- \* Recent trends in osteopathic education.

[Reprinted from the American Association of Colleges of Osteopathic Medicine NEWSLETTER, July 1975]

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Before prescribing, see complete prescribing information in SK&F literature or *PDR*. The following is a brief summary.

**WARNING**

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

**Indications:** *Edema:* That associated with congestive heart failure, cirrhosis of the liver, the nephrotic syndrome, steroid-induced and idiopathic edema; edema resistant to other diuretic therapy. *Mild to moderate hypertension:* Usefulness of the triamterene component is limited to its potassium-sparing effect.

**Contraindications:** Pre-existing elevated serum potassium. Hypersensitivity to either component. Continued use in progressive renal or hepatic dysfunction or developing hyperkalemia.

**Warnings:** Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired. Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia ( $> 5.4$  mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently—both can cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded, in the other, serum electrolytes were not properly monitored). Observe patients on 'Dyazide' regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

**Precautions:** Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect. 'Dyazide' interferes with fluorescent measurement of quinidine.

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

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

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Each capsule contains 50 mg. of Dyrenium<sup>®</sup> (brand of triamterene) and 25 mg. of hydrochlorothiazide.

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Two prime reasons patients drop out of hypertensive therapy are (1) the patient failed to understand directions, and (2) the regimen was overly complicated. Maintenance dosage is simple with 'Dyazide', easily understood, once or twice daily, depending on response. There's seldom need to complicate the regimen with potassium supplements or unwieldy potassium-rich diets.

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# Letters

## DR. G. N. SMITH RETURNS TO TEXAS

Dear Tex:

I wish to thank you very much for running my ad in the "Make Your Move" column. The response was very good—I received offers from around ten people. I have decided to settle in West, Texas, just north of Waco. I will begin practice around the first of September, after my wife graduates from pharmacy school.

Would you please cancel my ad and send me an application for the Dallas District association?

Thank you again for your assistance, and I look forward to returning to my home state to practice.

George N. Smith, D.O.  
Kansas City, Missouri

## LIFE MEMBERSHIP CARD RECEIVED

Dear Tex:

I was very pleased to receive a Texas Osteopathic Medical Association Life Membership card the other day and I want to take this opportunity to thank you and the House of Delegates for this honor. I shall always cherish it.

I have been an Osteopathic Physician for fifty four years and I trust I will be able to continue on for a few more years.

Thanking you all again for this honor, I remain,

Fraternally yours,  
Floyd L. Barr, D.O.

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Dr. Garmon, associate  
director of clinics  
at TCOM



Anesia Garmon, D.O., has joined the Texas College of Osteopathic Medicine as an associate director of clinics, announced Edward T. Newell, D.O., vice president for academic affairs.

Dr. Garmon will primarily work with TCOM's Rosedale Clinic located at 2825 E. Rosedale, and the Fort Worth Rehabilitation Farm. She replaces William A. Griffith, D.O., who has served as associate director of clinics since the Rosedale Clinic opened in July 1973. He is returning to full-time private practice.

Dr. Garmon has been working with the TCOM clinics on a part-time basis for the past year.

A 1973 graduate of KCOM, she served an internship at Phoenix General Hospital. She received a B.S. degree in nursing in 1965 from the University of Washington in Seattle.

She and her husband, Robert (who is also a D.O.), moved to Texas from Arizona in August 1974. ▲

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## CALENDAR OF EVENTS

### AUGUST

*Texas Society of the American  
College of General Practitioners  
Scientific Seminar*  
August 16-17  
Inn of Six Flags  
Arlington

### SEPTEMBER

*Medicar Seminar*  
September 12-14  
Corpus Christi

*Forty-Eighth Annual Clinical  
Assembly of Osteopathic  
Specialists*

Sept. 28 — Oct. 2  
The Washington Hilton  
Washington, D.C.

### OCTOBER

*KCOM's Annual Program on  
Continuing Medical Education*  
Oct. 20—22  
Kirksville College of Osteopathic  
Medicine  
Kirksville, Missouri

### NOVEMBER

*American Osteopathic Association  
80th Annual Convention and  
Scientific Seminar*  
November 9-13  
Las Vegas, Nevada

### APRIL

*TOMA*  
*77th Annual Convention*  
April 8-10, 1976  
Moody Civic Center  
Galveston

## V.P. for Medical Affairs at TCOM named



Gustave Ferre, Ph.D., vice president for academic affairs at North Texas State University, has been named vice president for medical affairs, ad interim, for TCOM.

The announcement was made by C. C. Nolen, UTSU president, who will take on additional responsibilities as chief executive officer of TCOM. The administrative changes will go into effect September 1.

Dr. Ferre, who has requested a one-year leave from his NTSU position, estimates he will spend 60 to 70 percent of his time during the coming year on the TCOM campus. "We will be trying to move from a private school operating under its own guidelines to a public institution operating under the statutes of the State of Texas."

## National Security Seminar to be held in Tyler

By: Gerard K. Nash, D.O.  
(Ltc. MC, USAR)

*TOMA Military Affairs Committee*

A national security seminar will be conducted by the Industrial College of the Armed Forces in Tyler, Texas on November 10-21, 1975. The seminar program is an abbreviated version of the resident course conducted at the college.

The seminar will cover the inter-related national and world military, economic, political, scientific, and social factors affecting national security. It will provide a unique opportunity for members of the Regular forces, Reserve officers on extended active duty, and civilians in the local area to obtain a briefing on all aspects of national security affairs.

The seminar is jointly sponsored by the military services and the local or area Chamber of Commerce.

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