

TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

June 1976

MALPRACTICE:
Malice or Malcontent?

PREVENTION
— an ounce of —

More Dollars
for Scholars

We've got you covered!
(in the news media)

Fairness + Good Judgment =
H & I and Peer Review

Bring 'em back!

DO-NOTHINGS

How do you define success?

Discrimination
Eradication

Pounds of Paper
to the Media

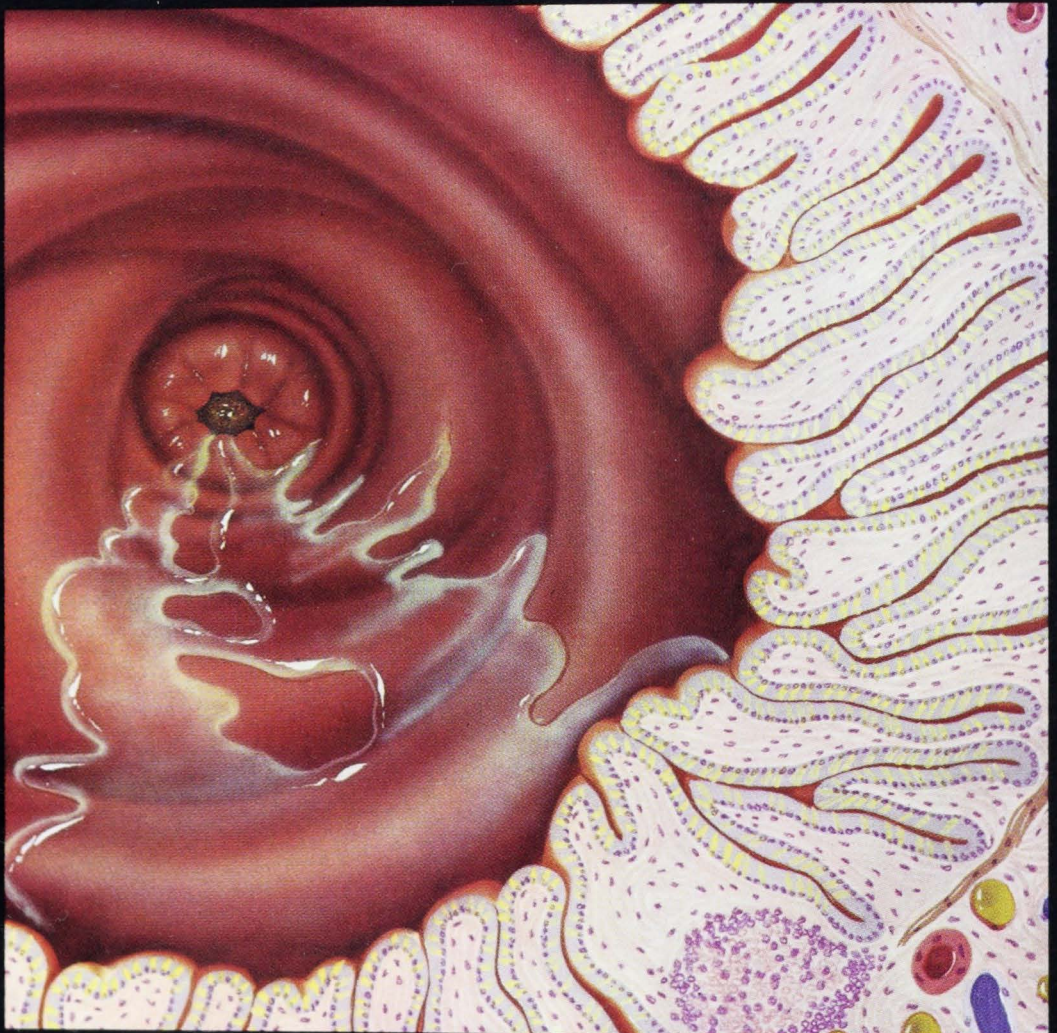
TOPAC
what it can and cannot do

CME?
Plan Ahead —
PLEASE!

PR
everybody sell

Presenting Gastrointestinal Complaints

**Pain and bloating
with diarrhea
and/or constipation
may indicate irritable
bowel syndrome***



* Librax has been evaluated as possibly effective for this indication. See Brief Summary.

Recurrent episodes of acute G.I. discomfort, associated with constipation, diarrhea or abdominal pain ranging from dull gnawing to sharp cramping sensations, may suggest irritable bowel syndrome and warrant further investigation. If this tentative diagnosis is confirmed, medical relief of the acute episode may be only the starting point of appropriate long-term management. Such patients often have an extended history of dietary reactions and laxative misuse with a tendency, when under severe emotional strain or fatigue, to experience a colonic "protest."

Indeed, careful questioning will usually uncover a significant relationship between periods of undue anxiety or emotional tension and the exacerbation of G.I. symptoms. This type of patient will probably need your counseling and reassurance to assist him in making beneficial modifications in his life style and attitudes.

If it's irritable bowel syndrome, consider Librax as adjunctive therapy In most instances, the patient with irritable bowel syndrome derives maximum long-term benefits from a comprehensive medical regimen directed at both the somatic and emotional aspects of this functional disorder. The dual action of Librax has proved to be highly effective not only in relieving the distressing symptoms of irritable bowel syndrome but also in maintaining patient gains.

A distinctive antianxiety-anticholinergic agent

- 1 Only Librax combines the specific antianxiety action of Librium® (chlor-diazepoxide HCl) with the dependable antisecretory-antispasmodic action of Quarzan® (clidinium Br)—both products of original Roche research.
- 2 The calming action of Librium—seldom interfering with mental acuity or performance—makes Librax a distinctive agent for the adjunctive treatment of certain gastrointestinal disorders. As with all CNS-acting drugs, patients receiving Librax should be cautioned against hazardous occupations requiring complete mental alertness.
- 3 Librax has a flexible dosage schedule to meet your patient's individual needs—1 or 2 capsules three or four times daily, before meals and at bedtime.

**helps relieve
anxiety and associated symptoms
of irritable bowel syndrome***

Librax®

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



***This drug has been evaluated as possibly effective for this indication. Please see following page for brief summary of product information.**

Dual-action
adjunctive

Librax®

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



Rx
Librax
#35
Sig: T t.i.d.a.c.
and T i.h.s.

Initial Rx

The initial prescription allows evaluation of patient response to therapy.



Rx
Librax
#100
Sig: T t.i.d.a.c.
and T i.h.s.

Follow-up

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

**helps relieve anxiety-linked symptoms of
irritable bowel syndrome* and duodenal ulcer***

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: 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 pharmacologic effects of agents, particularly 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 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 avoidable 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, 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 count 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 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®)—bottles of 100 and 500; Prescription Pad of 50, available singly and in trays of 10.



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TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

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Mr. Tex Roberts, Editor

We have good news and bad news

First, the bad news.

And that is that there is no *big* news for a lead story for this issue of the *Journal*.

Ordinarily the June issue would be the Convention Roundup, but because that event took place in early April—and therefore no April *Journal*—the May issue covered that.

In the course of a year, we have certain events to cover each month. Although more than 50 Texans will have earned the D.O. degree and will have their diplomas in hand before this magazine is delivered to you, the graduation ceremonies will not have taken place before this *Journal* goes to the printers. However, you may expect complete coverage on this aspect of the profession in the July issue.

One item of good news is that there isn't any particularly *bad* news, although there are still some hairy problems around that are yet to be resolved—which in itself isn't news—and perhaps not even particularly bad news—since this profession and its practitioners seem to thrive on problems.

And more good news:

The new officers and committees that took on the load at the annual meeting in April are not taking a summer sabbatical. Several TOMA committees have already held organizational meetings and big plans are in the mill.

Are you on a "howdy" basis with news media reps?

Dr. Royce Keilers, chairman of the Public Relations Committee, wasted no time in calling a meeting of that rather large group. This was more than an organizational get-together. Some very solid plans were made and a definite course was laid out to be followed in the coming year.

Dr. Keilers pointed out that the unit contact system works in the PR field, just as it does in governmental and legislative action. He urged that each District have an active public relations committee and that its members take the responsibility of getting to know media representatives on a "howdy" basis.

State blanketed
with

Convention news



Along this line, TOMA subscribes to a newspaper clipping service which supposedly clips all newspapers in the state and sends us all items pertaining to the osteopathic profession. And we have received a bunch of clips pertaining to our recent convention.

News releases generated by our media representative at the convention totaled 2,816. *Believe it!* These were distributed to 619 newspapers, radio and TV stations throughout Texas, covering 214 cities and towns.

It isn't surprising that Dr. Richard M. Hall and Dr. John Boyd, who were participants in the convention seminar, got much more coverage in the *Eden Echo* than our new president, Dr. David Armbruster received in the *Houston Post*.

We might assume from this that the smaller communities are more interested in the good that their citizens do than they are in which was the goriest crime committed in the preceding 24 hours.

The general public, and particularly the patients and members who practice in smaller communities, know from reading the local newspapers that you attended the TOMA Annual Convention and that your name

purpose in doing so was to continue your medical education.

And if you were elected to an office in TOMA, or received an award or recognition for your services to the Association, your community was able to read about it—unless you live in a very large metropolitan area.



Although Pearland is a small city in its own right, it is considered a suburb of Houston and the Houston media received press releases, along with pictures, concerning the election of Dr. David Armbruster to the TOMA presidency. The Houston Post printed some six lines (sans picture) about this event. (Parenthetically, Dr. Armbruster was surprised to see that much notice taken of his election by a Houston newspaper.)

One of the releases that got excellent coverage throughout the state was the report of Dr. Richard M. Hall's convention lecture on medical practice in a rural community.

This particular lecture was selected for a comprehensive story because the osteopathic profession has gained much of its strength and good reputation from the fact that its practitioners are willing to serve in smaller communities, and Dr. Hall particularly stressed the advantages and satisfactions to be gained from such a practice.

Since the release was printed in so many papers throughout the state, the profession's image was certainly enhanced.

How do you
define success?



We have experienced the frustrations of a convention manager for years and have known that we were not alone in this. So we were particularly interested in an editorial in *The FOMA (Florida) Newsletter*, part of which we could have written ourselves, as it might apply to our own convention.

The editor says in part, "The convention was counted a success, but in two areas it lacked the elements of a real success. One area was the lack of large attendance at the lectures, which were outstanding and covered subjects which most of you needed to hear. The room was comfortable, lighting and projection and sound were all good . . . the speakers were very good and deserved the courtesy of your presence.

"The problem isn't confined to Florida . . . or to the FOMA . . . it is widespread, and if not checked, the 'powers that be' will treat our professional men like schoolboys and require strict attendance records.

"The second problem is a little easier of solution and steps have already been taken to avoid any problems in future conventions. We had 36 exhibits, which hardly anyone visited."

The *Newsletter* printed a list of the exhibitors and the editor asks a favor of the members. He writes, "Think you could find it possible to give them (the exhibitors) consideration . . . all things being equal . . . if they offer competitive prices, services, materials, whatever, could you lean in their favor?"

"Why should you? Well, for one important reason, those exhibitors make a very healthy contribution to the coffers of the Association . . . which helps to keep the budget in the black."

Nuff said? Not quite.

Where will
the money
come from?



One more note on our conventions:

In reading publications from other state osteopathic associations, we learn that convention registration fees (covering all convention social functions, seminars—but not hotel accommodations) are three to six times as much as TOMA's. The following are a few examples:

Oklahoma — \$175 (two persons, three days)

Arizona — \$135 for physician, \$195 for physician and spouse (in advance) — \$245 at meeting

New Mexico — \$125 (physician member)

Wisconsin — \$150

TOMA has been charging a nominal registration fee for the past two years. It is not intended to make a profit, but hopefully, to make the convention self-sustaining. With prices continuing to escalate, no

doubt our registration fees will have to keep pace. And if the exhibitors become reluctant to be with us, that source of revenue can plummet considerably.

When our members don't visit the exhibits, the exhibitors rightly feel it is a waste of money for them. It's too late for this year (and irreparable harm may have already been done), but we ask that next convention you *do* pay more attention to these firms who, by paying an exhibit fee, help to keep down what you must pay in convention registration fees.

Malpractice problems:

Will they always
be with us?



The malpractice insurance problem continues to plague us, but your officers, committees and staff are doing their best to alleviate it.

The State Insurance Commission denied Nettleship's request for increased premium rates; and although it has not denied Professional Mutual's request for increases, it has not approved it as of this writing.

Until the laws become more equitable, malpractice insurers are going to have to set their rates to cover their losses and to stay healthy themselves—business-wise. It's a fact of life these days.

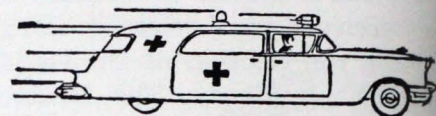
But apparently the Joint Underwriters Association, which was set up by the state in Texas to assure coverage for doctors who could not get it anywhere else, is now being favored by the Insurance Commission, which seems to be trying to push all doctors into obtaining coverage from the JUA. They argue that their rates are lower than those of carriers in the private sector. But if they are, for how long? When the government steps in—in *any* area—how long does it take before it is costing *you*, and you heartily wish they had kept their noses out of the whole mess?

Since Professional Mutual and Nettleship are about the only carriers left who cover D.O.s in Texas, it behooves us all to bombard the Insurance Commission with letters, phone calls, or *any* type of communication, and ask them—politely—to tend to their own knitting—that their “patients” are doing as well as can be expected, considering the traumatic conditions forced upon them . . . that cutting out the private sector in the malpractice insurance field is not what we call elective surgery . . . that in fact what the Commission seems to feel is emergency surgery will leave the “patients” in worse condition than they were when they first sought relief.

What is needed is not a takeover by the bureaucracy, but some common sense legislation that will allow the medical practitioner to go about his business of taking care of the public health without the spectre of a malpractice suit—and subsequent financial ruin—hanging over his head like the sword of Damocles.

TOMA's Professional Liability Committee, chaired by Dr. John Walton, is not idly standing by. They are watching the situation closely—with the welfare of you and your patients uppermost in their minds.

Stop it before it starts!



The Association is becoming more active in the field of preventive medicine each year. Because Dr. Dwight Hause has shown such an interest in this sector, President Armbruster appointed him to again chair the Preventive Medicine Committee.

Dr. Hause has been working closely with the state immunization program, and the Auxiliary to TOMA has now become active in it. At a recent meeting of this group in Austin the profession was represented by Mrs. David Armbruster, Mrs. Francis Wheeler and Mrs. D. Y. Campbell.

The Preventive Medicine Committee is also becoming active in the National High Blood Pressure Education Program.

Fort Worth Osteopathic Hospital and the Texas College of Osteopathic Medicine did their part during National High Blood Pressure Month (May) and set up several stations where people in the area could come and have their blood pressures checked gratis.

Joseph Painter, M.D., spoke at our convention on the work that is going on at M. D. Anderson on early cancer detection, and explained the Dial Access System whereby any physician in the state can call in (at no charge) with questions and can be connected to playback tape cartridge players. Some 300 narrations are now available, authored by physicians who are experts in the study and management of various types of cancer.

The tapes are concise (six to eight minutes) and the information contained in them is constantly being updated. If you would like further information on Dial Access, write the TOMA office and we will send you a booklet that describes the system fully.

In another area of preventive medicine, at the request of Dr. Virginia Ellis, we have supplied the Sickle Cell Anemia Association of Texas a list ofarrant County D.O.s.

The executive director of the SCA Association wrote us after receiving the list, "Through the distribution of the information concerning Sickle Cell anemia to the doctors, we are hoping it will enable them to help us to be of better service by referring patients to us for additional treatment or help if needed."

Discrimination eradication: We're getting there

It has been brought to our attention that there are all areas of discrimination against D.O.s in some government bureaus, commissions, et cetera.

Forms are still being used by some of them that require the signature of a physician, and the signature line is followed by "M.D.". Wherever such forms have been brought to our attention, a letter has been written, citing the Texas constitution which states "... no preference shall ever be given by law to any schools of medicine."

So far, when such a case is uncovered and the particular entity involved is notified of this illegal identification form, it has been corrected. If any member is across such a form, please send a copy of it to the TOMA State Office and steps will be taken to correct it.

Bring 'em back alive!

One of the jobs of the Membership Services and Professional Development Committee is selecting the winners of the scholarships TOMA awards annually. For the past several years, partly through some of the funds apportioned to this activity from the Sustaining Membership program, five cash scholarships have been awarded to freshman students entering osteopathic medical colleges.

This year a couple of dozen applications have been received in the State Office. The references given by the applicants are written and sent forms on which they are asked to evaluate the students.

When all necessary material is gathered for each application, they are studied carefully to see that each meets the qualifications set forth by TOMA. The first

of these is that the applicant be a bona fide Texas resident who has a letter of acceptance into the freshman class of one of the osteopathic medical colleges accredited by the AOA.

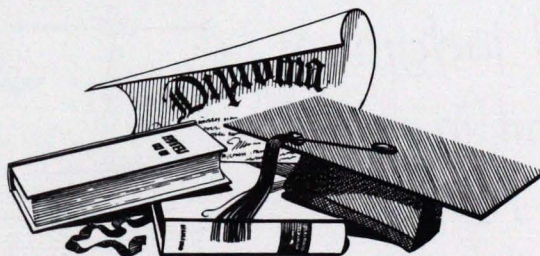
In addition to vital statistics, education and references (including one from a D.O.), the applicant must show financial need. He must then answer questions, or give his ideas on the following:

1. State in your own words if and why you think the osteopathic profession should be a separate and independent school of practice.
2. State in your own words if and why you think it important for you to study and train as a D.O. in the practice of medicine.
3. If you are awarded the help hereby being applied for, do you plan to practice in Texas?
4. Do you plan to take an AOA-approved internship?

The Committee judges the applications on scholastic references, character and D.O. references, need, and motivation toward the profession. (The last is judged on the statements to the above listed items.)

For the past several years copies of all material relating to the applicants have been sent to each member of the Committee which, after having had the opportunity to evaluate the applications, meets by telephone conference call and selects the winners, plus two alternates.

We would like to report that all students who have received financial aid from TOMA have returned to Texas to practice, but even though that may have been their honest intentions upon entering their training, we don't get them all back. But we try.



As closely as we can, we keep up with all Texas students in osteopathic colleges and on through their internships and residencies. They all receive our *Journal*, and any other special mailings that would be of interest to them.

By this method we try to keep them informed of what the profession and TOMA are doing in Texas, with the hope that they will establish practice in the state on completion of their training. →

Dr. Frank Bradley, this year's chairman of the Membership Services and Professional Development Committee, has written all the graduating seniors who call Texas home, inviting them into student membership in TOMA, and asking for their new addresses while they are interning so that they will continue to receive the *Journal*.

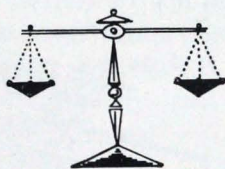
New scholarship to be awarded to TCOM sophomore student

This year another scholarship will be awarded: the Ralph H. Peterson, D.O., Scholarship. However, a trust fund for this was set up through the State Office by Mrs. Peterson following "Dr. Pete's" death and this fund, to which Mrs. Peterson has generously contributed to bring it up to \$1,000, will pay for this scholarship, rather than coming from TOMA.

It was decided that this award would go to a TCOM student, entering the sophomore class next fall, who has shown himself to be academically superior, is in need of funds to continue his osteopathic education, and plans to enter a general practice in Texas after completing his internship.

During his more than 50 years of practice of osteopathic medicine "Dr. Pete" was intensely interested in helping qualified young people to become D.O.s. He not only gave them encouragement and counsel, but contributed to their education financially in a number of instances. Mrs. Peterson is very interested in continuing his work in this field.

Fairness,
good judgment
prevail in
peer review



Because the Hospitals and Insurance and Peer Review Committee, chaired by Dr. Joseph E. Wolpmann, has done a yeoman's job in this area for so many years, it seems to have become expected and taken for granted. Not all TOMA members realize that this Committee meets bimonthly and will review innumerable cases in a year's time.

Since members of this Committee have worked so hard at their jobs, they have gained the respect of insurance carriers, complaining patients and Association members. They are known to be fair in their evaluations and, in most cases, their combined judgment is accepted by the parties involved.

Plan Ahead

We urge all affiliates, or other entities, who are planning professional education activities, such as CME seminars, to check with the TOMA Professional Education Committee and your State Office before scheduling such events, to be sure their timing does not conflict with previously scheduled meetings. Dr. Joel Alter chairs this committee and he can be contacted at 901 Montgomery, Fort Worth, 76107; telephone 817-738-9277.

We also ask that no such meetings be held in the two or three months immediately preceding the TOMA Annual Convention, since they do cut into the attendance of the *big* event of the year.

TOPAC

what it can and cannot do

One of the new programs started this year by the profession in Texas—and you've been hearing about it—is the Texas Osteopathic Political Action Committee: TOPAC.

By law this Committee is set up completely separate from TOMA, but it embraces a program that can have telling effects on every osteopathic physician in Texas.

Although the TOMA Governmental Relations Committee and individual members may exercise their freedom of speech by communicating with their elected representatives personally, by phone or letter, and individuals may contribute to political campaigns, TOMA is prohibited by law from making any financial contribution to candidates for public office.

Since the new campaign laws took affect several years ago, the chairman of our Governmental Relations Committee has registered with the state as a lobbyist—as required. And as we have been told by such respected legislators as Senator Tati Santiesteban, "Lobbying is not a dirty word."

There are certain programs in which this Association is vitally interested, and its voice must be heard.

in Austin and in Washington. So lobbying can best be described perhaps as a public relations program . . . a program of communicating with our representatives who will make the laws, rules and regulations concerning every aspect of our lives—and particularly the methods of delivering health care.

When bills that your Association is in favor of, or against, hit the legislative hoppers, it is the right and privilege of the profession as a group and individually to communicate their thinking . . . and *thinking* is the word for it. Your representatives want to know *why* you are for or against certain legislation.

The old envelope under the table type of politics is specifically forbidden by law, and a professional association that might engage in such tactics would be subject to severe penalties.

However, a political action committee is another matter entirely, as long as it abides by the rules. Money contributed to such a committee may be used only to finance individual political candidates or parties. None of it may be used for administrative or other purposes.

In other words, the TOPAC executive committee and its director serve entirely without remuneration. Although TOMA pays the out-of-pocket expenses for its board and committee members to meet, when the TOPAC officers meet, they must pay their own expenses.

It is the duty of TOPAC's officers to study the merits and demerits of candidates for office and make the decision which of these it would be advantageous for the profession to have representing it in the legislative halls. The law makes this clear, along with the fact that money contributed to a PAC cannot be earmarked for a certain candidate by the individual contributor.

More and more, as we see both state and federal governments interfering in the health care field, the fact comes clear that we—collectively and individually—must become active in political affairs.

It may sound a little strong to quote from the Declaration of Independence, but the men who signed that document pledged "our lives, our fortunes and our sacred honor" toward freedom from interference in their lives, liberty and pursuit of happiness. The least we can do is pledge a small part of our incomes to assure that we maintain some semblance of these freedoms.



The do-nothings

-- we hope!



Only a few of the TOMA committees have been mentioned herein specifically, but most of them are going about their assigned duties as expected and directed.

Hopefully, the only work the Disaster Medicine Committee will be involved in will be informational. Committee Chairman Dr. Thomas E. Turner keeps up with this through attending meetings of other such groups in his area.

Another committee which we hope can sit back and do nothing this year is the Ethics Committee, chaired by Dr. James Lively. As long as there are no complaints concerning the ethical practice and behavior of our members, that committee will have no work to do!

There are several other committees that function only if and when a problem or program arises in their area of responsibility.



The TOMA District organizations are a vital cog in our machinery. For instance, it takes District action before a new member can be enrolled in TOMA and the District. That's really the object of the whole exercise: new members, growth in numbers and ideas.

So be on the lookout for new members and get their applications in to the State Office—like a rush!

**One contains aspirin.
One doesn't.**



Darvocet-N[®] 100

100 mg. propoxyphene napsylate
and 650 mg. acetaminophen



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Compound-65**

65 mg. propoxyphene hydrochloride,
227 mg. aspirin, 162 mg. phenacetin,
and 32.4 mg. caffeine

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

Appointments of new staff members, instructors at TCOM

At a recent meeting the North Texas State University Board of Regents approved the appointments of an associate dean for clinical affairs and an assistant dean for basic health sciences for Texas College of Osteopathic Medicine.

Charles A. Kline, D.O., professor and chairman of the department of pediatrics at Kirksville College of Osteopathic Medicine, will become associate dean for clinical affairs on August 1, replacing Edward T. Newell, D.O., who will retire at the end of the academic year according to Dean Ralph Willard, D.O. Dr. Kline also will serve as professor of pediatrics.

Effective September 1, Dr. Charles Gordon Skinner will become assistant dean for basic health sciences and professor of chemistry. He has served as chairman of the NTSU chemistry department since 1972 and has been a member of that faculty since 1964.

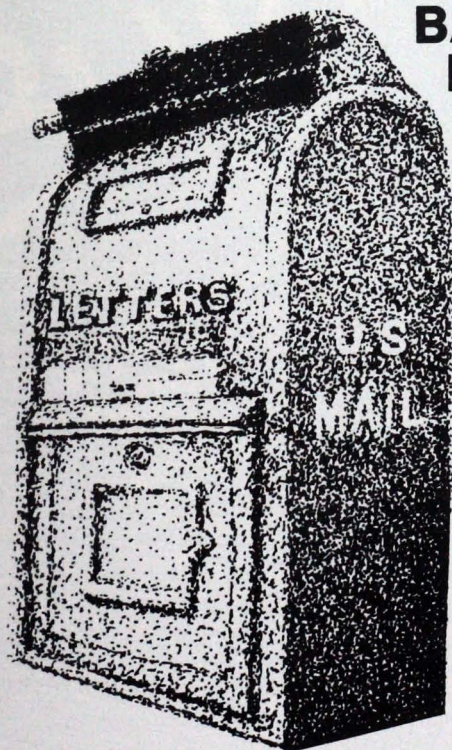
He is replacing Dr. J.K.G. Silvey, associate dean of basic health sciences, who is returning to assignments at the NTSU biological sciences department and Center for Applied Sciences, according to President C. Nolen.

Other appointments approved by the regents in-

clude Donald E. Keen, as pharmacy consultant to the outpatient clinics; Westley E. Raborn, D.O., of Cuyahoga Falls, Ohio, instructor in surgery; Gary Neisler, D.O., of Cleveland, Ohio, instructor in anesthesiology; and George Esselman, D.O., of Fort Worth, professor of medicine. Jarvis Bull, D.O., was named acting director of emergency medicine and assistant professor in general practice until August 31.

The regents also voted to change the title of Dr. J. Warren Anderson from assistant to the dean to assistant dean for medical education, effective September 1, and Dr. Virginia Reddick was reinstated in the rank of assistant professor of anatomy after a two-year leave of absence.

The proposed Medical Services, Research and Development Plan which will provide for the management of professional income of full-time faculty physicians of the medical school also received the endorsement of the Board of Regents. In explaining the program to the board, Dean Willard noted that under the plan clinicians are able to work to generate funds for the college, and in turn benefit from those funds. ^



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QUICK, QUIET
EFFICIENT

We make unsecured loans to professionals like you. What you need the money for is your business . . . perhaps a down payment on a lake house or an airplane, to buy equipment, invest in the stock market, or a vacation to Europe. Optional dollar amounts (up to \$10,000), optional payment schedules — select the amount to suit your needs. We charge bank rates, and they are tax deductible.

Our credit checks will be discrete. You won't spend half a day of your valuable time at a bank talking to a loan officer, and you'll reserve your regular bank credit for times when you really need it. For further information, write on your letterhead to:

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P. O. Box 101 • Jacksonville, Texas 75766



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Texas Ticker Tape

TCOM STUDENT RECEIVES CIBA AWARD

Kevin W. Cleary, second-year student at TCOM, has been named recipient of the CIBA Pharmaceutical Company Award for Outstanding Community Service. As recipient, he received a complete six-volume set of the CIBA Collection of Medical Illustrations.

Selected by a vote of his classmates, Kevin received the award for his work with a hypertension screening program sponsored by the American Heart Association.

DR. HOWELL IS TCOM ALUMNI PRESIDENT

At a recent meeting of the TCOM Alumni Association, Dr. Shelley Howell of Temple was elected to serve as president of that group for the coming year.

Elected to serve with him are Dr. Paul Livingston of Comanche, president-elect; Dr. Eugene Bond of Grand Prairie, first vice president, and Dr. Robert Wilson of Dallas, second vice president. Dr. Gilbert Greene of Dallas and Dr. Terry Parvin of Temple will serve as directors. All are TCOM graduates, class of '74, with the exception of Dr. Wilson who will complete his internship at East Town Osteopathic June 30. He is a 1975 graduate.

PCOM GRADUATES LARGEST CLASS

At commencement exercises on June 6, Dr. Thomas M. Rowland, Jr., president of PCOM, conferred the D.O. degree upon 182 members of the class of 1976, the largest graduating class in the college's 85-year history.

NATIONAL SECRETARIES ASSOCIATION HEAR DR. CONN

"The Psychiatric Evaluation" was Dr. Raymond A. Conn's topic when he spoke recently at a meeting of the Trinity Chapter, National Secretaries Association.

Dr. Conn is a board certified psychiatrist in private practice in Fort Worth. He is chairman of TCOM's department of psychiatry, as well as a clinical professor. He is also psychiatric consultant to Trinity Valley Mental Health-Mental Retardation Outpatient Clinics.

COPY YOUR CME ACTIVITY REPORTS

The Individual Activity Report of each D.O.'s medical education credit, issued periodically by AOA, should be photocopied by those doctors who are required to report CME activities to state licensing boards and to other organizations. The Committee on CME is not able to fill requests for extra copies of these reports.

Although they are not required by the Texas Medical Examining Board, this should be noted by Texas physicians who hold licenses in states where they are required.




Butazolidin[®] alka

100 mg. phenylbutazone USP
100 mg. dried aluminum hydroxide gel USP
150 mg. magnesium trisilicate USP

**A fast way to put out the
fires of arthritic pain.**

Rheumatoid arthritis can sometimes spread like wildfire, with joint after joint going up inflamed. Whenever long-term antiarthritics fail to provide the short-term pain relief your patients need, consider Butazolidin alka.

Serious side effects can occur. Select patients carefully (particularly the elderly) and follow them closely in line with the drug's precautions, warnings, contraindications and adverse reactions. For full details, please read the prescribing information. It's summarized on the back of this page.



**A fast way to put
out the fires of
arthritic pain.**

Butazolidin® alka

Each capsule contains:
100 mg. phenylbutazone USP
100 mg. dried aluminum hydroxide gel USP
150 mg. magnesium trisilicate USP

Geigy

Important Note: This drug is not a simple analgesic. Do not administer casually. Carefully evaluate patients before starting treatment and keep them under close supervision. Obtain a detailed history, and complete physical and laboratory examination (complete hemogram, urinalysis, etc.) before prescribing and at frequent intervals thereafter. Carefully select patients, avoiding those responsive to routine measures, contraindicated patients or those who cannot be observed frequently. Warn patients not to exceed recommended dosage. Short-term relief of severe symptoms with the smallest possible dosage is the goal of therapy. Dosage should be taken with meals or a full glass of milk. Substitute alka capsules for tablets if dyspeptic symptoms occur. Patients should discontinue the drug and report immediately any sign of: fever, sore throat, oral lesions (symptoms of blood dyscrasia); dyspepsia, epigastric pain, symptoms of anemia, black or tarry stools or other evidence of intestinal ulceration or hemorrhage, skin reactions, significant weight gain or edema. A one-week trial period is adequate. Discontinue in the absence of a favorable response. Restrict treatment periods to one week in patients over sixty.

Indications: Rheumatoid arthritis, osteoarthritis, bursitis, acute gouty arthritis and rheumatoid spondylitis.

Contraindications: Children 14 years or less; senile patients; history or symptoms of G.I. inflammation or ulceration including severe, recurrent or persistent dyspepsia; history or presence of drug allergy; blood dyscrasias; renal, hepatic or cardiac dysfunction; hypertension; thyroid disease; systemic edema; stomatitis and salivary gland enlargement due to the drug; polymyalgia rheumatica and temporal arteritis; patients receiving other potent chemotherapeutic agents, or long-term anticoagulant therapy.

Warnings: Age, weight, dosage, duration of therapy, existence of concomitant diseases, and concurrent potent chemotherapy affect incidence of toxic reactions. Carefully instruct and observe the individual patient, especially the aging (forty years and over) who have increased susceptibility to the toxicity of the drug. Use lowest effective dosage. Weigh initially unpre-

dictable benefits against potential risk of severe, even fatal, reactions. The disease condition itself is unaltered by the drug. Use with caution in first trimester of pregnancy and in nursing mothers. Drug may appear in cord blood and breast milk. Serious, even fatal, blood dyscrasias, including aplastic anemia, may occur suddenly despite regular hemograms, and may become manifest days or weeks after cessation of drug. Any significant change in total white count, relative decrease in granulocytes, appearance of immature forms, or fall in hematocrit should signal immediate cessation of therapy and complete hematologic investigation. Unexplained bleeding involving CNS, adrenals, and G.I. tract has occurred. The drug may potentiate action of insulin, sulfonylurea, and sulfonamide-type agents. Carefully observe patients taking these agents. Nontoxic and toxic goiters and myxedema have been reported (the drug reduces iodine uptake by the thyroid). Blurred vision can be a significant toxic symptom worthy of a complete ophthalmological examination. Swelling of ankles or face in patients under sixty may be prevented by reducing dosage. If edema occurs in patients over sixty, discontinue drug.

Precautions: The following should be accomplished at regular intervals: Careful detailed history for disease being treated and detection of earliest signs of adverse reactions; complete physical examination including check of patient's weight; complete weekly (especially for the aging) or an every two week blood check; pertinent laboratory studies. Caution patients about participating in activity requiring alertness and coordination, as driving a car, etc. Cases of leukemia have been reported in patients with a history of short- and long-term therapy. The majority of these patients were over forty. Remember that arthritic-type pains can be the presenting symptom of leukemia.

Adverse Reactions: This is a potent drug; its misuse can lead to serious results. Review detailed information before beginning therapy. Ulcerative esophagitis, acute and reactivated gastric and duodenal ulcer with perforation and hemorrhage, ulceration and perforation of large bowel, occult G.I. bleeding with anemia, gastritis, epigastric pain, hematemesis, dys-

pepsia, nausea, vomiting and diarrhea, abdominal distention, agranulocytosis, aplastic anemia, hemolytic anemia, anemia due to blood loss including occult G.I. bleeding, thrombocytopenia, pancytopenia, leukemia, leukopenia, bone marrow depression, sodium and chloride retention, water retention and edema, plasma dilution, respiratory alkalosis, metabolic acidosis, fatal and nonfatal hepatitis (cholestasis may or may not be prominent), petechiae, purpura without thrombocytopenia, toxic pruritus, erythema nodosum, erythema multiforme, Stevens-Johnson syndrome, Lyell's syndrome (toxic necrotizing epidermolysis), exfoliative dermatitis, serum sickness, hypersensitivity angitis (polyarteritis), anaphylactic shock, urticaria, arthralgia, fever, rashes (all allergic reactions require prompt and permanent withdrawal of the drug), proteinuria, hematuria, oliguria, anuria, renal failure with azotemia, glomerulonephritis, acute tubular necrosis, nephrotic syndrome, bilateral renal cortical necrosis, renal stones, ureteral obstruction with uric acid crystals due to uricosuric action of drug, impaired renal function, cardiac decompensation, hypertension, pericarditis, diffuse interstitial myocarditis with muscle necrosis, perivascular granulomata, aggravation of temporal arteritis in patients with polymyalgia rheumatica, optic neuritis, blurred vision, retinal hemorrhage, toxic amblyopia, retinal detachment, hearing loss, hyperglycemia, thyroid hyperplasia, toxic goiter, association of hyperthyroidism and hypothyroidism (causal relationship not established), agitation, confusional states, lethargy; CNS reactions associated with overdosage, including convulsions, euphoria, psychosis, depression, headaches, hallucinations, giddiness, vertigo, coma, hyperventilation, insomnia; ulcerative stomatitis, salivary gland enlargement.

(B)98-146-070-K(10/71)

For complete details, including dosage, please see full prescribing information.

GEIGY Pharmaceuticals
Division of CIBA-GEIGY Corporation
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A7 O M A News

DISTRICT VI

by Mrs. Jerry Smith

TCOM STUDENTS' WIVES

Installation of officers of our Auxiliary to TOMA for 1976-1977 held at Brennan's Restaurant in Houston on Friday, May 7. It was conducted by our past president, Mrs. Floyd Hardimon. New officers include Mrs. Carl Mitten, president; Mrs. Ladd Tucek, vice-president; Mrs. Jack Blumenthal, secretary; and Mrs. Richard Wiltse, treasurer.

* * *

Jeff Kelley, son of Dr. and Mrs. Robert Kelley, has received a baseball scholarship to the University of Houston.

* * *

District VI held an April meeting and Coffee at the lovely home of Dr. and Mrs. L. D. Bricker where proposed bylaws amendments were the topic of discussion.

* * *

Dr. and Mrs. D.Y. Campbell have returned from Lafayette, Florida where they attended the races and where Dr. Campbell attended a Board of Directors meeting of the Texas Thoroughbred Breeders' Associations.

* * *

Dr. and Mrs. Leo Bricker attended the Missouri Association of Osteopathic Physicians and Surgeons National Osteopathic Health Conference at Tan-Tar-A Resort in Page Beach, Missouri April 29 through May 2.

* * *

Ed and Catherine Vinn are happy to have their son, Norman, home from the Philadelphia College where he is in his junior year. Norman is in Houston on Pulmonary Disease rotation. Ed is now back in his office following an extended illness.

Amy Armbruster was elected junior high cheerleader for next year. Todd will be graduating from High School and plans to attend East Texas State University in the fall.

* * *

Dr. and Mrs. Jerry Armbruster moved to their new home at 2412 Taylor Lane, Pearland in May.

* * *

Our sympathies to Dr. and Mrs. Clinton Nutt and family on the death of their oldest son. Condolences also to Mrs. David Armbruster (Elaine) on the sudden death of her father in Missouri.

DISTRICT II

New Officers of the District II Auxiliary to TOMA were installed at a dinner meeting May 18 at Woodhaven Country Club.

Mrs. Paul Q. Proffitt received the president's gavel from outgoing president, Mrs. J. Thomas O'Shea.

Serving with Mrs. Proffitt during the coming year will be Mrs. Bryce Beyer, vice president; Mrs. W. T. Giles, treasurer; Mrs. Jay G. Beckwith, corresponding secretary, and Mrs. Randy Perkins, recording secretary.

Mrs. Eli H. Stark of North Bellmore, New York, first vice-president of the Auxiliary to the American Osteopathic Association and AAOA Students' Wives Counselor, made an official visitation to the Students' Wives Auxiliary of the Texas College of Osteopathic Medicine May 10 and 11.

Included in her schedule of activities was a tour of the college and a visit with Dean Willard, a meeting with the newly-elected Board and a social in her honor sponsored by the District II Auxiliary, culminating in a progressive dinner and Installation of Officers of the SWA-TCOM.

Newly elected officers of the Students' Wives Auxiliary of TCOM are Mrs. David Katz, president; Mrs. Ron Jackson, vice-president; Mrs. Stephen Fletcher, corresponding secretary; Mrs. Christopher Hull, recording secretary, and Mrs. William Riley Jones, treasurer.

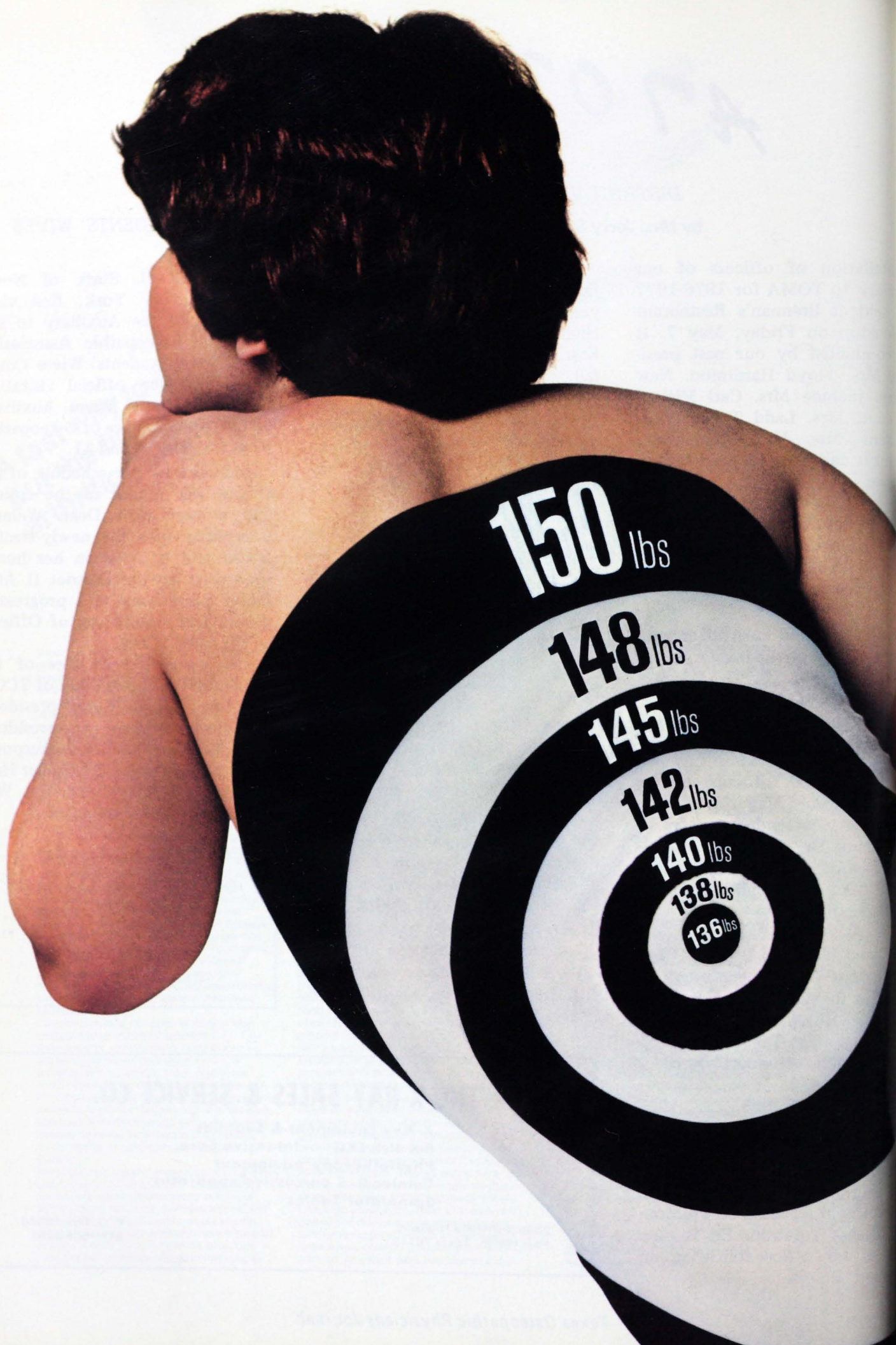
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145 lbs

142 lbs

140 lbs

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136 lbs

As a short-term adjunct in weight loss...

SANOREX[®] **(MAZINDOL)**

TABLETS, 1 mg and 2 mg

**CONSISTENT WEIGHT LOSS
ON THE WAY
TO THE TARGET WEIGHT**

For Brief Summary,
please see
following page.



As a short-term adjunct in weight loss...

SANOREX[®] (MAZINDOL)

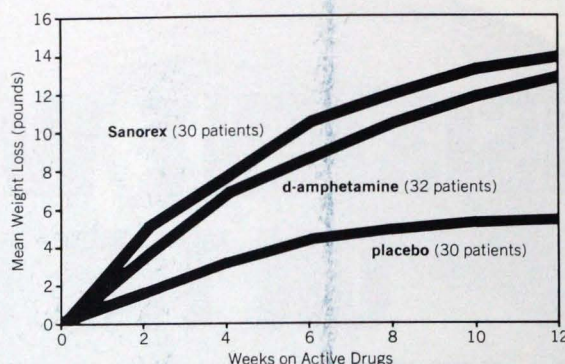
TABLETS, 1 mg and 2 mg

CONSISTENT WEIGHT LOSS ON THE WAY TO THE TARGET WEIGHT

AS EFFECTIVE AS d-AMPHETAMINE

In a double-blind study,¹ body weight analyses were made for 92 obese patients; 30 patients received Sanorex (1 mg t.i.d.), 30 received placebo, and 32 received d-amphetamine (5 mg t.i.d.).

During the 12-week phase of active medication in conjunction with dietary restriction, patients on Sanorex lost an average of 14.06 lb, compared with 13.06 lb for d-amphetamine patients and 5.63 lb for placebo patients.



1. Vernace BJ: Controlled comparative investigation of mazindol, d-amphetamine, and placebo. *Obesity/ Bariatric Med* 3:124, 1974.

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 a pressor amine agent (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 psychological 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: 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. once daily, one hour before lunch. The lowest effective dose should be used. Should GI discomfort occur, mazindol may be taken with meals.

Overdosage: There are no data as yet on acute overdosage with mazindol in humans. Manifestations of acute overdosage with amphetamines and related substances include restlessness, tremor, rapid respiration, dizziness. Fatigue and depression may follow the stimulatory phase of overdosage. Cardiovascular effects include tachycardia, hypertension and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting and abdominal cramps. While similar manifestations of overdosage may be seen with mazindol, their exact nature have yet to be determined. The management of acute intoxication is largely symptomatic. Data are not available on the treatment of acute intoxication with mazindol by hemodialysis or peritoneal dialysis, but the substance is poorly soluble except at very acid pH.

How Supplied: Tablets, 1 mg. and 2 mg., in packages of 100.

Before prescribing or administering, see package circular for Prescribing Information.

SAN 5-471 R1

SANDOZ PHARMACEUTICALS, EAST HANOVER, N.J. 07936



LETTERS

Dear Tex:

Just a note to bring you up to date on my activities since leaving Fort Worth. I spent six months as a student flight surgeon at the Naval Aerospace Medical Institute in Pensacola, Florida. The last six weeks of the program was devoted to the flight training syllabus for the T-34 Beechcraft. The flying portion was not exactly all fun and games for me at first, but I completed it with a solo flight and received my wings the latter part of March 1975.

Following that, I took some leave in Fort Worth and then pro-



ceeded to my new duty station with an intermediate stop in Long Beach, California for a medical officer indoctrination course in the diagnosis and treatment of alcoholism.

At present, I am the Senior Medical Officer on the USS RANGER. It is an aircraft carrier with a ship's company of approximately 2,500 and almost an equal number for the air wing embarked. While we are deployed, I have a department of nearly fifty people. This includes three other medical officers, consisting of two other Flight Surgeons and a board eligible general surgeon. I have a Medical Service Corps officer as an administrative

officer and approximately forty-five corpsmen. My medical area consists of two medical-surgical wards with a combined total bed capacity of about seventy, an operating room, x-ray with automatic processor, laboratory, and several examining rooms.

The ship's location now is in the South China Sea and we will be working out of Subic Bay in the Philippine Islands for the next six months.

My family is living in Coronado, a very pretty town across the bay from San Diego. My oldest daughter, Jeanine, is living with Joel and Judy Alter in order to finish her senior year at Paschal High School in Fort Worth.

We have tentative plans for Joann to meet me in Hong Kong, when the ship makes a port visit there, and then fly to the Philippines to spend some additional time together.

The news I have received concerning TCOM is great. The school has really made great strides in a short time.

I feel that I would be remiss if I were not to mention also that the *Journal* is my major source of news from the profession in Texas. Keep it coming!

Sincerely,
James H. Black, D.O.
(Commander, USN)

Dear Tex:

The GP of the year hasn't come out of the clouds yet. The local paper ran a nice picture and a good write-up very soon after the convention. You found some things in my old file there at TOMA that I had completely forgotten about.

The State Conventions are never alike, that is true, but there are always more things that I like each year, than things that I would

criticize. Galveston's program was excellent, and the dual program timing was very good. Out of the entire three days, only once did I really have to decide which program did I want to attend. I congratulate you and the program chairman for an excellent program layout

Joe Suderman, D.O.

Dear Mr. Roberts:

Please remove my advertisement from the "Make Your Move" section of the Texas Osteopathic Physicians Journal, as I have now been able to make suitable arrangements to enter general practice in the Fort Worth area.

My sincere thanks and appreciation for your efforts on my behalf which were instrumental in bringing about the above.

Mark A. Heaver, D.O.

Dear Mr. Roberts:

On behalf of the College, I want to express our sincere appreciation for the gift from TOMA of the very fine conference table and side chairs.

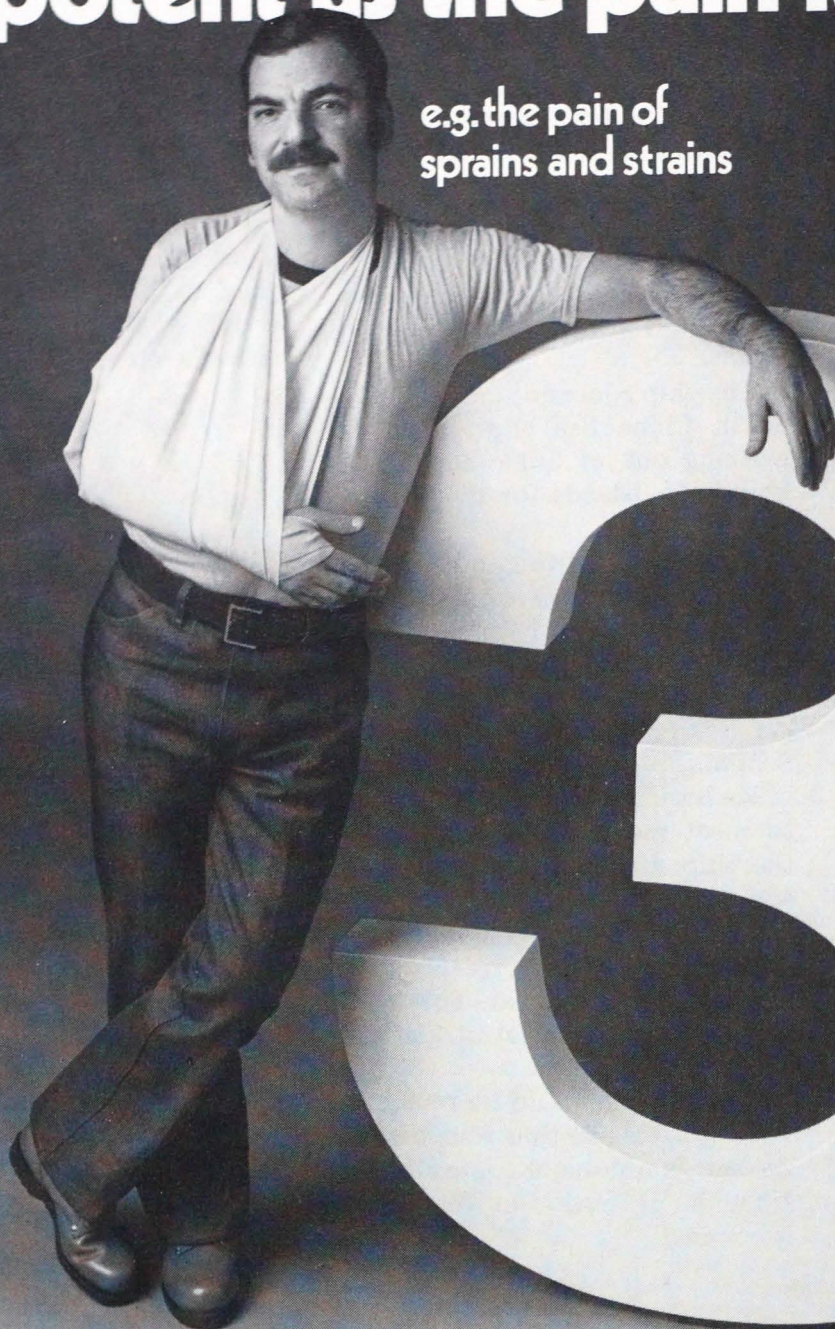
It is our plan at this time to use this furniture as a conference room for the Admissions Committee and to develop plans to designate this as the Phil R. Russell, D.O. Conference Room. I think that this is very appropriate. I am certain that you know my feelings that the Admissions process is one of the most important processes in this College.

Sincerely yours,
Ralph L. Willard, D.O.
Dean

No.3

As potent as the pain it relieves.

e.g. the pain of
sprains and strains



NOT TOO LITTLE

- as potent as the pain you need to relieve in patients with fractures, sprains, strains, wounds, contusions, and the pain of surgical convalescence
- unlike acetaminophen/codeine combinations, it does not sacrifice anti-inflammatory action

NOT TOO MUCH

- potent—yet not excessive
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- brand-name quality, yet reasonable in cost
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CONVENIENCE

- telephone Rx in most states, up to 5 refills in 6 months at your discretion (where state law permits)

EMPIRIN[®] COMPOUND WITH CODEINE NO. 3

codeine phosphate* (32.4 mg) gr ½
Each tablet also contains: aspirin gr 3½, phenacetin gr 2½, caffeine gr ½. *Warning—may be habit-forming.



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TCOM Seniors Honored at Banquet

Texas College of Osteopathic Medicine's outstanding seniors were honored at the annual Senior Banquet May 29 at the Hilton Inn.

John Terry Leever of Richardson received both the Sandoz Inc. Award for leadership and academic achievement and the Upjohn Achievement Award for academic achievement. He was also recognized as having been named to Who's Who in American Colleges and Universities.

Presented by pharmaceutical companies, Leever received \$100 from Sandoz Inc. and \$150 and a plaque from Upjohn.

Recipient of the T. Robert Sharp General Practitioner of the Year Award was Richard C. Hudson of Spearman. Hudson received a plaque and a \$250 gift was presented in his name to the audio-visual department.

Mike LeCompte of Austin received the Wayne O. Stockseth Award for outstanding comprehension of osteopathic principles and concepts. LeCompte was presented a Rollex watch.

Recognized as the Best Clinical Science Professor was Dr. William P. Neal, clinical assistant professor of pediatrics and as Best Basic Health Science Professor Dr. James Carnes of Denton, assistant professor of anatomy and microanatomy.

The General Practitioner of the Year Award is presented annually by Dr. T. Robert Sharp of Mesquite, chairman of the department of general practice.

The Stockseth Award is also presented annually to a graduating senior. It is presented by Wayne O. Stockseth of Corpus Christi, a member of the TCOM Dean's Advisory Council. He was also a member of the College's Board of Directors while TCOM was privately supported. ^

East Town Expands

Manuel DeBusk, chairman of the board of directors for East Town Osteopathic Hospital, has announced that the hospital has recently received approval for a Hill-Burton grant and loan program to construct a 1.6 million dollar building to renovate and expand the hospital services. Construction of the new building, by Great Southwest Construction Corporation, is expected to begin within the next several weeks.

Since opening its doors in 1957, East Town Osteopathic Hospital has expanded from a 60-bed hospital to the present 137 bed complement. East Town Hospital provides short-term nursing care, emergency facilities, lab and x-ray.

The present construction will replace and expand the surgical facilities and recovery room of the origi-

nal hospital and provide new and better patient room areas.

Some of the newer services provided to the community by East Town Hospital include a prenatal OB Clinic for individuals who qualify; nuclear medicine services, utilizing a new \$100,000 nuclear camera; and a new EKG stress machine.

Duration of the new building construction is estimated at 18 to 24 months. Upon completion of the new building, the existing buildings will be renovated and modernized. ^

(Reprinted from Dallas Suburban Tribune)

G.P. NEEDED FOR SOLO PRACTICE

- * Free Office Space Provided
- * One Other Physician on Staff of 30 Bed Hospital
- * 60 Bed Rest Home in Immediate Area.
- * Annual Salary Guaranteed
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Administrator

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Throckmorton, Texas 76083
817-849-2151 or 817-345-3206

D.O. G.P. wanted with Texas license for Student Health Physician. 40-hour week, Monday-Friday; no call or weekend duty. Annual salary of \$30,000 with fringe benefits and a pleasant association with two other physicians to care for students. Please contact Dr. Mary E. Smith, Director, North Texas State University, Student Health Center, P.O. Box 5158, Denton, Texas 76203. Phone 817-788-2331. We are an equal opportunity/affirmative action employer.

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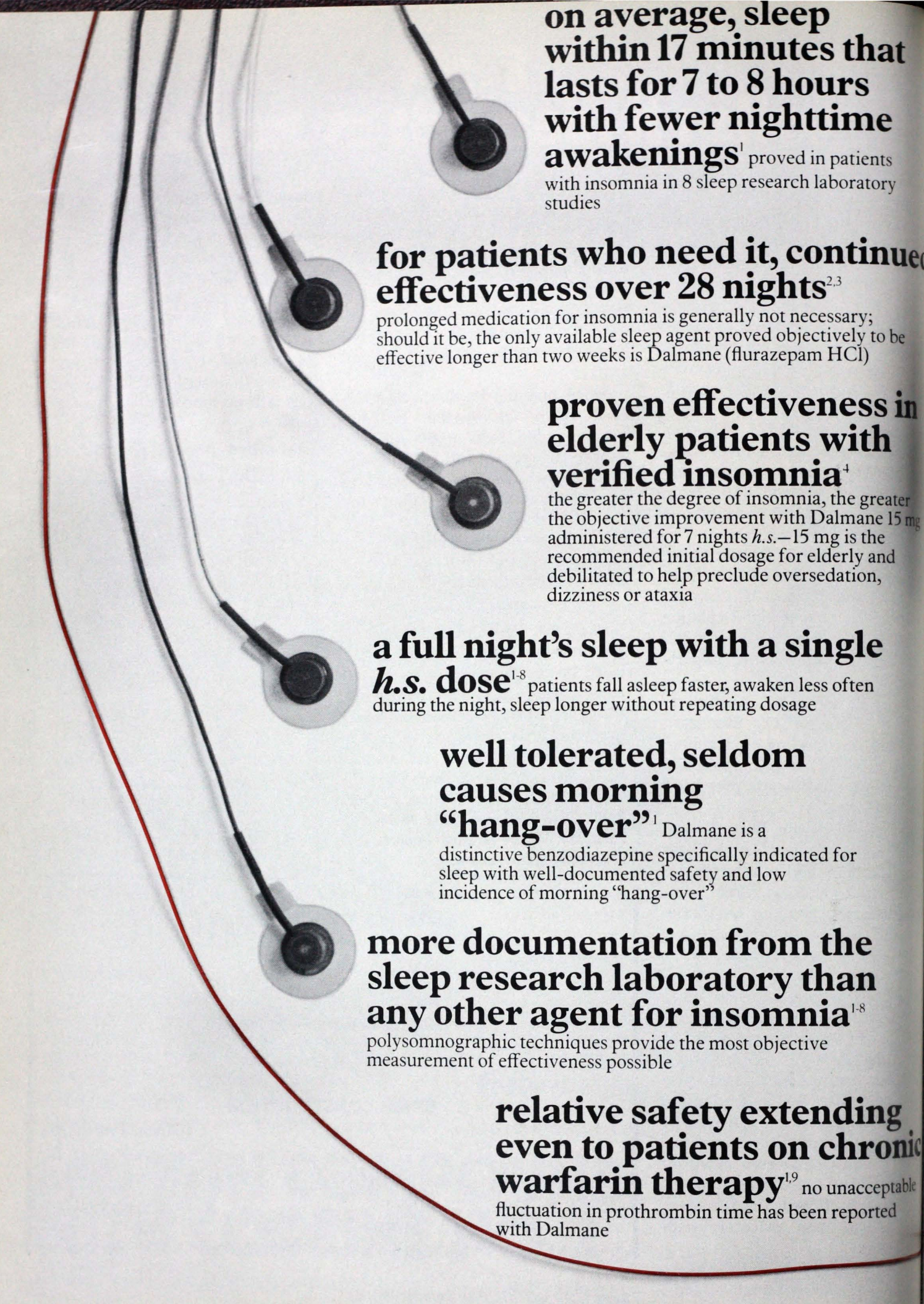
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on average, sleep within 17 minutes that lasts for 7 to 8 hours with fewer nighttime awakenings¹ proved in patients with insomnia in 8 sleep research laboratory studies

for patients who need it, continued effectiveness over 28 nights^{2,3}

prolonged medication for insomnia is generally not necessary; should it be, the only available sleep agent proved objectively to be effective longer than two weeks is Dalmane (flurazepam HCl)

proven effectiveness in elderly patients with verified insomnia⁴

the greater the degree of insomnia, the greater the objective improvement with Dalmane 15 mg administered for 7 nights *h.s.*—15 mg is the recommended initial dosage for elderly and debilitated to help preclude oversedation, dizziness or ataxia

a full night's sleep with a single *h.s.* dose¹⁻⁸ patients fall asleep faster, awaken less often during the night, sleep longer without repeating dosage

well tolerated, seldom causes morning "hang-over"¹ Dalmane is a

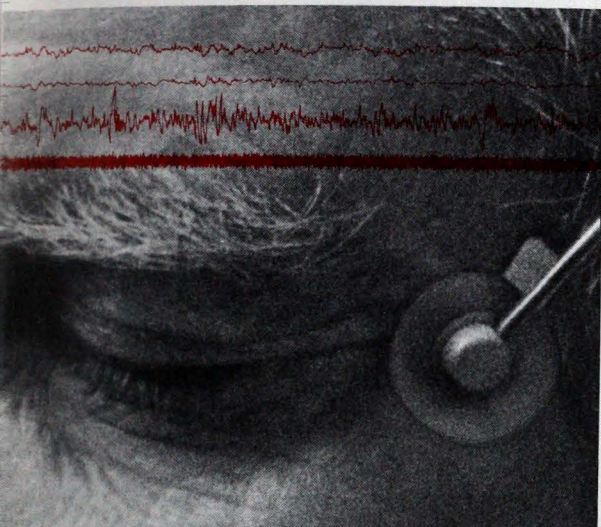
distinctive benzodiazepine specifically indicated for sleep with well-documented safety and low incidence of morning "hang-over"

more documentation from the sleep research laboratory than any other agent for insomnia¹⁻⁸

polysomnographic techniques provide the most objective measurement of effectiveness possible

relative safety extending even to patients on chronic warfarin therapy^{1,9} no unacceptable

fluctuation in prothrombin time has been reported with Dalmane



The Dalmane[®] (flurazepam HCl) difference.



Please see following page for a summary of product information.

For relief of insomnia
no other sleep medication
has all the advantages of

Dalmane[®]

(flurazepam HCl) [®] 30-mg and 15-mg capsules

Objectively proved in the sleep research laboratory:

- Sleep within 17 minutes, on average
- Sleep for 7 to 8 hours, on average
- Sleep with fewer nighttime awakenings
- Continued effectiveness over 28 nights of administration

Before prescribing Dalmane (flurazepam HCl), please consult complete product information, a summary of which follows:

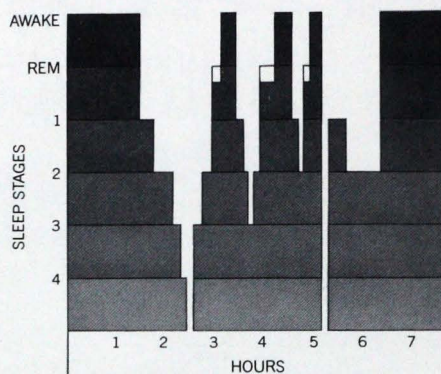
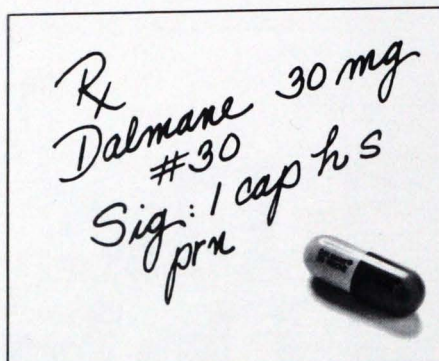
Indications: Effective in all types of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings and/or early morning awakening; in patients with recurring insomnia or poor sleeping habits; and in acute or chronic medical situations requiring restful sleep. Since insomnia is often transient and intermittent, prolonged administration is generally not necessary or recommended.

Contraindications: Known hypersensitivity to flurazepam HCl.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. Caution against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Use in women who are or may become pregnant only when potential benefits have been weighed against possible hazards. Not recommended for use in persons under 15 years of age. Though physical and psychological dependence have not been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage.

Precautions: In elderly and debilitated, initial dosage should be limited to 15 mg to preclude oversedation, dizziness and/or ataxia. If combined with other drugs having hypnotic or CNS-depressant effects, consider potential additive effects. Employ usual precautions in patients who are severely depressed, or with latent depression or suicidal tendencies. Periodic blood counts and liver and kidney function tests are advised during repeated therapy. Observe usual precautions in presence of impaired renal or hepatic function.

Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly



Trouble Falling Asleep, Staying Asleep, Sleeping Long Enough

or debilitated patients. Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported. Also reported were headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of leukopenia, granulocytopenia, sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, and elevated SGOT, SGPT, total and direct bilirubins and alkaline phosphatase. Paradoxical reactions, e.g., excitement, stimulation and hyperactivity, have also been reported in rare instances.

Dosage: Individualize for maximum beneficial effect. *Adults:* 30 mg usual dosage; 15 mg may suffice in some patients. *Elderly or debilitated patients:* 15 mg initially until response is determined.

Supplied: Capsules containing 15 mg or 30 mg flurazepam HCl.

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KNOX CITY—This North Texas community welcomes a D.O. Staff privileges on Knox County Hospital, associateship, excellent gross existing. Contact Glen Rumley, Knox County Hospital, 817-658-3535.

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WEST—(17 miles north of Waco), D.O. needs same to join established practice in furnished clinic. Salary with partnership potential. Small town of 2500, 42-bed well equipped hospital available. Contact George N. Smith, D.O., Post Office Box 129, West, Texas 76991 or call 817-826-5372.

THE ESTRANGEMENT

by George W. Northup, D.O.

The news media seems to have become somewhat paranoid in their attacks on the integrity of medical practice in this country. Newspaper articles and "in depth" television programs are often preoccupied with documenting everything that is wrong in medical practice today. It seems to be a part of a generalized attack on various institutions of American life.

There is no question that medicine, along with other professions, has its faults. But the magnification of these faults does little to achieve constructively what the majority of the medical profession is most concerned with—effective care of patients.

It is apparent that all branches of society today are plagued with "ripoff" artists. Medicine is no exception. But we submit that there is no professional group more sensitive to its own problems than medical organizations and medical practitioners. Damning the many for the sins of the few does a disservice to both the patient and his physician. But, more important, is the unalterable fact that an artificial estrangement is being created between the doctor and his patient. And this is a serious situation.

Physicians are certainly not immune to having natural human reactions to such an estrangement.

Many physicians are becoming unduly resentful and suspicious of their patients' motives. And an increasing number of patients are voicing their concern about studies and treatments that are expensive and may not be absolutely necessary. Yet, basically, the average patient, like the average physician, does not want to contribute to this alienation.

Perhaps it is well to remind all of us who are physicians that our basic obligation is to health care, and not to retaliative measures of diminished concern for those who seek our services.

Medical organizations should factually oppose, and expose, with every strength they are capable of mustering, all of the over exaggerated attacks on the medical community. We must not however, react by lessening or modifying our compassion or concern for the patient seeking our care.

Medicine must do all that it can to not contribute or succumb to the tactics of those politicians and sensation-seeking reporters who would destroy the time-honored patient-physician relationship.

Both the patient and physician must work together, with understanding and compassion, for the prevention and treatment of disease. ▲

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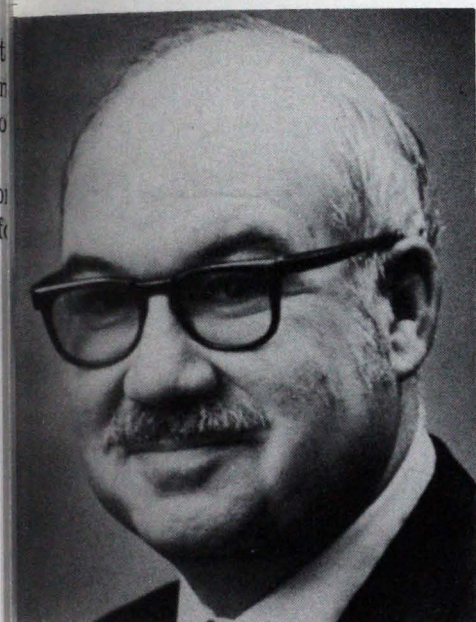
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Third TCOM Graduating Class Numbers 48

Graduation for Texas College of Osteopathic Medicine's third class May 30 marked the first graduation since the College became state supported in May 1975.

The 48 members of the graduating class received their doctor of osteopathy degree during Commencement Ceremonies at Will Rogers Memorial Auditorium. Speaker for the occasion was Dr. Ralph Willard, dean. Dean Willard's speech was entitled "Our Investment In The Future."



The new osteopathic physicians were presented their degrees by C. Nolen, president; Mrs. Earlene McElroy, acting director of admissions and registrar; and Dr. Willard, Dr. J.K.G. Silvey, associate dean for basic health sciences, and Dr. John H. Harakal, chairman and clinical professor of osteopathic philosophy, principles and practice, served as marshals for the event and hooded the physicians. Preceding the Commencement service, Dr. Granville Walker, senior minister emeritus of University Christian Church, spoke on medicine and religion at the Doctorate Service which was held at Ridglea Wesleyan Church. ^

Medicare Claims Being Reprocessed

Medicare carriers are adjusting prevailing charge screens for physicians' services in order to reprocess FY 1976 underpaid claims caused by the economic index limitation. Payment of reprocessed claims will be completed by June 30, 1976 according to DHEW.

Underpayment in some claims for physicians' services was caused by an unintended effect of a provision in the 1972 Social Security Amendments. This provision limits increases in prevailing charges for

physicians' costs of conducting their practices and to general earnings levels. In applying this limitation during FY 1976, however, many prevailing charges were reduced below FY 1975 levels.

Corrective legislation (P.L. 94-182) enacted on December 31, 1975 provided that FY 1976 physicians' prevailing charges may not be set below FY 1975 levels by the application of the economic index limitation. ^

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* **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 hyper-

bilirubinemia, 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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Closet Skeletons in Demand

by Judy Alter

Got any skeletons in your closet? District II Auxiliary will take them! The auxiliary members are digging into as many attics as possible in an effort to gather material to add a panel on osteopathic medicine to the Hall of Medicine at Fort Worth's Museum of Science and History.

The Hall of Medicine, opened in 1968, is designed to trace the history of medicine. Its exhibits range from the Java man, who lived about 4000 years ago, to about 1920. Unfortunately, there is no display for osteopathic medicine, in spite of the fact that TCOM is located almost across the street from the museum.

From time to time, local osteopathic physicians had talked with museum officials about an exhibition, but "no one ever followed through," explains museum director Helmuth Naumer who has expressed an interest in working with the auxiliary on the project.

Mr. Naumer has said that the first step is to collect enough objects for museum curators to plan and assemble an exhibition. Photographs are particularly helpful because they can either be a part of the panel or can be used in the construction of a diorama. But there is also a strong need for objects of historical value, such as books

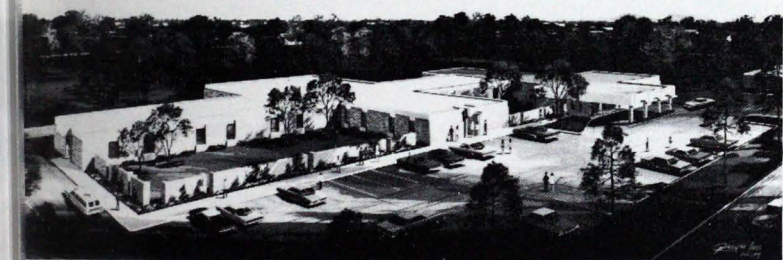
and instruments. Obviously, a treatment table is too big to be used.

Suggestions and contributions to the exhibit will be welcomed by Judy Alter (Mrs. Joel Alter) at 2443 Medford Court West, Fort Worth, 76109



Dr. Andrew Taylor Still lectures to an anatomy class in 1904. The photo is typical of the material being gathered by the District II Auxiliary.

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"Leboyer Method" of infant delivery used, approved, by Dr. Kozura

Following the osteopathic tradition of continually looking for better methods of health care, recently Dr. John Kozura III of Denton delivered a baby at Denton Osteopathic Hospital by the "Leboyer method"—probably the first doctor in Texas to utilize this modality.

Introduced by Dr. Frederick Leboyer of France, the "birth without violence" technique is gaining rapidly in popularity in several European countries, but has aroused mostly only curiosity in this country, according to a report published in the *Denton Record-Chronicle*.

It also reported that the new baby's parents, Mr. and Mrs. Jerry Greengus of Denton, had read a book on the Leboyer method. They discussed it with Dr. Kozura and, after studying the French physician's method, he agreed to use this procedure which focuses on the least traumatic birth for the infant.

"The Leboyer theory is that by placing the baby in a natural position on the mother's abdomen and delaying the severance of the cord, the lungs clear more slowly, thus preventing the burning rush of air into the lungs.

"When the infant is removed from the comforting closeness of the mother, it is placed in a tub of water set at body temperature. Thus the separation from the mother is eased by the surrounding water which creates sensations simi-

lar to those experienced when the fetus was encased in uterine fluids."

Dr. Kozura agrees with the parents that apparently delivery by this method brings a happy peaceful child into the world, rather than having its first appearance a traumatic one of sudden separation from familiar surroundings.

Dr. Kozura, a Pennsylvania native and a 1969 graduate of the College of Osteopathic Medicine and Surgery in Des Moines, finished his internship at Memorial Osteopathic Hospital in York, Pennsylvania in 1970. He practiced in that state until early 1974 when he established his practice in Denton, where he is an associate of Dr. Robert Nobles.

Dr. Kozura was impressed with the smoothness of the delivery and plans to use it again. Although the method obviously could not be utilized in every case, the physician can usually spot any trouble that might develop and turn to other procedures if necessary.

In its coverage of the event, the *Record-Chronicle* notes, "In the Leboyer method lights in the delivery room are dimmed when the baby's head crowns. That is the time when possible danger has passed, Dr. Kozura said. Lights are left bright until then to aid the doctor, but are dimmed to one small lamp in order to prevent harsh brightness to the baby's sensitive eyes.

"In Leboyer, the doctor never touches the baby's head. Instead he reaches under the infant's armpits to help 'lift' the baby to birth.

"When the baby is delivered is not held upside down nor tapped on the body or feet, processes commonly used which prompt crying to clear the lungs and 'facilitate' breathing.

"Nor is the umbilical cord cut immediately after birth. Instead the baby is placed face down on the mother's abdomen. ^

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GPs Set August Seminar

The annual summer seminar of the Texas Society of the American College of General Practitioners will be held at the Inn of the Six Flags in Arlington August 15, according to Dr. Edmund Tyska, program chairman. The general topic for the seminar is "Office Management of Chronic Pain Syndromes".

The spectrum of chronic pain with its personal and social disabilities plagues both patient and physician. Physicians have come to realize that simple diagnostic and therapeutic approaches often fall short of their expectations and often further compound the original problem. A comprehensive, holistic approach to the patient with chronic pain has been developed by many centers using a multi-disciplinary approach.

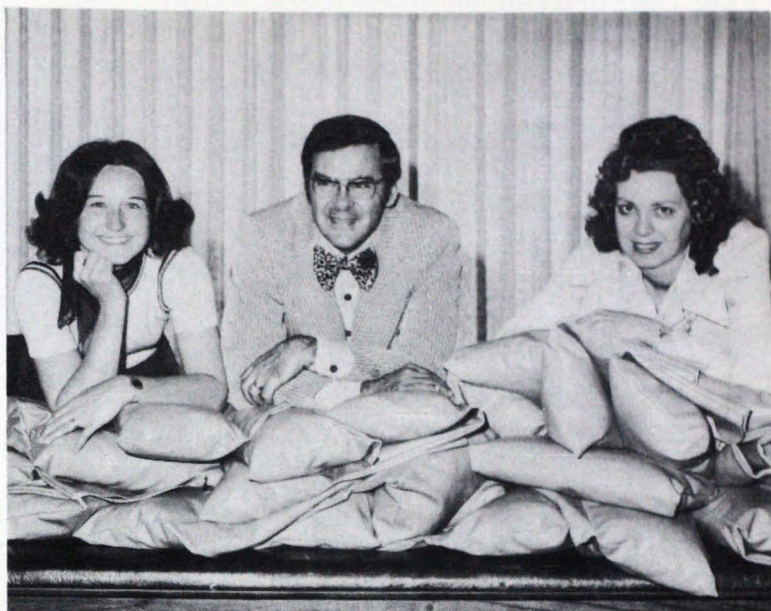
This seminar will feature the accumulated experience of two physicians who direct chronic pain clinics. J. Blair Pace, M.D., Chairman of the Division of Family Practice, University of California and Medical Chief of the Problem Back Service, Rancho Los Amigos Hospital, Downey, California; and Ronald L. Lawrence, M.D., Director of the Pain Control Medical Group, North Hollywood, California. Dr. Lawrence has authored several articles which appeared in the *Osteopathic Physician*, March, 1976.▲



On the occasion of the TCOM Senior banquet the Ralph H. Peterson, D.O., Scholarship for \$1,000 was awarded to S/D H. Gerhart Smith of Denton, a sophomore this fall and winter this past year of a DMA freshman scholarship.

Shown making the presentation is Mrs. Marguerite Peterson, widow of the Wichita Falls G.P. who died in 1974. The scholarship is awarded to a sophomore who definitely plans to go into general practice in Texas.

Dr. Peterson served 26 years on the Texas State Board of Medical Examiners and was in active practice until his death at age 84. During his lifetime he helped a number of osteopathic student doctors financially.



The TCOM Students' Wives Auxiliary's annual gift to the College this year took the form of 24 vinyl covered pillows for the department of osteopathic philosophy, principles and practice.

Presented to Dr. John H. Harakal, chairman of the department of OPP&P, the pillows will be used on the treatment tables.

Suzann Garner, 1975-76 SWA president, said the pillows were chosen as the school gift because there was a need for them. Chairman of the school gift committee was Joyce Beard.

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