TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

Dr. Phil R. Russell proudly presents the $1,000 scholarship named in his honor to TCOM freshman Student Doctor John E. Angelo

Student Doctors Randall D. Barnes and Walter L. Irwin, winners of the two TOMA $750 scholarships, are presented their checks by TOMA President, Dr. Robert G. Haman.

OCTOBER, 1972

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TEXAS OSTEOPATHIC PHYSICIANS
JOURNAL

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION
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Mr. Tex Roberts, Editor

the WINNERS!

TOMA presents scholarships to three TCOM freshmen

Scholarship winners (Walter L. Irwin and Randall D. Barnes standing; John E. Angelo seated left) listen to words of wisdom from Dr. Phil R. Russell, while TOMA President Robert G. Haman looks on.

When the TOMA Scholarship Committee met in September to consider the merits of the 23 applicants for the $1,000 Phil R. Russell Scholarship and the two TOMA Scholarships for $750 each, the points that received particular attention were the applicants pre-med academic records, their financial need, character and their motivation toward the osteopathic profession.

Although recipients of these scholarships must be Texas residents, the osteopathic school to which they have been admitted is not taken into consideration. So it was simply a coincidence that all three of this year's winners are freshmen students at TCOM.

Since until this year most of the winners have been attending osteopathic schools out of state, it was a rare occasion when Dr. Phil R. Russell had the pleasure this year of presenting the Phil R. Russell Scholarship personally to Student Doctor John E. Angelo at a ceremony at the TOMA State Office September 19.

Using a point system this year, S/D Angelo was the only applicant that the Scholarship Committee scored 100 out of a possible 100 points.

S/D John E. Angelo

Born in Waco and a lifetime resident of Texas, S/D Angelo received his B.A. degree from the University of Texas at Austin. In his application for a scholarship he says, "In my opinion the four years of study and training (in an osteopathic college) are the best offered in a medical curriculum. I am particularly impressed with the courses that would not only train me as a physician, but would also further instruct me in dealing realistically with problems concerning the public."

He says that when he attains his degree, it is his desire for the future to be active in the organization and establishment of an osteopathic hospital in Austin.

The two winners of the $750 TOMA Scholarships were each given 95 points by the Scholarship Committee. They are Randall D. Barnes, a native of Fort Worth, and Walter L. Irwin who was born in El Paso but has been living in Houston for the past five years.

S/D Randall D. Barnes

S/D Barnes has two degrees from NTSU — Bachelor of Science and his Master's.

His scholastic references are excellent and Dr. Robert H. Nobles, his D.O. reference, reported to the committee that S/D Barnes was osteopathically oriented and that he considered him an outstanding applicant.

Randy says that "osteopathic medicine approaches or emphasizes the treatment of the patient as a complete entity and not treating mere symptoms." He says this particularly appeals to him.

S/D Walter L. Irwin

S/D Walter L. Irwin earned his B.S. in Biology from the University of Houston.

In his application for the TOMA Scholarship he explains his desire to be an osteopathic physician by saying, "I am committed to attaining the highest possible level of competency in treating the sick and in rehabilitating the disabled." He also says, "My acceptance to TCOM is the most important thing that has happened to me since I decided to become a physician."

Walter's biology professor at the University of Houston says, "He (Mr. Irwin) has distinguished himself by his enthusiasm and his desire to master the information." His chemistry professor says, "He is an exceptionally outstanding student. He earned the second highest grade out of a class of 120 students."

Dr. Walters R. Russell, Chairman of the Scholarship Committee, says that all committee members were particularly impressed with the high caliber of this year's applicants and that choosing the three winners becomes more difficult each year because of the overall excellence of the students entering osteopathic medical schools. ▲

TYLER BREAKS GROUND FOR NEW HOSPITAL

Dr. Haman stands shoulder to shoulder with Dr. George Grainger in turning the first shovel to begin construction on the new 54-bed facility.

Baker Lucas, mayor of Tyler, and Chamber of Commerce officials attended the groundbreaking. Above, Dr. Pock welcomes them to the site and explains plans for the new hospital.

In mid-September, on his first official visit to the TOMA Districts, TOMA President Dr. Robert G. Haman participated in the groundbreaking ceremony for the new Doctors Memorial Hospital in Tyler.

He is shown above (second from left) with Dr. David Norris, Vice Speaker of the TOMA House of Delegates, Mr. Olie Clem, hospital administrator, Dr. Neal Pock, District III Secretary, and Dr. Kenneth E. Ross, District III President.

Mr. Clem has been administrator of osteopathic hospital facilities in Tyler for several years and was key man in combining two osteopathic hospitals. More recently he played an important role in bringing about the plans for the new facility in Tyler.

District III members Dr. Charles Ogilvie, Dr. A. Ross McKinney and Dr. George Grainger await President Haman's address to the group.

Hospital Held Liable In Precedent-Setting Court Decision

[Editor's note: The following was sent to us by the Arizona Osteopathic Medical Association, and as we agree with the lawyer and AOMA Executive Director, Mr. Stanley Schultz, that the decision referred to in the memorandum can have far-reaching effects, we are printing these communications in full for your information, study and guidance. The case is being reported in national publications as a precedent-setting decision.]

Dear Mr. Schultz:

In furtherance of our telephone conference on August 18th, I am enclosing a copy of my memorandum concerning some of the implications of the recent Appellate Court decision involving Tucson General Hospital. I share your view that this decision can have far-reaching effects. You have my authorization to use the enclosed memorandum or any portions thereof in your newsletter to AOMA membership.

Walter Cheifetz, Attorney

MEMORANDUM

TO: ARIZONA HOSPITAL ASSOCIATION

FROM: WALTER CHEIFETZ

DATE: AUGUST 10, 1972

SUBJECT: HOSPITAL LIABILITY FOR MALPRACOF MEDICAL STAFF MEMBERS

The Arizona Court of Appeals recently upheld a $150,000 jury verdict against Dr. Coy Purcell and Tucson General Hospital and ruled that it was proper to hold the hospital responsible for Dr. Purcell's malpractice when the hospital failed to take any action against the doctor when it knew, or should have known, of previous malpractice claims against the doctor which indicated that he lacked the skill to treat the condition in question. There was medical testimony in the case that the doctor resorted to substandard surgical procedures in performing bowel surgery and that several similar claims had been made against the doctor.

In holding that the hospital had assumed the duty of supervising the competence of its staff doctors, the court noted: That the standards of accreditation imposed upon the hospital board responsibilities in selecting the professional staff to assure that privileges are granted to those who are professionally competent; that the medical staff bylaws, approved by the board of trustees, acknowledge the responsibility of the board to limit the granting of privileges to those who are competent to exercise such privileges; that it was the practice among hospitals all over the country to establish and operate committees for the purpose of regulating the privileges granted to staff doctors and to insure that privileges are conferred only for those procedures for which the doctor was trained and qualified. The court rejected the argument that the hospital cannot be liable for the inaction of the surgical department and held:

> "The department of surgery was acting for and on behalf of the hospital in fulfilling this duty and if the department was negligent in not taking any action against Purcell or recommending to the board of trustees that action be taken, then the hospital would also be negligent."

The court also rejected the hospital's argument that its failure to discipline Dr. Purcell was not a legal cause of the injury to the patient. The court declared:

> "We believe it reasonably probable to conclude that had the hospital taken some action against Dr. Purcell, whether in the form of suspension, remonstration, restriction or other means, the surgical procedure utilized in this case would not have been undertaken by the doctor and Mr. Zimbelman would not have been injured."

COMMENTS:

1. The duty of the hospital's governing board to require peer review committees to function within the hospital is now required by statue (A.R.S.35-445) as well as by accreditation standards. Other recent decisions from other states indicate that the governing board's reliance on medical staff screening committees may not absolve the hospital from liability when the committees have not performed their tasks with diligence.

2. To minimize exposure of the hospital to liability for the malpractice of medical staff members, hospital boards, with the aid of the administrative staff, should follow closely the activities of peer review committees of the medical staff and to assure that the committees are functioning in a diligent and responsible manner.

3. The recent decisions appear to confirm that hospitals have a legitimate interest in seeing to it that medical staff members carry adequate malpractice insurance or furnish a suitable explanation for their failure to do so.

4. Where, as in the Tucson General Hospital case, a hospital is held liable for the malpractice of a medical staff member, there is a possibility that the hospital may be entitled to indemnity from the physician whose negligence caused the loss. The right to indemnity may arise under the common law. It may also arise by virtue of agreements such as agreements by medical staff applicants to indemnify and hold harmless the hospital from liability arising out of the physician's errors or omissions. The matter of indemnity should be explored as cases arise and the law evolves.

Dr. Methner Presents Plaque to TCOM Externs

TCOM PSYCHIATRIC CLERKSHIPS – Eighteen externs, who are junior students at the Texas College of Osteopathic Medicine, are shown here at the completion of six weeks psychiatric clerkships completed at Terrell State Hospital, Terrell. Texas, this past summer. Their clerkships were divided into two groups of nine students and six weeks duration for each group. They gave approximately 6,000 extern medical service hours to one unit of the large hospital and were a factor in reducing the population of one unit of the hospital from 472 patients to 373. In charge of the project was John P. Methner, D.O., Chairman and Clinical Professor, Department of Psychiatry at TCOM, who is also a staff psychiatrist at Terrell.

It was the first clinical project completed at TCOM which is entering its third year of operation.

Pictured above are, seated, student doctors (l to r) Ronald E. Sherbert, John H. Williams, Ron Daniels, Kenneth J. Brock, Robert Breckenridge, Terry Parvin, Nelda Cunniff, David Ray, John Sessions.

Standing (l to r) T. T. McGrath, D.O., orthopedic surgeon, Marion E. Coy, D.O., TCOM Administrative Dean, Student Doctors Shelly Howell, Gil Greene and Jobey Claborn; John P. Methner, D.O., TOMA President Robert G. Haman, D.O., Student Doctors Bob Holston, Sterling Lewis, Paul Livingston, Gene Bond, David Wiman and Jess R. Ramsey.

TO THE TCOM CLASS OF 1974

"FOR SERVICE ABOVE AND BEYOND"

MAY ALL WHO FOLLOW KNOW THAT
THE PILOT PYSCHIATRIC MEDICAL
CLERKSHIP PROGRAM
AT TERRELL STATE HOSPITAL

In the summer of 1972 those externs listed below gave their all in the true American Pioneer Spirit. Their professional morals, manners, attitudes and performances were outstanding. It was indeed my honor to have had the privilege of having shared in their experience. The following quotation seems appropriate:

"No great thing is created suddenly, any more than a bunch of grapes or a fig. If you tell me that you desire a fig, I answer you that there must be time. Let it first blossom, then bear fruit. Then ripen."

Enkithtoe, Greek (1st Century)

Let it be known the below, by the sweat of their brow, blood of their hearts and sheer love of their fellow man and service to others before self, did plow and plant so that others might harvest the ripened fruit.

Bond, Weldon E., Jr.	Lewis, Sterling F.
Breckenridge, Robert J.	Livingston, Ronald P.
Brock, Kenneth J.	Parvin, Terry L.
Claborn, Jobey D.	Ramsey, Jesse R.
Cunniff, Nelda N.	Ray, David R.
Daniels, Ronald	Sessions, John L.
Greene, Gilbert E.	Sherbert, Ronald D.
Holston, Robert G.	Williams, John H.
Howell, Shelley M.	Wiman, Thomas D.

Forever in their debt,
John P. Methner, D.O., B.S.
Chairman, Department of Psychiatry
Texas College of Osteopathic Medicine
Staff Psychiatrist, Terrell State Hospital

GRAINGERGRAM

When listening to gossip it should go in one ear and doubt the other.

Dr. Hackley Sues For Hospital Staff Privileges

The mayor of Spearman, Texas, who is a D.O., is suing the Hansford County Hospital for professional staff privileges.

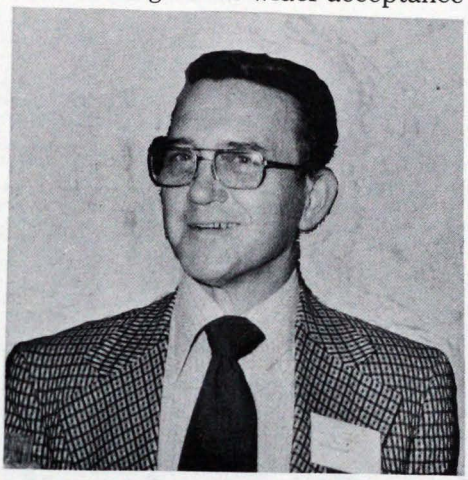
He is Donald E. Hackley, D.O., a 1944 graduate of the Kirksville College of Osteopathic Medicine. He interned at Southwest Osteopathic Hospital in Amarillo.

Dr. Hackley has practiced medicine in Spearman since his internship and has served on the school board, president of the Chamber of Commerce, president of the Lions Club, and physician to the high school athletic teams in the area, in addition to his being elected mayor of the town.

A district court hearing on his suit has been postponed and, as the *Journal* went to press, it is set for November 30. Dr. Hackley in his suit maintains that he is licensed by the State of Texas to practice medicine and surgery and that he should be granted equal staff privileges on the professional staff of the Hansford County Hospital in Spearman.

The Hansford County Hospital restricts staff privileges to M.D.s. An increasing number of hospitals across Texas are ending their discrimination against D.O.s, although progress is slow in some areas. In many communities admission of D.O.s to the local hospital staff spells the difference between whether the hospital closes or remains open to serve the public.

The Texas Osteopathic Medical Association is increasingly active in aiding D.O.s in Texas to put an end to discrimination against the degree and to bring about wider acceptance



of the fact that the Texas State Board of Medical Examiners licenses both D.O.s and M.D.s to practice medicine and surgery in Texas, and that the State Constitution forbids discrimination against either school of practice.

Last year a D.O. in another community in Texas took his suit to Federal court, but he was admitted to the local hospital staff in question following a preliminary hearing before Federal Judge Sarah T. Hughes.

TOMA would prefer that applications for staff privileges from D.O.s be handled on the basis of merit and that privileges be granted within the scope of practice of the doctor in question. It is TOMA policy that all of the health professionals in a community are needed to serve the public and there should be no artificial or arbitrary restrictions.

MUCH CAN BE LEARNED FROM HISTORY!

A public speaker recently mentioned the five reasons for the fall of the Roman Empire as taken from Edward Gibbon's *The Decline and Fall of the Roman Empire:*

1. The breakdown of the family and the rapid increase of divorce.
2. The spiraling rise of taxes, and extravagant spending by the government.
3. The insatiable craze for pleasure and the brutalization of sports.
4. The mounting production of armaments to fight everincreasing threats of enemy aggression.
5. The decay of religion into myriad and confusing forms, leaving the people without a uniform faith and spiritual guide.

The Roman Empire was the number one world power and was thought to be invincible. Much can be learned from history!

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furosemide
Tablets/Injection

WARNING—Lasix (furosemide) is a potent diuretic which if given in excessive amounts can lead to a profound diuresis with water and electrolyte depletion. Therefore, careful medical supervision is required, and dose and dose schedule have to be adjusted to the individual patient's needs. (See under "DOSAGE AND ADMINISTRATION.")

DESCRIPTION—Lasix is a diuretic, chemically distinct from the organomercurials, thiazides and other heterocyclic compounds. It is characterized by:

- a high degree of efficacy;
- a rapid onset of action;
- a comparatively short duration of action;
- a ratio of minimum to maximum effective dose higher than 1:10;
- the fact that it acts not only at the proximal and distal tubules but also at the ascending limb of Henle's loop.

Lasix (furosemide) is an anthranilic acid derivative. Chemically, it is 4-chloro-N-furfuryl-5-sulfamoylanthranilic acid.

INDICATIONS—Lasix (furosemide) is indicated for the treatment of the edema associated with congestive heart failure, cirrhosis of the liver, and renal disease, including the nephrotic syndrome. Lasix is particularly useful when an agent with greater diuretic potential than that of those commonly employed is desired.

If the gastrointestinal absorption is impaired or oral medication is not practicable for any reason, Lasix is indicated by the intramuscular or intravenous route. The intravenous administration of Lasix is indicated when a rapid onset of the diuresis is desired, e.g., acute pulmonary edema.

Parenteral administration should be reserved for patients where oral medication of Lasix (furosemide) is not practical.

Hypertension—Lasix Tablets may be used for the treatment of hypertension alone or in combination with other antihypertensive drugs. Hypertensive patients who cannot be adequately controlled with thiazides will probably also not be adequately controllable with Lasix (furosemide) alone.

CONTRAINDICATIONS—Because animal reproductive studies have shown that Lasix (furosemide) may cause fetal abnormalities the drug is contraindicated in women of child-bearing potential.

Lasix is contraindicated in anuria. If increasing azotemia and oliguria occur during treatment of severe progressive renal disease, the drug should be discontinued. In hepatic coma and in states of electrolyte depletion, therapy should not be instituted until the basic condition is improved or corrected. Lasix is contraindicated in patients with a history of hypersensitivity to this compound.

Until more experience is accumulated in the pediatric use of Lasix (furosemide), children should not be treated with the drug.

WARNINGS—Excessive diuresis may result in dehydration and reduction in blood volume, with circulatory collapse and with the possibility of vascular thrombosis and embolism, particularly in elderly patients.

Excessive loss of potassium in patients receiving digitalis glycosides may precipitate digitalis toxicity. Care should also be exercised in patients receiving potassium-depleting steroids.

Frequent serum electrolyte, CO_2 and BUN determinations should be performed during the first few months of therapy and periodically thereafter, and abnormalities corrected or the drug temporarily withdrawn.

In patients with hepatic cirrhosis and ascites, initiation of therapy with Lasix (furosemide) is best carried out in the hospital. Sudden alterations of fluid and electrolyte balance in patients with cirrhosis may precipitate hepatic coma; therefore, strict observation is necessary during the period of diuresis. Supplemental potassium chloride and, if required, an aldosterone antagonist are helpful in preventing hypokalemia and metabolic alkalosis.

As with many other drugs, patients should be observed regularly for the possible occurrence of blood dyscrasias, liver damage, or other idiosyncratic reactions.

In those instances where potassium supplementation is required, coated potassium tablets should be used only when adequate dietary supplementation is not practical.

There have been several reports, published and unpublished, concerning nonspecific small-bowel lesions consisting of stenosis, with or without ulceration, associated with the administration of enteric-coated thiazides with potassium salts. These lesions may occur with enteric-coated potassium tablets alone or when they are used with nonenteric-coated thiazides, or certain other oral diuretics.

These small-bowel lesions have caused obstruction, hemorrhage, and perforation. Surgery was frequently required, and deaths have occurred.

Available information tends to implicate enteric-coated potassium salts, although lesions of this type also occur spontaneously. Therefore, coated potassium-containing formulations should be administered only when indicated, and should be discontinued immediately if abdominal pain, distention, nausea, vomiting, or gastrointestinal bleeding occurs.

Patients with known sulfonamide sensitivity may show allergic reactions to Lasix (furosemide).

PRECAUTIONS—As with any potent diuretic, electrolyte depletion may occur during therapy with Lasix, especially in patients receiving higher doses and a restricted salt intake. Electrolyte depletion may manifest itself by weakness, dizziness, lethargy, leg cramps, anorexia, vomiting, and/or mental confusion. In edematous hypertensive patients being treated with antihypertensive agents, care should be taken to reduce the dose of these drugs when Lasix is administered, since Lasix potentiates the hypotensive effect of antihypertensive medications.

Asymptomatic hyperuricemia can occur and gout may rarely be precipitated. Reversible elevations of BUN may be seen. These have been observed in association with dehydration, which should be avoided, particularly in patients with renal insufficiency.

Cases of reversible deafness and tinnitus have been reported following the injection of Lasix. These adverse reactions occurred when Lasix was injected at doses exceeding several times the usual therapeutic injection dose of 1 to 2 ampules (20 to 40 mg.). Transient deafness is more likely to occur in patients with severe impairment of renal function and in patients who are also receiving drugs known to be ototoxic. Periodic checks on urine and blood glucose should be made in diabetics and even those suspected of latent diabetes when receiving Lasix. Increases in blood glucose and alterations in glucose tolerance tests with abnormalities of the fasting and two-hour postprandial sugar have been observed, and rare cases of precipitation of diabetes mellitus have been reported.

Lasix (furosemide) may lower serum calcium levels, and rare cases of tetany have been reported. Accordingly, periodic serum calcium levels should be obtained.

Patients receiving high doses of salicylates, as in rheumatic diseases, in conjunction with Lasix may experience salicylate toxicity at lower doses because of competitive renal excretory sites.

Sulfonamide diuretics have been reported to decrease arterial responsiveness to pressor amines and to enhance the effect of tubocurarine. Great caution should be exercised in administering curare or its derivatives to patients undergoing therapy with Lasix, and it is advisable to discontinue oral Lasix for one week and parenteral Lasix two days prior to any elective surgery.

ADVERSE REACTIONS—Various forms of dermatitis, including urticaria and rare cases of exfoliative dermatitis, pruritus, paresthesia, blurring of vision, postural hypotension, nausea, vomiting, or diarrhea, may occur.

Anemia, leukopenia, aplastic anemia, and thrombocytopenia (with purpura) may occur. Rare cases of agranulocytosis have occurred which responded to treatment.

Cases of reversible deafness and tinnitus have been reported. These adverse reactions occurred when Lasix Injection was given at doses exceeding several times the usual therapeutic dose of 1 to 2 ampules (20 to 40 mg.). (See "PRECAUTIONS.")

In addition, the following rare adverse reactions have been reported; however, relationship to the drug has not been established with certainty: sweet taste, oral and gastric burning, paradoxical swelling, headache, jaundice, thrombophlebitis and emboli (see "WARNINGS"), and acute pancreatitis.

Lasix induced diuresis may be accompanied by weakness, fatigue, lightheadedness or dizziness, muscle cramps, thirst, increased perspiration, urinary bladder spasm and symptoms of urinary frequency.

As far as hyperglycemia is concerned, see "PRECAUTIONS."

Transient pain after intramuscular injection has been reported at the injection site.

DOSAGE AND ADMINISTRATION

Oral Administration—The usual dose of Lasix is 1 to 2 tablets (40 to 80 mg.) given as a single dose, preferably in the morning. Ordinarily, a prompt diuresis ensues. Depending on the patient's response, a second dose can be administered 6 to 8 hours later. This dosage and dosage schedule can then be maintained or even reduced. If the diuretic response with a single dose of 1 to 2 tablets (40 to 80 mg.) is not satisfactory, e.g., in a patient with congestive heart failure refractory to maximal doses of thiazides, the following schedule should be used: Increase this dose by increments of 1 tablet (40 mg.) not sooner than 6 to 8 hours after the previous dose until the desired diuretic effect has been obtained. This individually determined single dose should then be given once or twice daily (e.g., at 8:00 a.m. and 2:00 p.m.). The dose of Lasix may be carefully titrated up to 600 mg. per day in those patients with severe clinical edematous states. Higher doses are currently under investigation.

The mobilization of edema may be most efficiently and safely accomplished by utilizing an intermittent dosage schedule in which the diuretic is given for 2 to 4 consecutive days each week. With doses exceeding 80 mg./day and given for prolonged periods, careful clinical and laboratory observations are particularly advisable.

Hypertension—The usual dose of Lasix (furosemide) is one tablet (40 mg.) twice daily both for initiation of therapy and for maintenance. Careful observations for changes in blood pressure must be made when this compound is used with other antihypertensive drugs, especially during initial therapy.

The dosage of other agents must be reduced by at least 50 per cent as soon as Lasix is added to the regimen to prevent excessive drop in blood pressure. As the blood pressure falls under the potentiating effect of Lasix, a further reduction in dosage, or even discontinuation, of other antihypertensive drugs may be necessary. It is further recommended, if one tablet (40 mg.) twice daily does not lead to a clinically satisfactory response, to add other hypotensive agents, e.g., reserpine, rather than to increase the dose of Lasix.

Until more experience is accumulated in the pediatric use of Lasix (furosemide), children should not be treated with the drug.

Parenteral Administration—The usual dose of Lasix is 1 to 2 ampules (20 to 40 mg.) given as a single dose, injected intramuscularly or intravenously. The intravenous injection should be given slowly (1 to 2 minutes). Ordinarily, a prompt diuresis ensues. Depending on the patient's response a second dose can be administered two hours after the first dose or later.

If the diuretic response with a single dose of 1 to 2 ampules (20 to 40 mg.) is not satisfactory, e.g., in a patient refractory to maximal doses of thiazides, the following schedule should be used under careful medical supervision: Increase this dose by increments of 1 ampule (20 mg.) not sooner than two hours after the previous dose until the desired diuretic effect has been obtained. This individually determined single dose should then be given once or twice daily. Parenteral administration should be reserved for patients where oral medication is not practical. Parenteral therapy with Lasix can be replaced by treatment with Lasix Tablets as soon as this is practical for continued mobilization of edema.

Acute Pulmonary Edema—Since the diuresis evoked by Lasix given intravenously commences within five minutes and leads to an intensive diuresis, the treatment of patients with acute pulmonary edema with Lasix (furosemide) intravenously has proven particularly valuable.

The following schedule is recommended: 2 ampules (40 mg.) of Lasix are to be slowly injected intravenously immediately. Then this dose should be followed by another 2 ampules (40 mg.) one to one and one-half hours later if that is indicated by the patient's condition.

If deemed necessary, additional therapy (e.g., digitalis, oxygen) can be administered concomitantly.

Until more experience is accumulated in the pediatric use of Lasix (furosemide), children should not be treated with the drug.

HOW SUPPLIED—Lasix (furosemide) Tablets are supplied as white, monogrammed, scored tablets of 40 mg. in amber bottles of 100 (FSN 6505-062-3336), 500, and Unit Dose 100's (20 strips of 5). **Lasix Injection** is supplied as a sterile solution in 2 ml. amber ampules; boxes of 5 (FSN 6505-435-0377) and 50. Each ml. contains 10 mg. furosemide (with sodium chloride for isotonicity and sodium hydroxide to make the solution slightly alkaline).

Note: Exposure to light may cause slight discoloration which, however, does not alter potency.

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Are You the Missing Factor?

One of the profession's most frustrating moments develops from an inherently successful program. Slowly but inexorably the National Osteopathic Foundation's annual seal campaign grows in size and income; As far as the public is concerned, they have demonstrated year after year that they will respond and respond abundantly. But the problem is with the participation of the individual physician — a key to the success of this program.

Since 1949 the Auxiliary to the AOA, through the overall direction of its national seal committee, has given thousands of hours of volunteer work to make this program successful. They have offered to come into doctors' offices and work on mailing lists. They have worked through state associations and the AOA itself in providing greater coverage of seal promotional material. But the problem still remains: the inertia of individual osteopathic physicians in contributing to the program itself and in giving a small part of their time in order that the opportunity might be provided for their patients, their friends, and their business associates to contribute to this most worthwhile of causes.

Student loans for worthy young men and women in our colleges of osteopathic medicine and research grants to our various osteopathic institutions for the pursuit of new avenues of truth are worthy goals indeed.

The profession needs to be, individually, as devoted and dedicated as the women of the auxiliary are in volunteering their services in order to keep the cost factors down.

The goal this year is $175,000 — a modest goal. The goal will either be reached or unmet on the basis primarily of one factor and one factor alone. The degree of cooperation of the individual osteopathic physician in assistance of this program will determine its success or failure.

Let's *all* get together on the success team.

Diapulse Tells Its Side

In August issue of this *Journal* we published a letter written by Larry R. Pilot, Director, Division of Compliance, Office of Medical Devices, Department of Health, Education and Welfare, which stated that a permanent injunction had been issued prohibiting the interstate shipment of the Diapulse Pulsed High Frequency Generator devices, manufactured and distributed by the Diapulse Corporation of America.

According to Mr. Pilot, the Court held the Diapulse to be misbranded by false and misleading labelling claims representing that the device is effective for treatment of a wide variety of disease conditions.

He said that all units manufactured to date "are considered in violation of the law and subject to seizure. We are now initiating action against the Diapulse devices shipped in interstate commerce."

He went on to say that anyone wishing to offer voluntarily to destroy his device or otherwise render it inoperable could do so, or could surrender the device to the FDA by contacting any HEW office.

After publication of Mr. Pilot's letter, we received a letter from the Diapulse Corporation asking that we print its side of the story. Since Diapulse is appealing the court's decision, and in an effort to be fair to all sides, below is a recap of the Diapulse Corporation's answer to HEW and FDA.

Jesse Ross, president of the Diapulse Corporation, in an article submitted to this *Journal* for publication, says that "The laymen of the FDA have used a court decision on labelling — unconcluded because an appeal has yet to be heard — as a basis for harassment of the medical profession". He feels that this is an attempt "to defraud the practitioner out of his personal property in an effort to dictate and control medical practices."

According to Mr. Ross, thousands of these Diapulse devices have been purchased and used by doctors in universities, hospitals, clinics et cetera, "because they found it to be efficacious in the acceleration of bone and tissue healing."

He reports that his company has controlled and statistically significant studies which have been reported in medical journals and presented at national and international medical meetings, and goes on to name a number of highly respected institutions in which these reports have been presented.

Mr. Ross says, "This research proved conclusively that Diapulse significantly accelerates normal tissue healing, thus making it possible to reduce hospital stay with resultant savings of hundreds of millions of dollars."

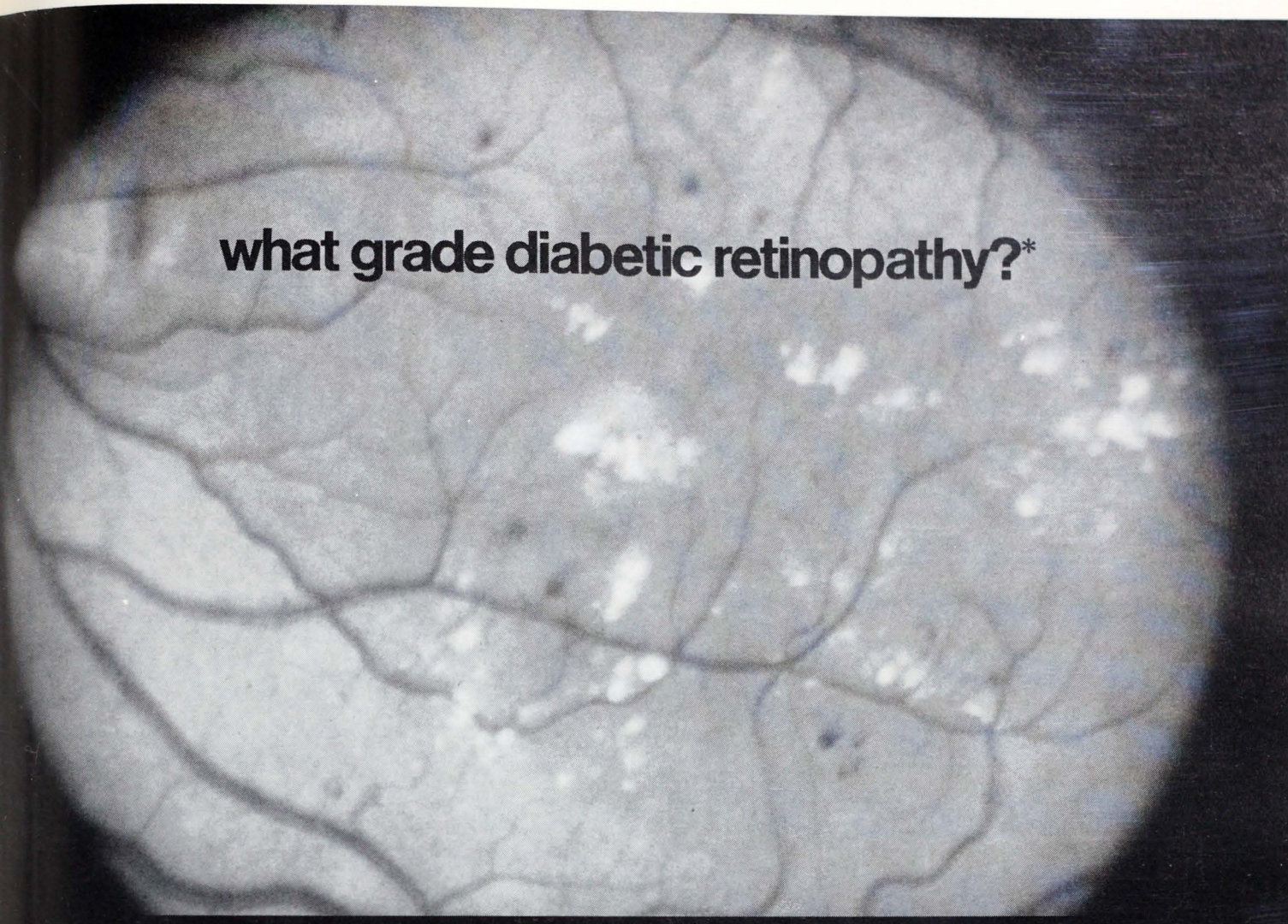
"The laymen in the FDA take the position that Diapulse is 'worthless'. No court has supported this view! In fact, the courts have taken the position that 'they are not pharmaceutical laboratories' and have referred us back to the FDA to work out labelling. The FDA refuses to do so," Mr. Ross continues.

He names a number of the 32 witnesses who testified in court "on the beneficial results obtained in their clinical, controlled and statistically significant experiences with Diapulse therapy."

According to Mr. Ross, "The government in rebuttal produced six expert witnesses. Three of them had never used Diapulse on anything. One reported on three statistically significant animal studies which showed Diapulse to be effective. One had done animal research for Diapulse. The sixth stated the results were 'the same as diathermy.' "

Mr. Ross takes issue with the statement of the FDA "that they had presented clinical and laboratory studies which proved that Diapulse is worthless. The fact is there is *No* clinical study, controlled or otherwise, that proves Diapulse to be worthless in treating humans or disproves any results of the research done with Diapulse!"

Mr. Ross says his corporation intends to appeal the injunction that prevents it from shipping interstate until a labelling agreement can be reached with the FDA, and that they will go to the Supreme Court if necessary.



In diabetes when nutritional supplementation is indicated

Berocca® tablets is therapy

With balanced, high potency B-complex and C vitamins.
No odor.
Virtually no aftertaste.
Lowest priced Rx formula.

Please see Complete Prescribing Information, a summary of which follows:

Indications: Nutritional supplementation in conditions in which water-soluble vitamins are required prophylactically or therapeutically.

Warning: Not intended for treatment of pernicious anemia or other primary or secondary anemias. Neurologic involvement may develop or progress, despite temporary remission of anemia, in patients with pernicious anemia who receive more than 0.1 mg of folic acid per day and who are inadequately treated with vitamin B_{12}.

Dosage: 1 or 2 tablets daily, as indicated by clinical need.

Available: In bottles of 100.

Each Berocca Tablet contains:

Thiamine mononitrate	15 mg
Riboflavin	15 mg
Pyridoxine HCl	5 mg
Niacinamide	100 mg
Calcium pantothenate	20 mg
Cyanocobalamin	5 mcg
Folic acid	0.5 mg
Ascorbic acid	500 mg

ROCHE

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

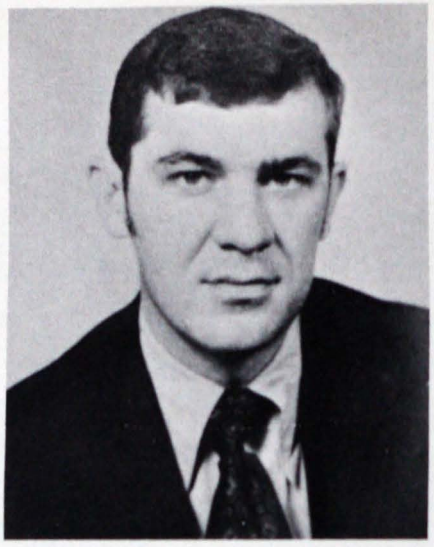
* **Grade II diabetic retinopathy is revealed by the small hemorrhages and exudates in this photograph of the fundus.**

Pediatricians Join FWOH Staff

In September, Fort Worth Osteopathic Hospital proudly added two pediatricians to its medical staff. Drs. Robert Cruse and William Neal have opened offices in Fort Worth in association with Dr. Virginia Ellis.

Dr. Neal came to Fort Worth from pediatric residency training at Doctors Hospital in Columbus, Ohio. A native of Youngstown, Ohio, he was graduated from Youngstown University in 1963. He is a 1967 graduate of the Kansas City College of Osteopathic Medicine and interned at Doctors Hospital in Columbus, Following internship, Dr. Neal served two years in the United States Army Medical Corps, including duty in Viet Nam. His pediatric residency was next, from 1969 to 1972.

Dr. Robert Cruse, a native of Granite City, Illinois, attended Southern Illinois University and Illinois State University before graduating from the Kirksville College of Osteopathic Medicine in 1969. He served his internship at Doctors Hospital in Columbus, Ohio and in September, 1970, entered a pediatric residency at Grandview Osteopathic Hospital in Dayton, Ohio. In October, 1971, he moved to the Chicago Osteopathic Hospital where he completed his training September 1 of this year.



Dr. Neal

Dr. Cruse

Professional Mutual Licensed in Texas

Professional Mutual Insurance Company of Kansas City, organized and owned by D.O.s, is now licensed in Texas. Approximately 200 Texas D.O.s have invested in and are insured by Professional Mutual. The company only sells professional liability insurance to D.O.s and Osteopathic Hospitals.

Its retention of liability on each policy is $10,000.00 and it has reinsurance treaties with twenty companies with assets of over fifty million dollars. The reinsurers cover any liability over $10,000.00 under each contract.

Calendar of Events

77th Annual AOA Convention
October 8 — 12
Bal Harbour, (Miami), Florida

International Academy of Preventive Medicine
October 13, 14, 15
Hilton Inn
Detroit, Michigan

District XIII Meeting
October 14

District IX Meeting
October 15

District XII Meeting
October 19

District XIV Meeting
October 19

TOIL Committee Meeting
October 20
Lubbock

Presidential Visit
District X
October 23

TOMA Executive Committee Meeting
October 27

TOMA Board Meeting
October 28, 29

Annual Clinical Assembly of Osteopathic Specialists
October 29 — November 2
Regency Hyatt House
Atlanta, Georgia

District VI Meeting
November 6

Texas Academy of Osteopathy Seminar
November 11, 12 at TCOM
3615 Camp Bowie
Fort Worth

Presidential Visit
District XIII
November 11

District XII Meeting
November 17

District III Meeting
November 18

Presidential Visit
District IV
November 19

District X Meeting
November 20

District II Meeting
November 20

Presidential Visit
District XV
November 21

greener fields?

make•your•move

OPPORTUNITIES FOR OSTEOPATHIC PHYSICIANS IN TEXAS

GROOM—D.O. needed at Osteopathic Clinic in an osteopathically-oriented community. Clinic has 12 examining rooms and a laboratory with certified technician. Staff privileges available at Groom Memorial Hospital, a 32 bed Acute General Facility. Associate can start with guaranteed income, call collect John L. Witt, D.O., 806—248-3221 or Steven J. David, D.O., 806—248-5311.

COMANCHE — Good osteopathic community in central Texas with staff privileges available at Commanche Community Hospital. No busing for your children and plenty of hunting and fishing. Call Dr. Mims collect at 915—356-2012 or 817—336-0549.

PERRYTON—Has a 65-bed hospital, 20,000 population who need two G.P.s. Office available. Will fly down to pick up interested physician to look over the city and its medical facilities. Write or call the TOMA State Office, 512 Bailey, Fort Worth 76107: Phone 817—336-0549.

SPRINGTOWN—Fully equipped clinic for lease. Can expect an annual gross of more than $60,000. Terms to suit. Located 25 miles from Fort Worth. Contact Keith G. Winterowd, D.O. and Associates, Box 215, Springtown, 76082.

WELLINGTON — Affluent farm and ranch community needs a family physician. The peaceful atmosphere of a small town. Staff privileges at Collingworth General Hospital — 22 bed, district owned and JCAH accredited. Write or call collect, Garner H. Altom, Administrator, or C. T. Hubbard, Secretary of the Board, Collingworth General Hospital, 806—447-2521.

NORTH TEXAS — Osteopathic Clinic and minor emergency facility in North Texas Area is available to a D.O. who wants a busy practice in a community by himself but within thirty to forty minutes of the metropolitan area. Building and complete equipment insured for $35,000 and can be bought for the same figure. Complete lab, X-Ray, emergency bed, electrocardiogram and other equipment. Central air and heat. Clay tile building. Successful D.O. wants to retire. Call or write Tex Roberts at 817—336-0549.

SILVERTON—Excellent opportunity in osteopathically minded community for a D.O. who likes to live where there's no smog and you don't lock your doors at night. New clinic under construction. Call John H. Boyd, D.O. at 806—823-4421 or 817—336-0549.

WHITESBORO — Large practice of recently deceased D.O. offers opportunity in north Texas community of 3,000, with new school, completed urban renewal project, no ethnic problems. Clinic has large waiting room, private office, X-Ray, lab, three treatment rooms, modern, experienced employee available, 15 miles to Sherman or Gainesville. Contact Mrs. Dorothy Banfield 214-564-3097 or 564-3076.

MATADOR — Needs general practitioner for trade territory of 5000. Clinic and office facilities completely equipped free for six months to a year. Has 13-bed hospital facility approved for Medicare operated by county hospital district. Nice housing available and financial assistance. Contact James L. Stanley 806—346-2603, Pat Seigler 806—346-2626.

DALLAS—Will build to suit tenant. Leases being accepted in new professional building in north Dallas near Richardson, across from developing $150 million Park Central Complex. Contact Ronald Regis Stegman, D.O., 214—233-9222 or 214—369-2233 or Coit-Central Bldg. Suite 119, 12011 Coit Road, Dallas, Texas 75230.

CLARENDON—Donley County Hospital District needs two physicians to have office space in newly constructed 20—bed hospital and 22—bed nursing home. Will make necessary arrangements to get physicians to Clarendon. Write or call Wes Langham, Adm., P.O. Box 1007, Clarendon, Texas 79226 or call 806-874-3533.

MINEOLA — Dr. C. W. McCorkle is interested in sharing his new, modern and well-equipped Clinic with either a General Practitioner or a General Surgeon. McCorkle Medical & Surgical Clinic was completed in June, 1971, and has the latest equipment in both Laboratory and X-Ray departments. The Clinic is next-door to an open staff thirty-five bed hospital which is approved by both Medicare and Medicaid. Salary or percentage available immediately and partnership to follow within one year. Contact Dr. McCorkle, 715 Mimosa Dr., Mineola; Phone 569-5371.

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

Snifter working again

For upper respiratory allergies and infections including the common cold, Dimetapp Extentabs® effectively relieve the stuffiness, drip and congestion all night and all day long on just one Extentab every 12 hours. For most patients drowsiness or overstimulation is unlikely.

prescribing information appears on next page

Dimetapp® Extentabs

Dimetane® (brompheniramine maleate), 12 mg.; phenylephrine HCl, 15 mg.; phenylpropanolamine HCl, 15 mg.

A·H·ROBINS

A. H. Robins Company
Richmond, Va. 23220

Texas Ticker Tape

DR. GEORGE D. SMITH TO BUILD NEW CLINIC

Dr. George D. Smith, who has been in Hughes Springs since January 1, with offices at 204 North Harrison, has recently purchased a lot in Hughes Springs with the intention to build a clinic measuring about 200 feet by 100 feet. He said the building will probably contain about 3000 feet. Plans call for an emergency room facility, four examination rooms, also a room for surgery and one for X-ray, as well as a laboratory and physiotherapy rooms. Dr. Smith is a native of Fort Worth and graduated from the College of Osteopathic Medicine and Surgery, Des Moines, Iowa.

DR. NORTHUP GUEST SPEAKER

Dr. George W. Northup, author, editor and general practitioner, was a special guest speaker during a September 13 dinner meeting of the Texas College of Osteopathic Medicine basic science faculty.

Dr. Northup, editor of the American Osteopathic Association's publications, discussed the application of osteopathic philosophy in basic science teachings.

Guests at the dinner at the Fort Worth Osteopathic Hospital included members of the basic science division, North Texas State University, Denton.

Dr. Northup, a past president of the AOA, comes from a family of osteopathic physicians, including his son, father, an aunt and a cousin. He is a 1939 graduate of Philadelphia College of Osteopathic Medicine and has been practicing in Livingston, New Jersey, for many years.

As of January 1, 1973, he will be the new Medical Director and Chairman of the Department of Physical Medicine at Mesa General Hospital, Mesa, Arizona. A very distinguished addition to Mesa General and to the osteopathic profession.

DR. FULTS JOINS STAFF AT ROCKWALL OSTEOPATHIC HOSPITAL

Dr. Yandel K. Fults, D.O., is joining the staff at Rockwall Osteopathic Clinic-Hospital, it has been announced by Dr. Sherman Sparks. With this addition to the staff, Dr. Sparks stated that the clinic-hospital will offer 24-hour service to patients, seven days a week.

For the past several years, Dr. Fults has been a physician and surgeon at Fults Medical and Surgical Clinic in Hemphill, Texas.

AUXILIARY PRESIDENT MAKES OFFICIAL VISITS

President of the Auxiliary to TOMA, **Mrs. Bobby G. Smith** of Arlington, plans to make an official visit to each of the 15 Districts this fall.

Her first official visit was to District XV, her home District. She has also visited District VI in Houston and District I in Amarillo.

It's scary being a new kid in a tough neighborhood.

"I don't care if it's a boy or a girl just as long as it is healthy." Every expecting parent says it.

But, what would happen if the little guy were born premature and needed to stay longer in the hospital. What would you do if that new born girl had a collapsed lung and needed a special breathing apparatus. Or needed special care of any kind.

Who would help pay for that extra hospital care?

If you're protected by Blue Cross/Blue Shield. We would. Because we help cover infants from birth.

It's a tough neighborhood you're bringing that new kid into, but with lots of help from your friends, like Blue Cross/Blue Shield, you can turn that tough neighborhood into a friendly, loving, reassuring one.

People helping people. That's Blue Cross/ Blue Shield.

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Blue Cross and Blue Shield of Texas

Letters

Dear Editor:

I look forward to receiving your monthly journal, but must comment on the abbreviated section of Texas Tickertape which, in the August 1972 issue, referred to Tex Roberts being elected to the AOSED Board of Trustees. Mr. Roberts was not only elected to the Board of Trustees, he was elected the first editor, a newly created position, which is a tribute to the esteem in which Mr. Roberts is held by his associates. This new position will develop within AOSED the functions of the now suspended Association of Osteopathic Publications and carries with it the large charge of expanding and improving the quality of osteopathic publications and communications. I know that Texans are known for their modesty, but I could not let this prime example go unchallenged.

Sincerely yours,

J. Jerry Rodos, D.O.

Dear Sir:

We had taken our little 4-year-old to about 19 M.D.s and everyone of them diagnosed a different illness. We were in hysteria for fear that she might have some rare blood disease or something similar as each one of them didn't seem to know what was wrong so we decided to try an osteopath. This doctor took a good look at her and knew right what it was. A shot was given and antibiotics and she was well in 24 hours. We have been using him for 5 years and think he and his associate are wonderful.

My stepfather went to them after several trips to an M.D. and discovery was made that he had a severe case of sugar diabetes and almost near death when he got to them, but they took over and he is doing great.

God bless everyone in the osteopathic field. We tell everyone we see that these men are the only men worthy to be truly called doctors.

Mrs. M. V. McBrayer
501 S. University Dr.
Fort Worth

Dear Tex:

Thank you for the very good job you did in editing my letter — and printing it.

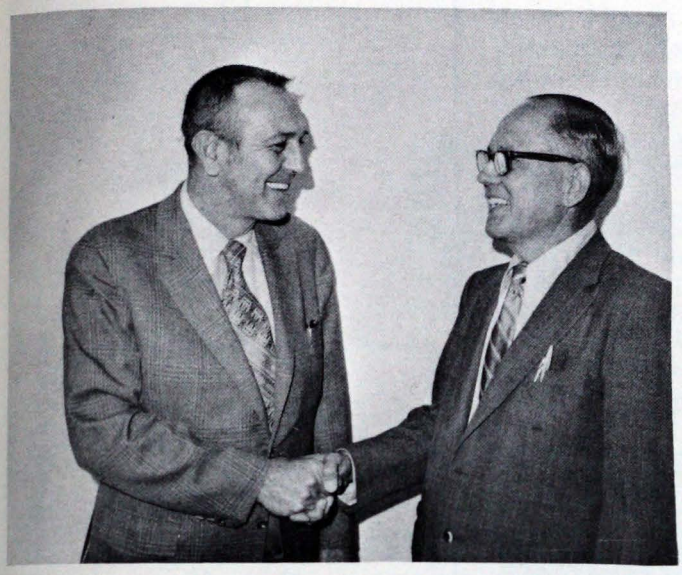
Congratulations on providing another productive and enjoyable state convention.

Everyone seems to be behind trying to "keep up". We are too, so I understand your position.

The Sherman hospital potential doesn't appeal to us at this time. In fact, Medicare, etc., has closed the M.D. hospital here, and now they are using *our* hospital. Isn't that ironic? The new 60-bed *mixed staff* should open here in October or November, 1972.

Max E. Ayer, D.O.

Dr. Falk Joins Mexia Staff



John F. Falk, D.O., a general practitioner from Alvarado, has joined the medical staff of the Mexia State School in Mexia. He is shown in the accompanying picture being congratulated by Dr. Robert G. Haman, President of TOMA, on his decision to serve the 2,5000 residents of the Mexia school.

TOMA has been in contact with Mr. Malcolm Lauderdale, Superintendent of the Mexia State School, regarding the staff physicians and Dr. Falk's decision to join that staff was brought about by his reading in the *TOMA Journal* of the opportunities to serve at this state institution.

Dr. Falk is a 1945 graduate of the Kansas City College of Osteopathic Medicine.

WANT TO GET YOUR MESSAGE ACROSS?

Tips from Legislators on HOW!

1. When visiting, be short and to the point and then get out.
2. Parties are a waste of time.
3. If you want influence with congressmen, help elect people who believe in your philosophy.
4. Work at the grassroots level: constituents are the people congressmen really listen to.
5. Help constituents understand the issues and write about their concern.
6. Form letters that all sound the same are counted and then thrown away.
7. When testifying supply enough copies.
8. If a statement is long, don't read it; submit it as written testimony. Speak briefly and wait for questions.

Campaigners against noise pollution complain that we can't hear ourselves think. Of course, there is that danger that if we all shut up we might discover that nobody is thinking.

Doctor Looks Mighty Good

[Reprinted from NJAOPS Journal, August, 1972]

A Wall Street Journal cartoon shows a doctor's nurse answering the phone with these words: "Yes the doctor will consider a house call —what time can you be at his house."

This was comical to most readers, we are sure. And there is just enough truth in it to put some sting into the words.

This is not only the time of the non-house-calling doctor. It is also the age of the non-service department, the non-worker, the non-student, the non-replacement guarantee, the non-candidate politician, non-musical music, etc. You might have some fun making up your own categories of "non-entities."

How frequently have you heard such annoying statements: "Sorry about your refrigerator. Our service department is so busy this time of year. We will put you down for a week from Tuesday." "We don't deliver in your area. Please call for your order by Monday or there will be a storage charge." "The unconditional guarantee only covers the components, provided you have records of regular service by an authorized, factory trained service department.

"I am not a candidate for any office." "Students should not take exams because exams are a structured measurement of a decadent educational system."

Considered in the light of these days when people and businesses are avoiding work and reducing service, when you find your guarantee is no good, when your insurance policy does not cover your particular problem, when the candidate says he is not running for any office, when the student is not studying but demonstrating, in these days of shirking and and subterfuge the doctor looks mighty good indeed.

We do not know of any family physician who does not make house calls in a real emergency, at any time of day or night.

Still and all, many patients feel that their doctor is available only at his convenience, that he avoids house calls, that he has lost interest in them as individuals. Let us be sure that we are giving fully of ourselves even if we are getting very little service from others. ▲

Youth Volunteers Honored

Pins for 100 hours of service went to 22 youth volunteers, and certificates for more than 25 hours but less than 100 were given to 12. Another 7 who had already received 100 hour pins were given additional certificates.

Presentations were made by T. G. Leach, FWOH Administrator, and Mrs. Faith Mercer, Director of Volunteers. Dr. T. W. Whittle, Chief of Staff, was the speaker of the evening. A punch party, hosted by the guild, followed the presentation.

Forty-five young people received pins when Fort Worth Osteopathic Hospital honored its Youth Volunteers at a presentation and party Tuesday, August 29 in the hospital meeting room.

Karol Kirby was recognized as the volunteer serving the most hours during the summer. Carol had worked 239 hours by the date of the presentation! Mark Magers was presented a bar representing 1000 hours of volunteer service, and Tommy Lambert and Tommy Landham both received 500-hour bar pins. ▲

Osteopathic Medicine Today

New Folder Available

Now available to D.O.s and osteopathic hospitals is a new folder entitled "Osteopathic Medicine Today", designed and written for the patient and family who want to know more about the profession.

The folder is published periodically by the TOMA public relations committee chaired by Dr. Ron Owens.

It gives facts on osteopathic education, licensure of physicians in Texas, principles and concepts of osteopathic medicine, colleges and their locations and other information and a panel of pictures depicting the day in the life of an osteopathic physician.

A postcard to the TOMA State Office will get you a supply and a plastic holder for display at your reception counter — all free if you will keep the folder on display consistently. ▲

DYAZIDE®

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

Trademark

CAN STOP POTASSIUM DEPLETION BEFORE IT STARTS

WITH NO SACRIFICE OF THIAZIDE EFFECTIVENESS

Before prescribing, see complete prescribing information in SK&F literature or *PDR*.

★ **Indications:** Edema associated with congestive heart failure, cirrhosis of the liver, the nephrotic syndrome; steroid-induced and idiopathic edema; edema resistant to other diuretic therapy. Also, mild to moderate hypertension.

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.

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. Rarely, necrotizing vasculitis, paresthesias, icterus, pancreatitis, and xanthopsia have occurred with thiazides alone.

Supplied: Bottles of 100 capsules.

SK&F CO.
Carolina, P.R. 00630
a subsidiary of Smith Kline & French Laboratories

IN EDEMA*—IN HYPERTENSION*

Osteopathic Stamp Issued

Osteopathic medicine celebrates its 75th anniversary this year with an eight cent commemorative stamp issued by the United States Postal Service. The past 75 years have witnessed dynamic growth of the osteopathic profession whose 13,000 members today play a major role in providing for the nation's health needs.

First day ceremonies will be held on October 9 at the Americana Hotel in Miami Beach, Florida, in conjunction with the American Osteopathic Association's annual convention. Delivering the address will be Postmaster General E. T. Klassen. AOA's President, Dr. Vincent Murphy, will preside.

To perpetuate the occasion, commemorative medallions are being struck in bronze and silver. The front of the medal will display the special osteopathic staff of Aesculapius surrounded by symbols depicting the education, philosophy, research, and practice of osteopathic medicine. The back will be inscribed with words from the osteopathic oath taken by graduating D.O.s: "To further the application of basic biologic truths to the healing arts — mindful always of my great responsibility to preserve the health and the life of my patients."

The emblem of the medallion will be embossed on the first day cover as well. This is a collector's envelope bearing the stamp. Those interested in obtaining a first day cover should send a stamped, self-addressed envelope along with their check for $1 per cover, to the Philatelic Department, American Osteopathic Association, 212 East Ohio Street, Chicago, Illinois 60611. ^

The Noise Problem

[Condensed from an address by Mrs. Eleanor Hoefner, President Auxiliary to the AOA]

The problem of noise is not new to our society. It was recognized early, but it has been treated in the proverbial manner. Everyone compalins but does nothing about it.

Have you heard the noises of your home lately? Most people have acclimated to the noises and mentally block them out. However, even if you are blocking them out, there is every likelihood that these noises have been affecting you and your family emotionally.

In the Age of Aquarious, most of us have become aware of our environment's influence upon us. Many of us are crusading for the tune-down of jet noises and street jackhammering, as well as to eliminate pollution of the air and seas. But what about the inside of our own homes where we presumably are in full control? We've ignored this phase of pollution by accepting it as inevitable.

A study to obtain a reading of the noise situation in the home was done by the University of Wisconsin and turned up evidence that noise has reached harmful levels in the home, whether we are aware of it or not. The privacy of our homes is being eroded in the same manner as our natural environments; our homes are being invaded and altered. Slowly and gradually, we have surrounded ourselves with devices which produce more and higher and higher levels of noise. To save energy, we say — or time — or add convenience or, to improve our family's way of life. We are allowing the noises in our homes to increase at the rate of about 5% each year . . starting at an already noisy base.

Designers and manufacturers are aiding in our search for the "better way". Together they are producing a hubbub in our homes and we are allowing them to do it.

The University of Wisconsin researchers note that most of the products in our homes produce noise in the "annoyance" range and many intrude into our lives with loud noises — from 70 decibels up. At the 70 decibel level of noise, our bodies react with unhealthy physical symptoms. Our automatic nervous system srarts activating, our arteries narrow, blood pressure rises, and the supply of blood to our hearts is lessened.

But could your home be dangerously noisy? Yes, many of our conveniences operate above 70 decibels, including a typical exhaust fan, dishwasher, and other products in the kitchen and bathroom. The water running from a faucet into your kitchen sink probably gives off 77 decibels of noise. Your electric blender is operating at about 90 decibels, which is louder than an industrial drilling machine. Listen to the garbage disposal the next time you turn it on. Notice how the telephone or doorbell ring will startle you.

As they say in the ads: You say you are nervous? Have headaches? Stomach aches? No wonder.

New Poison Prevention Act Implemented

Beginning August 14, 1972, pharmacists started dispensing all prescription orders calling for aspirin-containing medications in special child-resistant containers designed so that small children cannot open them, although adults can. The 4,300 drugs subject to abuse — narcotics, stimulants and sedatives — will be the next substances requiring dispensing in such containers, effective October 24, 1972. The Food and Drug Administration has indicated that all prescription drugs taken orally will require child-resistant packaging early in 1973.

FDA statistics show that in 1969 more than 105,000 ingestions of drugs and potentially toxic household products were reported, and shildren under the age of five were involved in 71,563 of these accidents which resulted in 325 deaths. The principal products involved were drugs and medicines, cleaning and polishing agents, cosmetics, pesticides, turpentine and related paint products. The Poison Prevention Packaging Act was enacted to establish special packaging for these products to reduce and hopefully eliminate the needless loss of life.

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION
512 Bailey Avenue
Fort Worth, Texas 76107

Address Correction Requested

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