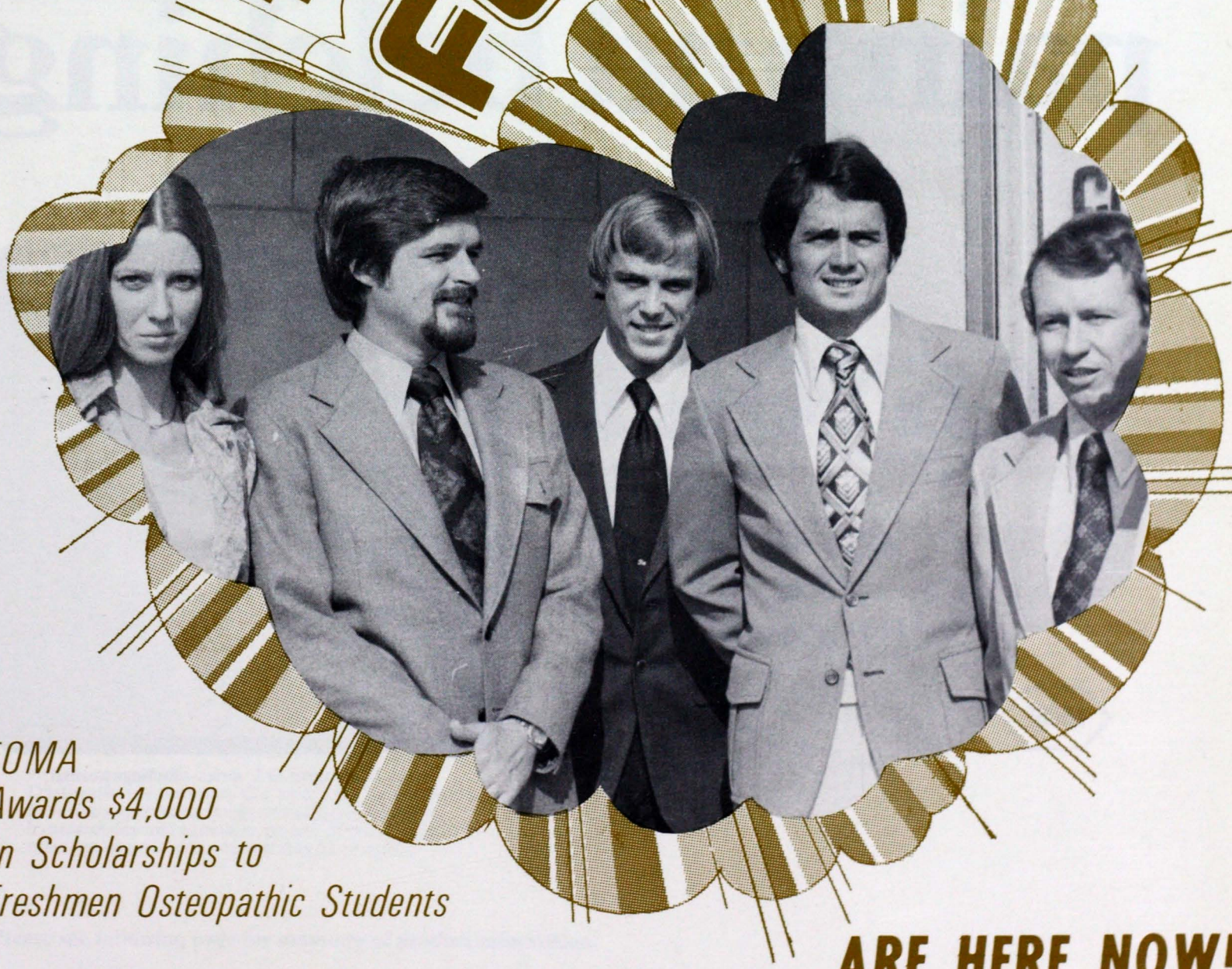
TEXAS OSTEOPATHIC PHYSICIANS

JOURNAL

October 1975

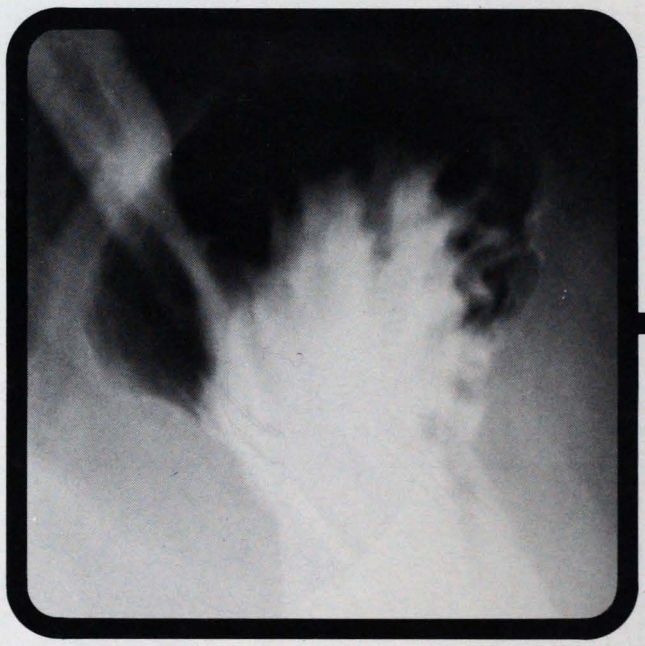
THE D.O.'S OF THE FUTURE



TOMA Awards $4,000 in Scholarships to Freshmen Osteopathic Students

ARE HERE NOW!

Functional upper G.I. disorders may be reflected in episodes of anxiety-linked pain and belching



X-ray from upper G.I. series—findings normal.

ROCHE

For patients with a history of recurrent episodes of functional gastrointestinal symptoms associated with hypersecretion and hypermotility, relief with antacids or anticholinergics alone is often inadequate and temporary in benefit. Consideration of the patient's personality and emotional stresses may offer a useful clue to the *causes* of the recurring symptoms when no organic pathology can be demonstrated. Usually, beneficial results are obtained when both the emotional and somatic factors receive adequate attention.

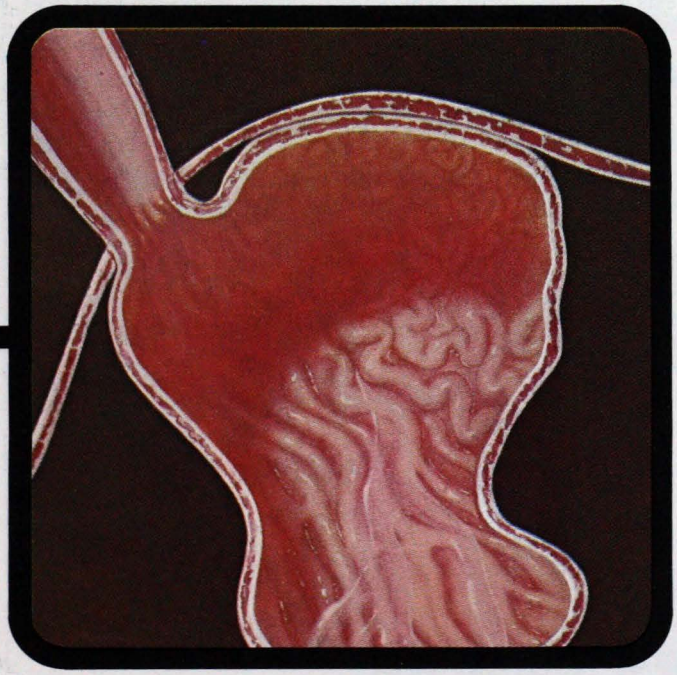
Librax® relieves both excessive anxiety and associated G.I. symptoms

The distinctive Librax formulation has earned steadily increasing physician favor as an adjunct to counseling, dietetic and other measures in total patient management.

□ Only Librax provides the effective antisecretory-antispasmodic action of Quarzan® (clidinium Br) *plus* the well-known antianxiety action of Librium® (chlordiazepoxide HCl)—both exclusive products of Roche research.

□ The action of Librium, which in proper dosage seldom impairs mental acuity or performance, makes Librax a distinctive medication for adjunctive treatment of the most commonly occurring, anxiety-related G.I. disorders. As with all CNS-acting agents, patients should be cautioned against occupations requiring complete mental alertness.

□ And Librax provides dual therapeutic action with the convenience and economy of a *single* capsule—and a flexible dosage schedule: 1 or 2 capsules three or four times daily, before meals and at bedtime.



Artist's conception:
Dysfunction of the upper G.I. tract may be manifested in various distressing symptoms of hypersecretion, hypermotility and excessive anxiety or tension. In such cases, no organic abnormality may be revealed.

Adjunctive

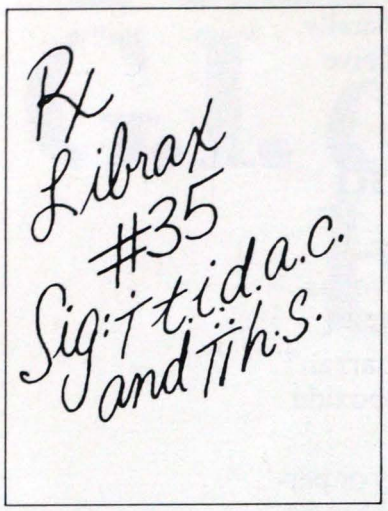
Librax®

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

A distinctive antianxiety-anticholinergic agent

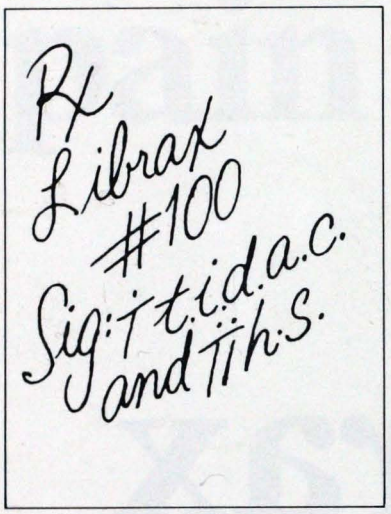
Please see following page for summary of product information.

Initial therapy



The initial prescription allows evaluation of patient response to therapy.

Follow-up therapy



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

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

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

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

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

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

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

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

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

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helps relieve anxiety-linked symptoms of duodenal ulcer

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

CALENDAR OF EVENTS

OCTOBER

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

National Graduate University Cardiovascular Disease Conference
October 22—24
Bethesda, Maryland

NOVEMBER

American Osteopathic Hospital Association
November 1—5
Sunburst Hotel
Scottsdale, Arizona

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

FEBRUARY

TOMA & Texas Department of Health Seminar
February 14 & 15, 1976
Statler Hilton
Dallas

APRIL

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

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Page

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Mr. Tex Roberts, Editor

TOMA Contributes to Osteopathic Medicine

with five scholarship awards

Scholarships totaling $4,000 have been awarded to five TCOM first-year students by the Texas Osteopathic Medical Association.

The $1,000 Phil R. Russell award went to Carla Marian Browning of Keller. The four $750 awards were received by Charles Floyd Beck, David D. Ellis, H. Gerhart Smith and Trygve Olaf Tollefsbol.

The TOMA Committee on Membership Services and Professional Development, chaired by Dr. Robert G. Haman, met by conference call August 18 to choose the five freshman students to receive the scholarships.

This year 25 students made applications for these awards and, as usual, the Committee had a most difficult task in narrowing the number to five. Because all applicants had previously been screened thoroughly by the osteopathic colleges which had accepted them for training as osteopathic physicians, all osteopathic freshman students had to be of the highest caliber.

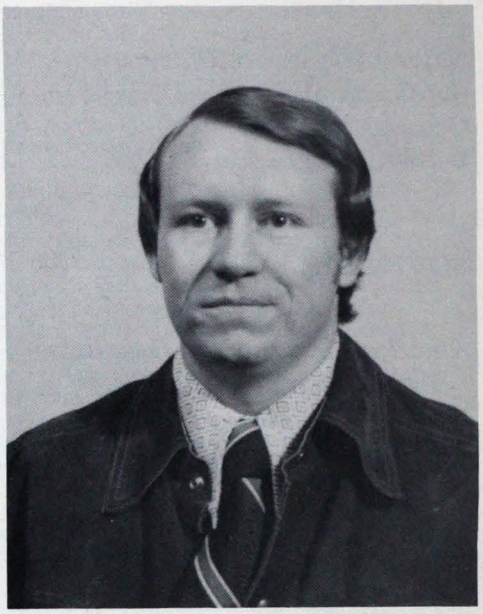
Trying to pick five out of 25 applicants—25 who were very nearly equally qualified, is a monumental task, according to Chairman Haman. Agreeing with him were other members of the Committee; Dr. Floyd O. Hardimon and Dr. Harvey H. Randolph, Jr.

Because most Texans interested in osteopathic medicine apply to TCOM, there were very few applicants for scholarships from other schools. This accounts for the fact that all the 1975-76 awards went to TCOM freshmen, Dr. Haman said.

Miss Browning, 21, holds a B.A. degree in biology, earned at NTSU in 1975. A graduate of Keller High School, she is the daughter of Clide M. Browning of Keller.

The chairman of the Pre-Professional Advisory Committee at NTSU, David R. Redden, writes of S/D Browning, ". . . I have had the opportunity to interview and gather much material concerning this young lady. Scholastically we find her as a superior student. . . Carla has a pleasing personality which will be of value to her as a physician."

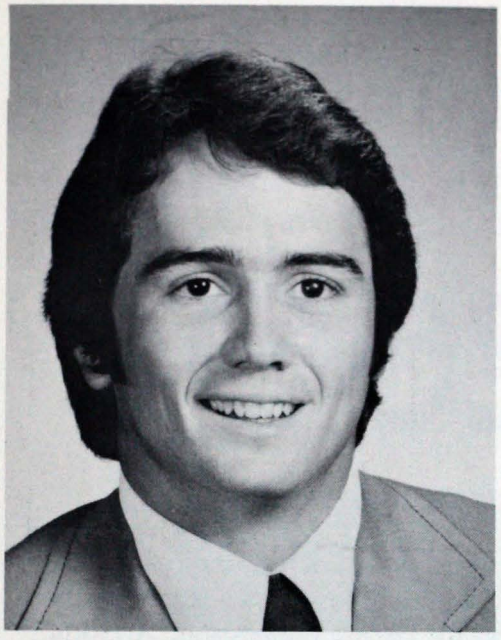
Dr. Richard C. Leech, her D.O. reference, gives her an outstanding rating.



S/D Beck holds both M.S. and B.A. degrees in biology, which he received from NTSU in 1970 and 1974. He is the son of Mr. and Mrs. M. H. Beck of McKinney and a graduate of McKinney High School.

Born in Espanola, New Mexico in 1948, S/D Beck has lived in Texas 14 years.

Dr. Redden says, "This young student has a fine, easy-going type of personality and attracts many friends. If he has any large fault, it would be his willingness to overlook his own needs to assist a friend. My summary opinion is that this applicant is qualified and deserving and should be given careful consideration for a scholarship." Dr. Frank J. Bradley referred him to TCOM.

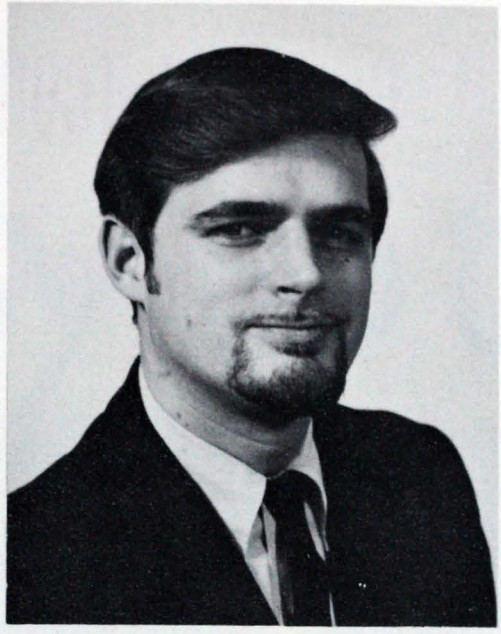


S/D Ellis, 23, is a graduate of Odessa Permian High School and received a B.A. degree in biology from Southern Methodist University in 1974. His D.O. reference was Dr. Frank J. Bradley of Dallas. He is the son of Mr. and Mrs. B. Dale Ellis of West Lafayette, Indiana; however, he has been a resident of Texas for 14 years.

As do all the scholarship winners, S/D Ellis enters TCOM with fine references. His D.O. reference is Dr. James Hill of Duncanville. His professor of biology at SMU wrote on his recommendation, "Mr. Ellis impresses me as being a quite mature individual with a strong motivation for a career in medicine. His motivation and personal industry should contribute to his success in the medical curriculum."

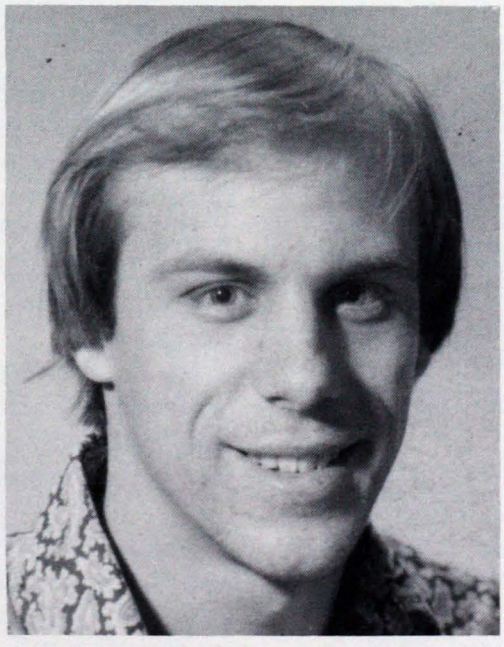
Although a native of Pennsylvania, S/D Smith, 33, has been a Texas resident for six years. His wife, Barbara Jean, is a third-year TCOM student.

Dr. Arthur S. Wiley and Dr. Robert H. Nobles, his D.O. references, rated him excellent in all categories. Dr. David R. Redden writes: "This young man has the poise, determination and maturity to make an outstanding contribution to the field of osteopathic medicine."



S/D Smith received a B.S. degree in physics from Florida State University in 1969. Previously he earned an associate of arts degree in pre-engineering from Miami Dade Junior College.

He is the son of Florence D. Smith of Hollywood, Florida, and holds membership in Phi Theta Kappa, Alpha Kappa, Sigma Pi Sigma and the J.K.G. Silvey Society.



S/D Tollefsbol was born in Cincinnati, Ohio, but has been a Texas resident for 13 years. He is a graduate of Ross Sterling High School in Houston and received a B.S. in biology from the University of Houston in 1974, graduating cum laude from that school.

Recommended to the Committee by Dr. Arthur Wiley and rated as excellent, Dr. Wiley says that S/D Tollefsbol has "investigated the osteopathic concept and I believe he is an outstanding applicant and should be considered a credit to the profession."

Robert T. Kaman, Ph.D., one of his scholastic references says, "Trygve is an outstanding individual who will become a superior physician. He is, in my opinion, a special person whose future will be filled with success. I endorse any effort to facilitate his medical education."

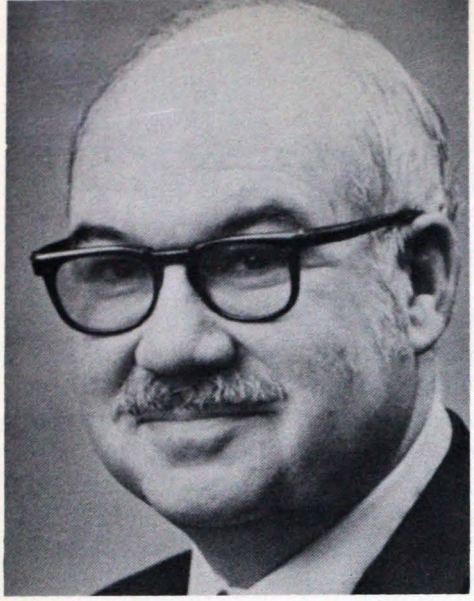
The son of Mr. and Mrs. A. E. Tollefsbol of Houston, he is 23 and single.

TOMA makes every effort to keep up with all Texas students in osteopathic colleges and invites each of them to join the Association as student members.

As soon as they begin their osteopathic training, they are put on the mailing list to receive the *Texas Osteopathic Physicians Journal*, as well as any other mailings that would be of interest to them.

In this manner, they become familiar with the Association, are kept up to date on what is going on in the profession in Texas, and hopefully will return here to practice at the conclusion of their training.

TCOM reports that the 72 freshman students entering this fall were chosen after 400 personal interviews with applicants for the class of '79. Although many more than the 72 would no doubt become excellent osteopathic physicians, at this time facilities preclude a larger freshman class.



Ralph L. Willard, D.O., Appointed TCOM Dean by NTSU Board of Regents

Dr. Ralph L. Willard, associate dean of the Michigan State University College of Osteopathic Medicine, will become dean of the Texas College of Osteopathic Medicine in Fort Worth by December 1.

The appointment was approved August 30 by the North Texas State University Board of Regents at its first meeting as the TCOM governing board.

Operating as a private medical school since 1970, TCOM received full state support from the Texas Legislature during the last session and is now under the direction of the NTSU Board of Regents and President C. C. Nolen.

Dr. Gustave Ferré, vice president for medical affairs, ad interim, at TCOM, said that the Fort Worth school is fortunate to have a physician-educator of Dr. Willard's caliber to guide the academic programs during TCOM's first year as a state medical school.

Dr. Ferré, academic vice president at NTSU since 1971, is on leave from the NTSU administration to assist with TCOM's transition from a private to a public medical school.

In accepting the appointment, Dr. Willard said he was "very excited at the opportunity to participate in the growing educational programs of TCOM and NTSU."

The new TCOM dean attended Cornell College and Coe College in his native state of Iowa and received the doctor of osteopathy degree from Kirksville College of Osteopathy and Surgery.

Before joining the staff of the Michigan State University osteopathic medical school, Dr. Willard was vice president for academic and health affairs, dean of the college and director of the Health Center at Kirksville.

He left the Missouri college in January 1974 to become assistant dean for clinical affairs at the MSU College of Osteopathic Medicine, the only other medical school of its type besides TCOM affiliated with a major state institution.

Dr. Willard, who became associate dean at MSU in November 1974, is licensed to practice osteopathic medicine and Surgery in Texas, Oklahoma, Arizona, California, Missouri, Iowa and Michigan.

After serving his residency at the Kirksville Osteopathic Hospital in the mid-1950s, Dr. Willard was on the staff of the Davenport (Iowa) Osteopathic Hospital from 1957-68.

In the American Osteopathic Association, he is currently serving as a member of the committee on colleges and is a past member of the Advisory Board of Osteopathic Specialists, National Board of Examiners for Osteopathic Physicians and Surgeons, Inc. and past representative of the House of Delegates. From 1970-73 he was chairman of the Council of Deans of the American Association of Colleges of Osteopathic Medicine.

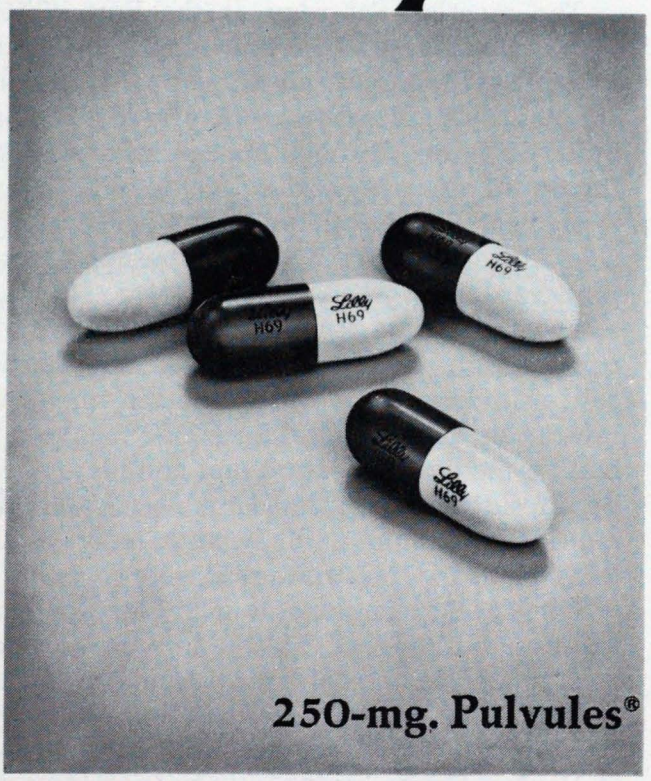
From 1970-74 Dr. Willard served as a consultant for the U.S. Department of Health, Education and Welfare's Bureau of Health Manpower Education and was a member of the National Advisory Council for Education for the Health Professions in 1971-72.

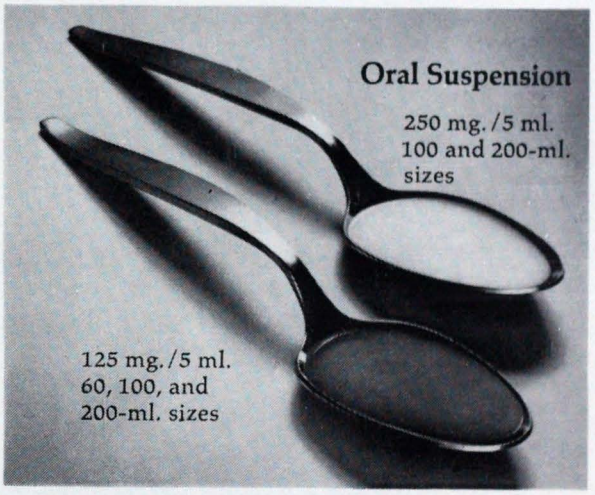
Dr. Willard, who has been commissioned a colonel in the Air Force Reserve, was a bomber pilot in World War II and also served a 14-month combat tour in Korea.

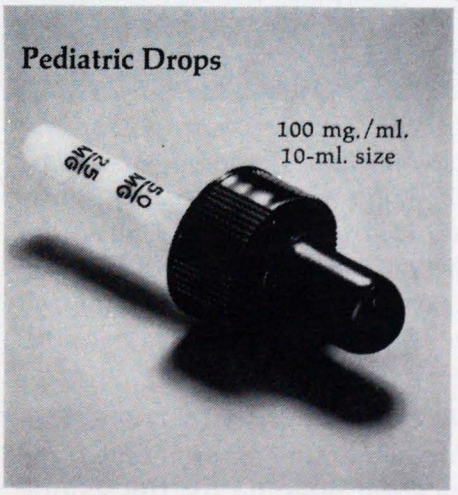
He is married to Dr. Margaret Dennis Willard, professor of community medicine at Michigan State University who received her master's degree at NTSU and her doctorate in education at the University of Tulsa.

Active in civic affairs, Dr. Willard has served in past years as a director of the Missouri Pilots Association and as a member of the Kirksville Chamber of Commerce, the Okemos (Michigan) Rotary Club, York Rite and Scottish Rite Masonry and the Shrine and is a designated senior aviation medical examiner, Federal Aeronatics Administration.

easy to take







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TCOM Transfers Property Deeds and Titles to NTSU in Formal Ceremonies

Dr. George J. Luibel, left, former chairman of the Texas College of Osteopathic Medicine Board of Directors presents A. M. Willis, chairman of the North Texas State University Board of Regents with the titles and deeds of the osteopathic medical school. The transfer of deeds ceremony was held outside the TCOM Camp Bowie Central Clinic August 30.

A $6.6 million budget was adopted for Texas College of Osteopathic Medicine and an architect hired for a new medical education building for the school, in action August 30 by the North Texas State University Board of Regents.

Ceremonies earlier in the day on the TCOM campus in Fort Worth included the presentation of deeds and titles of all TCOM property to the State of Texas through the NTSU Board of Regents, now the governing body for the medical school.

On May 22, Governor Dolph Briscoe signed into law legislation making TCOM a fully state supported medical school under the management of the NTSU Board of Regents and NTSU President C. C. Nolen.

The meeting Saturday at the Fort Worth Osteopathic Hospital was the first for the NTSU Board of Regents as the TCOM governing board, and the budget adopted by the Regents marks the first funded by the State of Texas, through appropriations approved by the 64th Legislature earlier this summer.

Medical Education Building 1 will be constructed near the existing TCOM facilities on Camp Bowie Boulevard in Fort Worth.

The Legislature appropriated $8 million for TCOM construction, and the medical school also is on the active funding list of the U.S. Department of Health, Education and Welfare for a $4.8 million grant to build a medical education and ambulatory care facility. President Nolen said that construction on the new multi-story building will begin as soon as the architects' plans for the structure are approved by HEW.

The TCOM campus now includes a general administration building at 3516 Camp Bowie Boulevard, and an office and laboratory facility at 3120 West Seventh, plus two outpatient clinics in Fort Worth. In addition, TCOM uses facilities on the NTSU campus in Denton for its basic health science program, which involves first- and second-year medical students.

Chief administrative officers designated by the Regents for TCOM are Dr. C. C. Nolen, president; Dr. Gustave A. Ferré, vice president for medical affairs; Marion E. Coy, D.O., founding president and consultant to the president; and John L. Carter, Jr., vice president for fiscal affairs and treasurer.

Dr. Coy served as president of the private medical school from January 1973 until the school became a state institution this summer. Mr. Carter holds the same administrative posts at NTSU for which he was appointed at TCOM, and Dr. Ferré is on leave as vice president for academic affairs at NTSU to serve the medical school during its transition from a private to a public institution.

Also approved Saturday by the Regents was the appointment of TCOM's first dean, Ralph L. Willard, D.O., now associate dean of the Michigan State Uni-

versity College of Osteopathic Medicine. He will join TCOM by December 1.

In other action, the Regents authorized:

* The creation of an Advisory Council of Texas College of Osteopathic Medicine, which will be composed of from 12 to 24 persons selected to represent a variety of interests and expertise of special interest to TCOM. Members will be nominated by President Nolen, with appointments to be confirmed by the NTSU Board of Regents.
* Selection of Hobby McCall as the TCOM bond attorney and the First National Bank of Dallas as fiscal agent.
* The fee register for the 1975-76 fiscal year, with tuition for Texas residents at $400 each academic year, $1,200 for out of state students and $800 for foreign students.

In the Saturday morning ceremonies, Dr. George Luibel, founder of TCOM and chairman of its board of directors, presented the deeds and titles to the college property to A. M. Willis, Jr. of Longview, chairman of the NTSU Board of Regents.

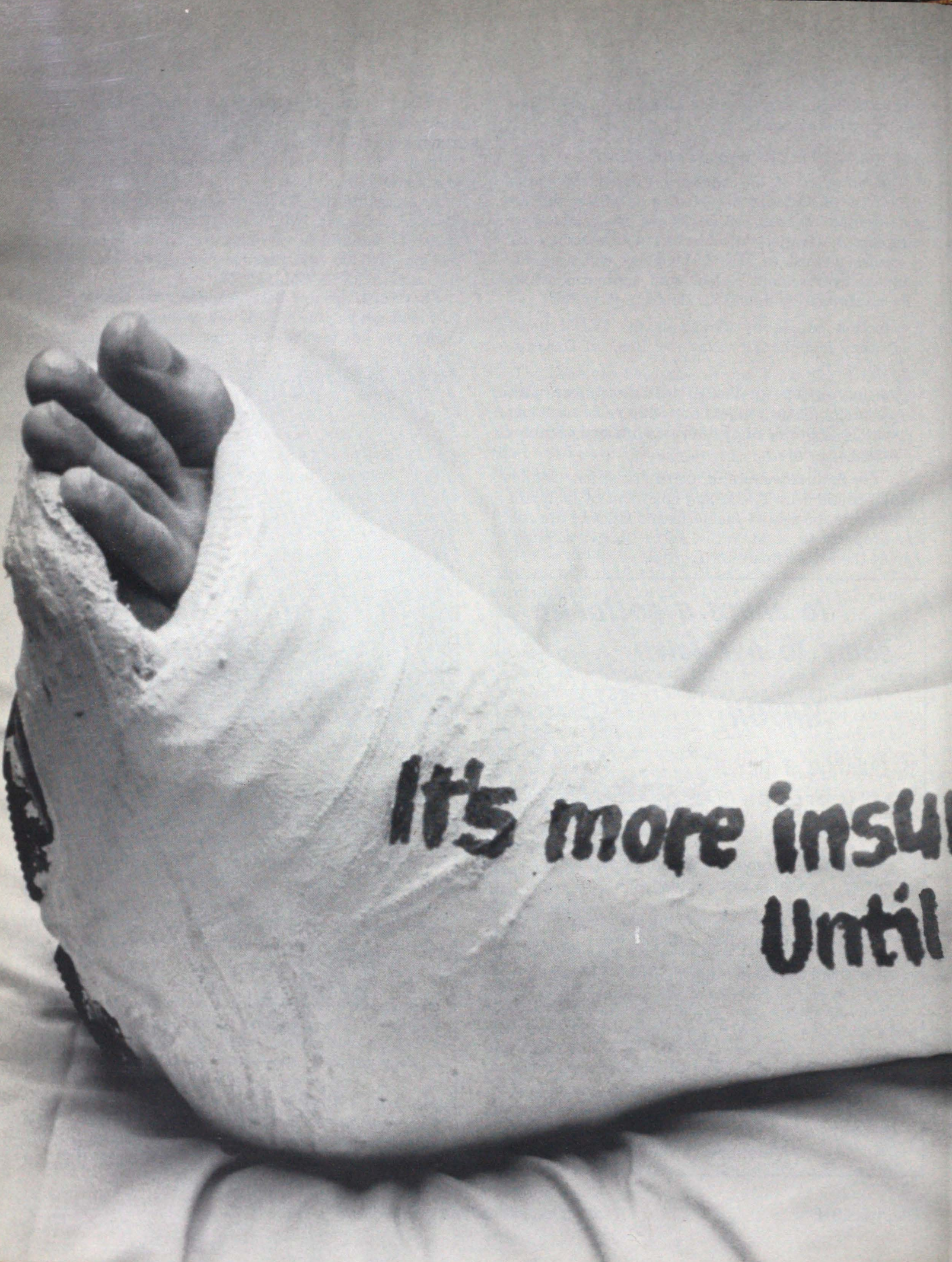
"This is like giving away your first daughter in marriage to a groom you approve of," Dr. Luibel said in handing over the deeds. He noted that "we started with nothing and now we have over $2.5 million in assets and 234 students."

In accepting the TCOM property on behalf of the State of Texas, Mr. Willis said, "The Board of Regents is deeply mindful of its obligation to manage, direct and provide the best possible medical education for the students of TCOM."

Fort Worth Senator Betty Anjujar, who introduced into and guided the TCOM bill through the Senate during the last session, told the crowd gathered for the outdoor ceremony that she pledged her "support and pride in this institution."

And State Representative Gibson Lewis of Fort Worth, who sponsored the bill in the House, said Saturday, "I feel this institution will be great for Fort Worth and Texas."

Also offering support to the new state medical school on behalf of their respective constituencies were Dr. David Ray of Snyder, president of the TCOM Alumni Association, and Steve Farmer of Lubbock, TCOM student body president.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"RESOLUTION"

WHEREAS:

G. Garland Porter, D.O., has declined to be a candidate for reappointment to the Texas State Board of Medical Examiners, we, the remaining Members thereof, wish to express our appreciation for his long and distinguished service to the people of Texas through his membership on this Board.

Dr. Porter was first appointed to the Board on January 19, 1958, and served continuously as a Board Member until May 20, 1975. He served as Vice President of the Board from April 27, 1968 until November 3, 1973.

Dr. Porter has entered into the deliberations of this Board with mature wisdom and understanding of its many problems. His opinions have been sought and respected by his fellow members. It is with regret that his fellow Board Members terminate their association with him which has been both rewarding and pleasant.

NOW BE IT RESOLVED

That this Resolution be spread upon the Minutes of this Board, and that copies thereof be sent to Doctor and Mrs. Porter; to the Central Office of the Texas Osteopathic Medical Association, and to the Central Office of the American Osteopathic Association, and the Lubbock Avalanche-Journal.

Board Rules Doctor Clinic Ties Could Cost License

At the suggestion of TOMA Ethics Chairman, Dr. James Lively, the following Associated Press story of August 27 is reprinted herewith in its entirety—Ed.

A physician's connection with a weight control clinic could cost him his license, the Texas State Board of Medical Examiners has warned.

The Board, which has jurisdiction over licensing of both doctors of medicine and of osteopathy, made its unanimous decision August 26 after a June 10 hearing on the operation of weight clinics and claims made by some of them, particularly in the use of a drug known as Human-Chronic-Gonadotrophic (HCG) for "instant" weight loss. The hearing involved about 25 physicians.

The Board's notice also called attention to the fact that Attorney General John Hill recently obtained an injunction against owners of the Medical Slenderizing Clinics at Houston, with a $2,500 civil penalty attached.

The unanimous report Tuesday said that the Board "is of the opinion that the drug HCG has little or no therapeutic value in aiding an obese person to lose weight. . ."

"Don't Fence Me In!"

by Ed Borman, Executive Director
Missouri Association of Osteopathic
Physicians and Surgeons

Have you had that "fenced in" feeling lately, Doctor? There's no need to answer since, ever increasingly, the answer is evident.

The entire health delivery community is being "fenced in."

Slowly, but ever so cleverly, the federal government and non-elected bureaucrats are erecting the building blocks of national socialized medicine around health delivery.

Look around! You'll see that Health Manpower legislation will rapidly control production of new physicians and, perhaps, even the specialty they may enter. Professional Standards Review is not far from being operative at hospitals and may be extended to office practice. The maximum allowable cost program will be implemented in some form within the next year. Medication review of inpatients may be included. The National Health Resources and Development Act of 1974 will control funding, construction, and reimbursement under federal programs for all health facilities as soon as politicians decide as to Health Service Areas and Agencies. Social Security has completely discarded the pretense of paying usual, customary and reasonable physician fees. Increased controls of private laboratories, medical malpractice coverage, and physician licensure have been proposed.

A recent article by the New York Times *editorialized "The Federal Register with its daily avalanche of new rules and regulations is the highest authority in American Medicine, instructing physicians increasingly as to when they may treat, how long they may keep patients in hospitals, what drugs they may prescribe, and what fees they may charge. The historic autonomy of the medical profession is fast disappearing; and as controls proliferate so does anger among many physicians. . ."*

The public, as usual, is unaware generally of the existence of these restrictions and controls. But of more importance, the public is unaware that a significant amount of tax dollars are being spent for the maintenance of bureaucratic staffs to administer the maze of regulations already in place, and those published daily.

Under the guise of social necessity, the application of the majority of these "building blocks for National Socialized Medicine" actually increase the cost of providing and delivering health care to the patient, as well as tax monies referred to above. There is some question also as to whether quality of care will be favorably affected.

You have been "fenced in," Doctor, whether or not a formal designation is given to the enclosure.

[Italics are the editors']
[Reprinted from "Cooperation"*]*

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

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

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

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

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

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

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

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

SK&F Co., Carolina, P.R. 00630
Subsidiary of SmithKline Corporation

KEEP THE HYPERTENSIVE* PATIENT ON THERAPY KEEP THERAPY SIMPLE WITH

Trademark
DYAZIDE®

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

Neither inconvenient potassium supplements nor special K^+ rich diets needed as a rule.

Just 'Dyazide' once or twice daily for maintenance.

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

HYDROCHLOROTHIAZIDE TO HELP KEEP BLOOD PRESSURE DOWN AND TRIAMTERENE TO HELP KEEP POTASSIUM LEVELS UP

We're doing something

DISTRICT XIII

by R. D. Van Schoick, D.O.

We had four representatives at the postgraduate seminar at the Inn of the Six Flags in August sponsored by the Texas Society of the American College of General Practitioners.

* * *

At our first District meeting in Commerce September 13, at the University Inn, we had seven members and their wives. The program was provided by the U.S. Vitamin Corporation with a 45-minute film on depression. Phil Dopson and Keith Hembree were company representatives.

* * *

Your reporter attended the annual convention of the Arizona-Nevada societies. The meeting was well attended and very thought-provoking on malpractice and experiences of many college team physicians: also Dr. Weed's discussion on practice management. Dr. Weed is on the faculty of the University of Vermont School of Medicine.

* * *

No new babies, marriages to report; medicare is still the topic of much discussion.

* * *

Dr. Roy Mathews spent his vacation at Bear Lake in Canada at a postgraduate course and fishing while the rest of us poor slobs labored. He took his father with him. . .Sounds like a nice time.

* * *

Dr. Ken White and wife vacationed in the Bahamas.

* * *

Dr. Pat Martin has recently been appointed team physician for East Texas State University football team.

* * *

We are pleased that TCOM has been funded by the State of Texas and that big plans are in the offing.

* * *

The Fannin County Chapter of the American Heart Association had a blood pressure clinic in the Leonard National Bank September 13. Your reporter made the arrangements. One hundred and five people were examined from 9—12 a.m. Nurses were provided by Fannin County Hospital in Bonham. ^

DISTRICT XV

by: Eric Concors, D.O.

The metroplex district with it's loyal supporting satellite members has just had their fall roundup. On September 6, the gracious hosts, Dr. & Mrs. Jess Hall of White Settlement, had a Bar-B-Que at their ranch for our "District Meeting at the D.O. Corral."

* * *

Since Dr. Gerald Dickman has matriculated to the University of Oklahoma Medical Center, Oklahoma City, for a residency in Pediatric Infectious Diseases, this leaves a vacancy for the post of Vice President for District XV. Being one of the first orders of business a committee will meet to appoint a new VEEP—Good Luck, Gerald!

* * *

Other interesting endeavors in the "XV" area include: a forum presentation at the August Staff (mixed) meeting at the Hurst-Euless-Bedford Hospital on Osteopathy. Panel Chairman was Dr. James Linton with other members of the panel consisting of Drs. T. T. McGrath, Bobby Smith and Wayne English.

* * *

Received a postcard this summer from Dr. Samuel Treffiletti. "Treff" spent several weeks in Europe at the University of Vienna engrossed in a urology seminar-preceptorship.

* * *

Hurst General has been purchased by AID, a Pennsylvania based hospital corporation. Wasting no time whatever, Mr. Walter Dolbee, Administrator at Hurst has unleashed a proposed one million dollar expansion program for the hospital.

* * *

A final note, Dr. T. T. McGrath, acting as the positive catalyst he is, has brought to the new Grand Prairie Community Hospital an orthopedic residency, an addition to the hospital's present general surgery residency. As of July the Grand Prairie facility has four new interns. ^

ATOMA News

DISTRICT I

by Mrs. John L. Witt

The August meeting of District I was held at Travelodge West in Amarillo. After the luncheon the group was entertained by a quartet of young people singing gospel songs. The tenor singer was Jay Witt, 16-year-old son of the John L. Witts of Groom. Jay, 6'3" and weighing 250 pounds, was on the all district honorable mention football offensive and defensive teams last year as a sophomore.

* * *

Dr. Gerard Nash gave an excellent program on the use of x-ray in diagnosing gall bladder disease.

* * *

Dr. and Mrs. Earle Mann celebrated their 50th wedding anniversary in August. All of their friends offer warmest congratulations.

* * *

The Paul Prices of Dumas enjoyed a week in Colorado recently. They reported that the streams were full and the mountains beautiful.

* * *

Helen Witt attended the National Convention of Poetry Societies on the SMU campus in Dallas in June as a representative of the High Plains Poetry Society, of which she is president.

* * *

The Don Hackleys of Spearman entertained two Vietnamese doctors and their families in their home recently. The doctors are being sponsored by the town of Gruver and are studying for a test to get a special license to practice. The Hackleys' children are about the same age as the Vietnamese and all especially enjoyed visiting together.

* * *

Friends of Ruby Vick will be interested to know that she is recovering nicely from a broken hip she suffered in a fall. Last year she had surgery on her other hip.

* * *

Dr. and Mrs. Lee Cradit returned recently from a 40-day vacation trip. First stop was Des Moines where Margaret's mother celebrated her 96th birthday. Then they visited their daughter and family in California, drove to Canada and took a cruise on the "Sun Princess" ship to all the important ports in Alaska. Later they visited in Washington and Oregon and returned home to entertain grandchildren and great grandchildren.

* * *

John L. and Helen Witt vacationed at their ranch in Colorado with all their children; Jay of Groom, Lynell and family of Amarillo, and Dr. Dan and his family of Kansas City, plus other friends and relatives. The men made their annual trip 11 miles on horseback to a beautiful lake on top of a mountain. ^

DISTRICT II

by Mrs. Hugo Ranelle

Before leaving Fort Worth for Detroit, for a three-year residency, Bill Jordan's wife Becky presented him with a much desired baby girl.

Proud new parents of a girl, born to Erma and Gary Earp.

Judy and Joel Alter are also proud parents of a baby girl.

Breaking the girl trend are Judy and Bryce Beyer, a big baby boy.

* * *

Congratulations to Sally Conrad, a Fort Worth Belle, who snatched our most eligible local bachelor, engaged in July with a wedding in the near future. Dr. Dave Beyer and Sally make a beautiful couple.

* * *

So very good to see our good friend Dr. Clifford Dickey up and around after surgery. He is taking a much needed rest while recuperating.

* * *

Russ and Connie Jenkins are enjoying their new back yard swimming pool.

* * *

Bouquets to a special lady in our district who, for years, has picked up a group of teenagers from the Edna Gladney Home to take to Sunday Mass and lunch — Dr. Catherine Carlton — Thank you. ^

ATOMA News

DISTRICT VI
by Mrs. Jerry W. Smith

Mrs. Francis Wheeler (Marie), our State President, was our guest speaker at the membership luncheon at La Pavillion Restaurant, Houston, on September 19th.

* * *

Dr. and Mrs. Paul B. Miller (radiologist) are new members of our district and reside in Galveston.

* * *

The 77th Annual Convention of ATOMA will be in Galveston April 8—10. The meetings will be at the Moody Civic Center. Mrs. Gilbert Rogers and Mrs. Paul Miller will be the local co-chairwomen helping to make this a great state convention. Both ladies are members who make their home in that city.

* * *

Dr. and Mrs. Mitchell Porias recently moved to the greater Houston area from Kirksville, Missouri, where Mitch completed his residency in Opthalmology. They live in the northwest part of Houston in the Huntwick addition.

* * *

Dr. and Mrs. L. D. Bricker are postcarding from Paris, France.

* * *

Dr. Richard Wiltse, anesthesiologist, and his wife, Bea, have returned from a trip to Helsinki, Finland. They attended the 12th Congress of Anesthesiology. Interesting side trips included a trip by bus to the Arctic Circle (Lapland) and a visit to the cities of Moscow and Lenngrad, Russia.

* * *

Dates to remember:

October 6th—District VI Men's Meeting.

October 10-12—Auxiliary Osteo-Owl-Art Show—Pearland. ^

K.C. College Receives Clinical Cancer Education Grant

The Department of Health Education and Welfare-Public Health Service recently announced the award to the Kansas City College of Osteopathic Medicine of a five-year grant. $144,090 is allocated for fiscal year 1975-76. Additional funding through 1980 may reach in excess of $1 million.

The grant was awarded to further the continuation of the college's rural preceptorship training program in family medicine. This program was initiated by the college under the director of Raymond M. Stevens, Ph.D., Dean for Continuing Education.

The objective of the rural training program is to enable fourth-year students of osteopathy to pursue a three month education program in family medicine under the supervision of a physician located in a rural, medically deprived area where the physician-population ratio averages 1/1400. The program subjects the student to a practical understanding of the function of a family physician in day-to-day situations, while at the same time providing a viable connection with college-based educational programs.

The additional four-year annually renewable federal support will enable KCCOM to continue to financially assist students who must relocate in order to live and work in rural areas. Of the present 129-member fourth-year student body, 92 are enrolled in the training program. KCCOM projects that all fourth-year students shall participate in the program during the 1977-78 academic year.

Areas affected by the training program include in Missouri: Cameron, Blue Springs, Clinton, Warsaw, Lake Ozark, Laurie, Farmington and Stella; in Kansas: Augusta, Burlington, Galena, Wellington and Lakin; in Oklahoma: Enid. ^

Open Letter to the Editor

Dear Tex:

Congratulations to you and your staff for the good work you have done for TOMA. One of the most interesting and outstanding achievements has been your work in compiling the Membership Directory with its wealth of material essential to each of us. This document might be referred to as the Encyclopedia of the Osteopathic Profession in Texas with its extensive references, the Constitution and Bylaws, Code of Ethics, osteopathic medical schools, TCOM students, and other interesting information. I have referred to this directory many times in recent years, especially since the development of District XV.

After reviewing the directory I compiled some statistics that are most interesting, and I would like to share them with you. In 1974 we had 564 regular members, of which 103 were sustaining members. Reviewing the workload of these Districts indicates that the most popular is District XI with 16 members. From District XI comes our President, the Chairman of Public Affairs, one of the 12 Trustees, a member of the State Board of Medical Examiners, a member of the State Board of Health, and the Chairman of Interprofessional Relations.

District V has provided us with three members of the Board of Trustees, one-fourth of the total Board (*), the vice speaker of the House of Delegates, the Chairman of the Membership Services and Professional Development, Liaison to the Auxiliary, Chairman of the Liaison group, and Chairman of Acupuncture.

(*) The opinion of the Executive Committee of District XV is that since the "powers to be" would not endorse their nominee who was supported unanimously by our delegation, and since District V nominated one of our members and endorsed his election which was not the choice of District XV, the Trustee in question does not represent District XV.

District VIII with 36 members provides this organization with a Speaker of the House of Delegates, a member of the Board of Trustees, Liaison to the AOA District II provides us with the Vice President and two members of the Board of Trustees. From District VI we have the President-elect and one Trustee. Districts III, VII, X and XII carry their responsibility.

Now comes the shocking statement of fact. Districts I, IV, XIII, XIV, XV, and XVI have no representation on the Board of Trustees, no officers of the House of Delegates nor the Executive Committee. The number of members in these unrepresented Districts, according to my count, in 1974 was 139 members, and will swell to at least 180 or better in 1975.

After studying these statistics it is very obvious that we need some revision of the "system". It is unfair that many good, conscientious men never get the opportunity to represent their profession. I sincerely feel that unless this situation is corrected, we will see a further breakdown of our profession in Texas.

Therefore, it is my hope that you will publish this letter in the *Journal* in order to stimulate some action by the people in control of our political structure, and in the hope that some serious thought will be given to revising the means of representation. One thought that seems fair to me would be that no District would have any more than one Trustee. Another would be that the Board of Trustees be enlarged to have one Trustee from each District. I am sure many other good ideas could be brought up that would make our organization more democratic, stronger, and more effective in fighting for the survival of organized osteopathic medicine.

Sincerely,

T. T. McGrath, D.O., F.A.C.O.S.

A NEW U.S. PATENTED NASAL & THROAT IRRIGATOR

At last an answer to all those sinus problems has been made available, the nasal irrigator tip which is designed to attach to a water pik dental device. The attachment has a rubber nasal tip at the short end and a finger grasp at the long end. The opening is widened at the nasal end to supply an exact pressure of 5 pounds per square inch (psi) when the instrument is set at its lowest pressure. A fulcrum effect is achieved so that the heavy rubber nasal tip will fall away from the nose if the nasal passage is blocked.

Previous methods of nasal irrigation included the use of a syphon and an irrigation bottle. The instrument described here has the following advantages: (1) Exact pressure can be obtained each time by a dial setting. (2) It is aesthetically acceptable to patients. (3) It is faster and less expensive to use than other methods. (4) A pulsating stream assures better removal of crusts and pus. (5) Pulsation improves the suction effect to the sinus.

The device is simple and fast to use. Place 4 to 5 ml (1 teaspoon) of sodium chloride in the water reservoir, and add 800 cc of warm water. (Fill to top of Water Pik basin) Set the machine at the lowest pressure. Place the rubber end into the right nostril, extend the head over the sink, hold the irrigator tip in the right hand at the finger guard, and turn on the motor. Now warm saline solution will enter the right nostril and exit from the left nostril. Then reverse the procedure for the other nostri.

Because the device is so inexpensive ($25.00, includes Water Pik and one nasal tip), the physician can have one in each treatment room. Many patients already own a water pik dental device, and the physician may wish to have the patient use the nasal irrigator at home to obtain maximum results.

In more than 2,000 cases where this method was followed, less than 2% of the patients have complained of burning, excess pressure, or irritation from use of the instrument. Another advantage is that children will use it. Many children are already familiar with the dental irrigating device for cleaning teeth. 5-year-old patients use this instrument, and several 3-year-olds have used the irrigating device both in the office and at home with no difficulty. Some 200 children, aged 3 to 10, were treated this way where otherwise they would have required displacement therapy or spot suction treatment.

Of 32 patients who had atrophic rhinitis with partial anosmia, 22 have reported partial return of their sense of smell. In stubborn cases of otitis media and in serous otitis, daily irrigation has been useful. In cases of severs rhinitis medicamentosus, a rapid return of nasal mucosa to a normal condition has been noted. Chronic sinusitis has responded well to simple daily irrigation. Usually the symptoms of postnasal drip are cleared up in two weeks, and the patient may then stop treatment. Seventy-six scuba divers with minimal rhinitis could not clear their ears or sinuses at a 15-foot depth. By using this nasal irrigation device, the majority are now able to dive and clear their ears.

Why does pulsating irrigation work in some cases of partial anosmia? Is it the cleansing of the nose? Does the pulsation restore circulation to the olfactory region? Is normal ciliary activity encouraged? Or is it simply the effect of the heat brought to the area? So far, each doctor who has used this instrument with success has advanced a different theory.

Because of the immediate relief — especially the clear breathing — which the patient experiences. I would recommend the use of the nasal irrigator tip with a warm pulsating stream of saline solution where there is heavy mucopurulent material in the nose and sinuses. Key Words: Instrumentation; nasal irrigation; water pik.

These nasal tips are available from:

Hydro Tech Co., P.O. Box 302
Archbold, Ohio 43502

A new instrument to be used for mechanical throat irrigation. There are numerous instances in which throat irrigation is desirable and effective. These include: simple sore throat, tonsillitis with cryptic exudation, quinsy, postpharyngeal lymphoid hyperplasia, tonsillo-pharyngitis acting as a source of infection to the family, and tonsillo-pharyngeal infections resistant to antibiotics. Previous methods of throat irrigation included syringe and enema bag. With the syringe, the disadvantages are, difficulty getting the exact spot, limited amount of solution, and ineffective cleansing. The disadvantages of the enema bag are, gagging, anesthetically unpleasing, and not knowing where to put the bag.

The mechanical device consists of a Water Pik or similar intermittent positive pressure dental device supplying a stream of water at a maximum of 85 pounds per square inch (psi) at 1,200 pulsations per minute. The throat irrigator attachment consists of a 11.5 cm long tip that carries two concave plates. The tip is angled at 105° and is about 1.5 mm in diameter. The concave plates are curved so that the lower one fits snugly on the crest of the tongue and the upper one may serve for a finger rest. This provides a steadying platform for the tip and directs the stream towards the tonsil and lateral pharyngeal region. After the patient fills the basin with warm water, he stands over the sink, and directs the flow of water at a comfortable pressure against the sore side of the throat. The water enters, washes the tonsil on that side, flows around the back of the throat, and exits on the opposite side. Because of the curve of this tip, the stream is directed exactly at the sore area. The intermittent nature of the stream acts to alternately increase and decrease pressure. This brings blood and lymphatic flow to and from the area, it washes away surface debris and bacteria, and effectively cleanses the deep crypts of the tonsil. The advantages are the Water Pik, already being used for dental hygiene, is aesthetically acceptable, 97% of the patients are able to use the device, and no harmful side effect has been found.

This mechanical irrigation has been found most useful in patients seen with antibiotic resistant infections. Here is something that the patient can do at home at the earliest onset of sore throat.

In a recent series of 70 consecutive patients, throat irrigation four times a day was started. After the culture report was obtained, 36 patients felt sufficiently relieved so as not to require additional antibiotic therapy. Three patients were unable to do irrigation of the throat. Of the 70 patients, 60 reported improvement of the throat symptoms after two days of irrigation. Throat irrigation is an alternative to gargling which has been shown to be of little value and may cause hoarseness. On the other hand, this mechanical irrigation acts to physically remove surface and crypt bacteria, the warm stream mobilizes blood and lymphatic flow to the infected area.

In families where infections bounce back and forth, regular throat irrigation by all members of the family has helped break the circle. Even 6-year-olds can do daily irrigation.

Some 500 persons have been observed using the mechanical throat irrigator, 3% of the patients were unable to do regular throat irrigation as directed. It is recommended that the mechanical irrigator be used in cases of tonsillopharyngitis.

Hydro Tech Co.
P.O. Box 302
Archbold, Ohio 43502

California m.d.-d.o.s Form Organization in Opposition to AOA-Accredited OPSC

by Viola M. Frymann, President
Osteopathic Physicians & Surgeons of California

Osteopathic Physicians and Surgeons of California, the only official, chartered osteopathic organization in California, has already initiated measures to establish an osteopathic college, the California Osteopathic College of Family Medicine, on the campus of and in affiliation with the United States International University. Overtures to the legislature have already begun to obtain essential state funding.

A college development fund within the OPSC trust is already receiving contributions toward these objectives. Everything possible is being done to expedite these objectives, but like the sturdy, long-lived oak tree that grows from a tiny acron, growth is slow.

Unfortunately there is a small group of those who were once doctors of osteopathy, but now bear the label MD, who have established an office called California Osteopathic Association at 1500 Orange Avenue, Coronado, California, to receive funds for a California College of Osteopathic Medicine.

This is to be a two-year college in Santa Ana to make D.O.s out of those who began a medical, osteopathic, chiropractic, podiatric or optometric course but discontinued that program, for whatever reason, after two years attendance. The school, it is announced, is to open its doors to its first class September, 1975.

Please note well that the California Osteopathic Association had its charter revoked in 1960 and was disintegrated by the merger agreement of 1962 when those who remained D.O.s joined the only chartered osteopathic association in California—Osteopathic Physicians and Surgeons of California—and those who elected to transfer to the MD designation were absorbed into the 41st divisional society of the California Medical Association.

Furthermore, in order to practice as a doctor of osteopathy in California, it is necessary to obtain a license from the Board of Osteopathic Examiners. (See ruling of Supreme Court, March 1974, California).

The Board of Osteopathic Examiners requires a D.O. degree to have been earned at an accredited college of osteopathic medicine. The accrediting agency for such colleges is the American Osteopathic Association.

This Santa Ana School has no such accreditation and will, therefore, be unable to issue a degree that has any legal value. This pernicious plan, which would ensnare the unwary student who cannot earn a degree in an accredited institution, must be given wide publicity to protect those who plan to support bona-fide osteopathic education.

To summarize—there is only one osteopathic professional association in California—Osteopathic Physicians & Surgeons of California—whose one and only administrative office is at 31582 Coast Highway, Suite C, South Laguna, California 92677.

There is only one authentic planned osteopathic college in California—California Osteopathic College of Family Medicine—which is developing in full cooperation with the American Osteopathic Association Committee on Accreditation.

Before making any contribution to osteopathic education in California, be sure that it is going to OPSC for this California Osteopathic College of Family Medicine. ^

Ethics & Etiquette – Who Represents YOU?

Recently, when this office received a complaint (mostly caused by a misunderstanding in the front office of one of our D.O.s), we thought it advisable to consult Dr. James Lively, chairman of the TOMA Ethics Committee, for an opinion.

Fortunately, it was only a misunderstanding that Dr. Lively and the other doctor involved were able to resolve in short order.

Because these incidents do occur, we thought the following (reprinted from the Arizona Osteopathic Digest) *particularly apropos.—Ed.*

Your front office staff represents not only you, but your entire profession to the public. And this is a unique segment of the public, people who are in physical or mental distress, people who are ill, frightened and possibly confused. A special compassion and consideration is needed here.

Your front office staff has to do more than other people who deal with the public. They have to be more patient, more tolerant, willing to explain more, and be more courteous than others.

Very often complaints by patients against a physician can be avoided if the front office staff will take a little time to explain a bill or what is involved in a procedure, and be a little slower to anger.

This is a great deal to ask of anyone, especially of people who already work so hard, but you must ask it of your staff. Give them your support, and help them to remember that the people they deal with may not understand everything, but they are not stupid, explain it to them.

A patient may seem brusque, but this is not intentional rudeness, it is fear and apprehension, be more tolerant, more patient, and less defensive.

Kindness is a very important part of the treatment.^

Letters

Dear Tex:

I would like to thank you and the Committee for my Life Membership in Texas Osteopathic Medical Association. It is very gratifying to have ones efforts for the Association recognized in this way.

Please be assured that I will continue to support TOMA to the best of my ability.

Very truly yours,
Waldemar Schaefer, D.O.,FACGP

Sports Medicine Seminar Held in Oklahoma

by Jerry M. Alexander, D.O.

In conjunction with the Sports Medicine Seminar held in Oklahoma City August 16 and 17, a group of persons interested in sports medicine gathered to attempt to establish an organization devoted to their particular field. Participants included Dr. Albert R. Miller, team physician, Kansas City Chiefs; Dr. Keith Peterson, Washington Sports Clinic, Seattle, Washington; Dr. Paul Steingard, team physician, Phoenix Suns.

The organization will be called American Osteopathic Academy of Sports Medicine. All persons interested in joining the organization are to contact Dr. Jerry Alexander, Box 5048, Wichita Falls, Texas 76307, prior to the next AOA convention in November so that they may be notified of a meeting at that time.

Decision is a sharp knife that cuts clean and straight; indecision a dull one that hacks and tears and leaves ragged edges behind it.

INVESTIGATE

PROFESSIONAL LIABILITY INSURANCE

for

Texas Osteopathic Physicians, Clinics and Hospitals

WHO? GUARANTY NATIONAL INSURANCE COMPANY
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> Cable: Myste, Telex 762 - 274

...for details and rates

GNIC

What's the Big Idea?

Apparently the "Big Idea" of most TOMA members who responded to the questionnaire in the September *Journal* is that "variety is the spice of life" — and of medical practice.

D.O.s seem to have so many varied interests that it would be almost impossible to cover all the subjects suggested in *ten* conventions.

Among the ideas gleaned from answers received in the State Office were that a majority are interested in what's new in medicine—although the *new* they want to learn about is on so many different subjects.

Many of the members believed that concurrent sessions were a good idea—which would be one method of covering more subjects, and the doctors would have a wider choice of topics on which they wanted more information.

Another member feels that each convention should carry out a theme on a particular phase of medicine.

Most of those who answered were interested in informational seminars on government in medicine and other subjects that are not particularly clinical.

Since you can't please all the people all the time, it was of interest that one doctor wrote in answer to "Other ways our TOMA Annual Convention might be improved include: 'It is almost perfect now'."; while another one said, "The last annual convention was a waste of time and money!!"

One doctor's main topic of interest is "more practical topics with less laboratory facts and figures and grandiose verbiage—management of the common, garden variety diseases."

A card received from one doctor had the suggestion that all conventions be held in a centrally located area; whereas, others felt that they should be held in a different area each year.

One new idea presented was to "have a room available, or a period of time, say one hour, where physicians looking for a young or new partner can meet, and physicians interested in relocating. One group wears buttons, 'I'm looking for a new partner'; the other, 'I'm looking for a new place'."

All "Big Ideas" received have been forwarded to Annual Meeting Chairman, Dr. Frank O. Herren, in El Paso—except a couple of anonymous ones which went in "file 13".

The program will be finalized within the next couple of months and Dr. Herren says the Committee will make every effort to put on a convention that will please the *majority* of the members who made constructive suggestions.^

False statements can end Medicare payments

The Department of HEW has published final regulations providing for termination of Medicare payments to physicians, providers and suppliers of services found to have committed program abuse. The regulations implement provisions of the Social Security amendments of 1972 (P.L. 92—603).

Under the amendments, termination of payments because of a false statement of misrepresentation of facts can be made by the Secretary of HEW, but termination for other types of program abuse generally requires concurrence of a law provides for the appointment of at least one program review team in each state. According to HEW, full implementation will be achieved gradually with the first teams to be established in areas having large Medicare beneficiary populations. Each team is to be composed of physicians, other professional health care personnel, and consumer representatives.

Three categories of program abuse are identified by the 1972 Social Security amendments: 1) false statements in connection with program reimbursement; 2) billing for services which are substantially in excess of costs or customary charges, and 3) furnishing services which are harmful, grossly inferior, or in excess of a patient's needs.

The regulations became effective September 19, 1975.^

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The president of a successful company was asked what it took to get to the top. "The same thing it took to get started," he replied, *"a sense of urgency about getting things done."*

No matter how intelligent or able you may be, if you don't have this sense of urgency, *now* is the time to start developing it. The world is full of very competent people who honestly intend to do things tomorrow, or as soon as they can get "a round tuit". Their accomplishments, however, seldom match those of less talented fellows who are blessed with a sense of the importance of *getting started now.*

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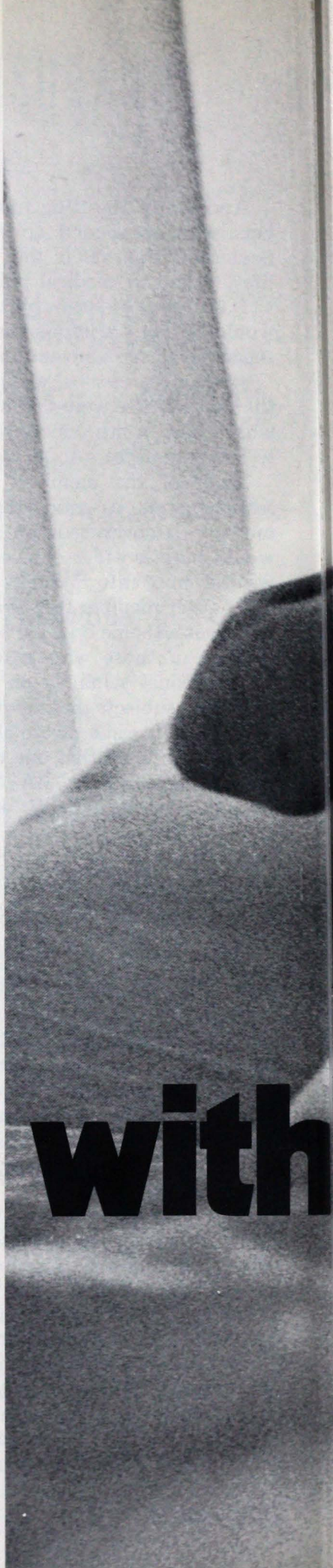
when pain goes on...
and on...
and on–

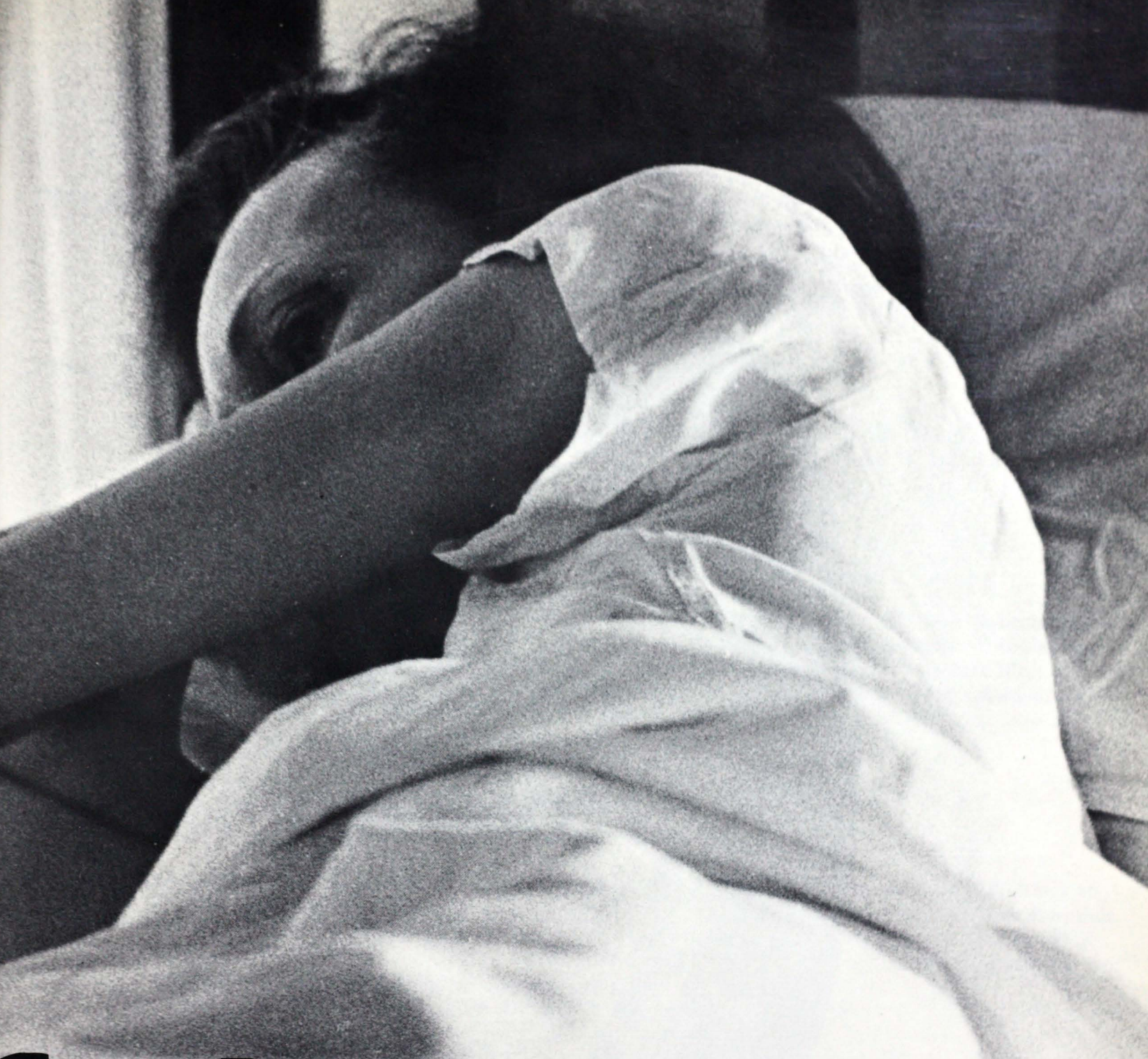


the analgesic formula that calms instead of caffeinates

Phenaphen® with

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

Surely the last thing this patient needs is an analgesic containing caffeine to stimulate the senses and heighten pain awareness. A far more logical choice is Phenaphen with Codeine. The sensible formula provides ¼ grain of phenobarbital to take the nervous "edge" off, so the rest of the formula can help control the pain more effectively. Don't you agree, Doctor, that psychic distress is an important factor in most of your terminal and long-term convalescent patients?



Codeine

Phenaphen with Codeine No. 2, 3, or 4 contains: Phenobarbital (¼ gr.), 16.2 mg. (warning: may be habit forming); Aspirin (2½ gr.), 162.0 mg.; Phenacetin (3 gr.), 194.0 mg.; Codeine phosphate, ¼ gr. (No. 2), ½ gr. (No. 3) or 1 gr. (No. 4) (warning: may be habit forming).

Indications: Provides relief in severe grades of pain, on low codeine dosage, with minimal possibility of side effects. Its use frequently makes unnecessary the use of addicting narcotics. **Contraindications:** Hypersensitivity to any of the components. **Precautions:** As with all phenacetin-containing products, excessive or prolonged use should be avoided. **Side effects:** Side effects are uncommon, although nausea, constipation and drowsiness may occur. **Dosage:** Phenaphen No. 2 and No. 3—1 or 2 capsules every 3 to 4 hours as needed; Phenaphen No. 4—1 capsule every 3 to 4 hours as needed. For further details see product literature.

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

A. H. Robins Company, Richmond, Va. A·H·ROBINS

The Pain Phone

When a telephone prescription for pain relief is necessary or convenient, you can call in your order for Empirin Compound with Codeine in 45 of the 50 states† That includes No. 4, which provides a full grain of codeine for more intense, acute pain.

† The exceptions: Alaska, Arizona, Maine, Oregon, Rhode Island, and the District of Columbia.

EMPIRIN® COMPOUND ₵ CODEINE

No. 4 codeine phosphate* (64.8 mg) gr 1

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.

CIII

Wellcome

Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

Texas Ticker Tape

TCOM STUDENTS HELP AT REHABILITATION FARM

Each Wednesday afternoon a TCOM faculty member and senior students from the college give their time to make routine examinations of residents of the Fort Worth Rehabilitation Farm. This is not only a service to the community, but gives valuable training to the students.

TEXAS D.O.s ON CLINICAL ASSEMBLY PROGRAM

During the 1975 Annual Clinical Assembly September 28—October 1, **Dr. Thomas R. Turner,** Fort Worth, spoke on "Current Uses Today of Power Tools". **Dr. Floyd O. Hardimon** of Houston was moderator of the "Problem Clinic".

HEARINGS ON REFORM AND REVISION OF MEDICARE

Late this fall Senator Herman Talmadge (D-Ga.) and the Senate Finance Health Subcommittee will conduct hearings on reform and revision of Medicare and Medicaid programs. The issues involved included the following: correction of fraud and abuses, efficient administration, establishment of newly combined administration for health care financing, efficiency of intermediate carriers, reimbursement of hospitals, nursing homes, doctors, intermediate and long-term care facilities.

TMF RECEIVES CONTRACT APPROVAL

The Texas Medical Foundation received approval by the federal government for a contract to provide daily review of medical care for Medicaid patients while hospitalized in Texas hospitals. The contract is for $1,786,500 for the Texas Admissions and Review Program (TARP). TMF is controlled by 75 per cent M.D. and 25 per cent D.O. participation. Individual physicians can join TMF for $15.00 a year.

TCOM GET–ACQUAINTED PARTY HELD

About 250 TCOM students, faculty and staff attended an annual get-acquainted party September 6 at the Austin Patio Dude Ranch near Grapevine. Co-sponsors of the event were the Student Council and the Students' Wives Auxiliary.

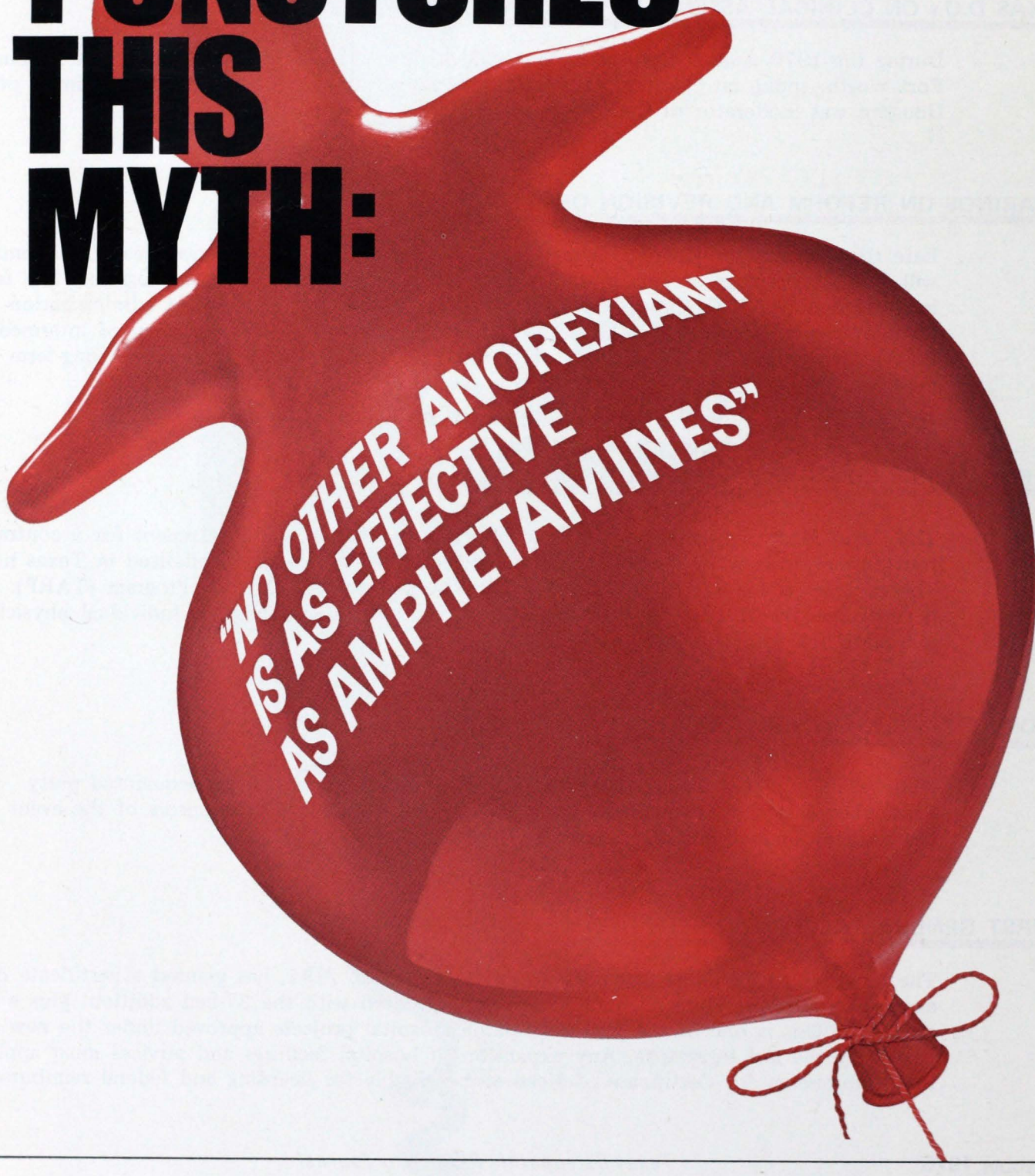
HURST GENERAL RECEIVES EXEMPTION CERTIFICATE

The new Health Facilities Commission, created by H.B. 2164, has granted a certificate of exemption allowing Hurst General Hospital to proceed with the 37-bed addition, plus a cardiac care unit. This is one of the first osteopathic hospital projects approved under the new statutes passed by the last legislature. Any expansion of hospital facilities and services must apply to this Commission for Certificate of Need to be eligible for licensing and federal reimbursement.

SANOREX®
(MAZINDOL)C III

TABLETS, 1 mg and 2 mg

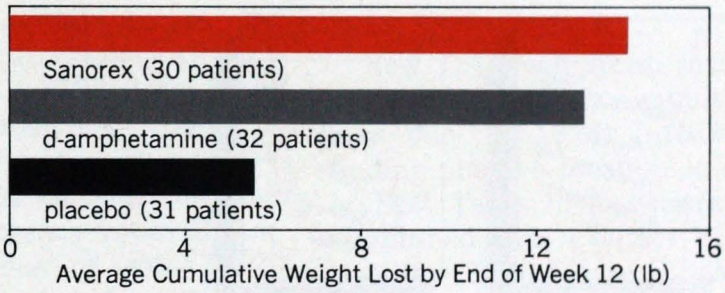
PUNCTURES THIS MYTH:



SANOREX (MAZINDOL) IS AS EFFECTIVE AS d-AMPHETAMINE

In a double-blind study[1] of 93 obese patients (all of whom completed the study), 30 patients received Sanorex (1 mg t.i.d.), 31 received placebo, and 32 received d-amphetamine (5 mg t.i.d.).

During the 12-week phase of active medication, patients on Sanorex lost an average of 14.1 lb, compared with 13.1 lb for d-amphetamine patients and 5.6 lb for placebo patients. Throughout the active medication phase, 63% of patients on Sanorex lost more than 1 lb/wk, compared with 38% of the d-amphetamine group and 29% of the placebo group.



SANOREX (MAZINDOL) IS THE ONLY PRESCRIPTION ANOREXIANT NOT CHEMICALLY RELATED TO THE AMPHETAMINES

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

Different Chemical Structure

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

Different Neurochemical Action*

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

Action of d-Amphetamine*

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

Action of Sanorex*

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

Simplicity and Flexibility of Dosage

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

*The significance of these differences for humans is uncertain.

75-391 R2

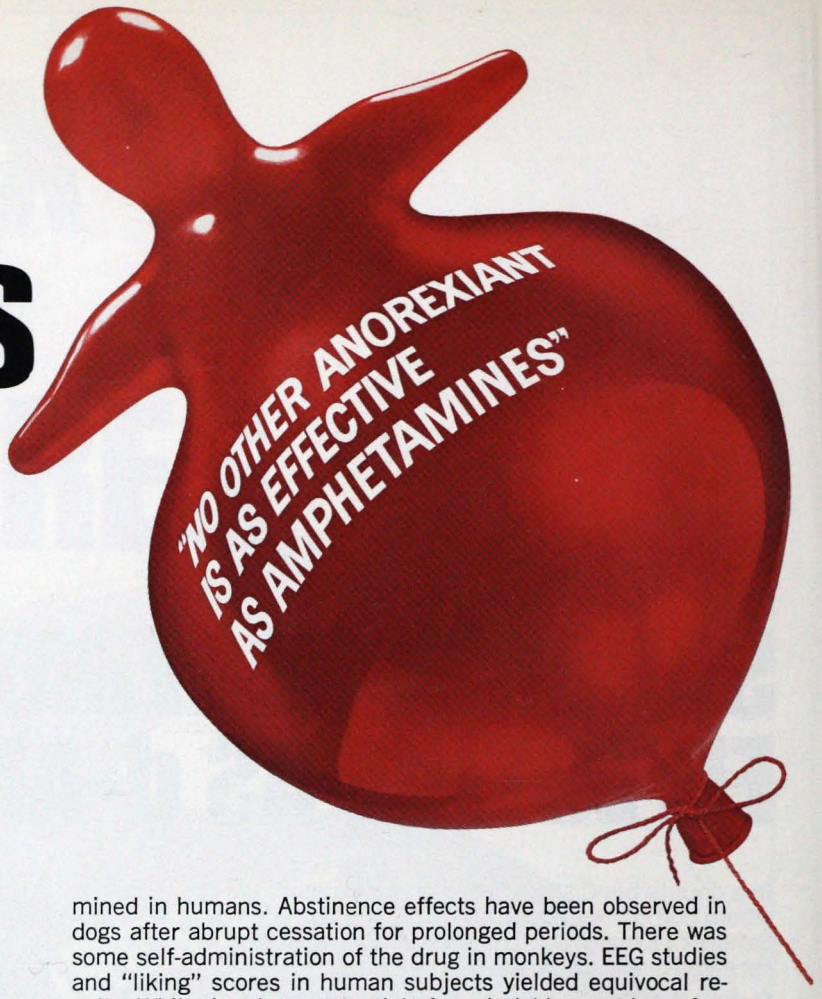
For Brief Summary, please see following page.

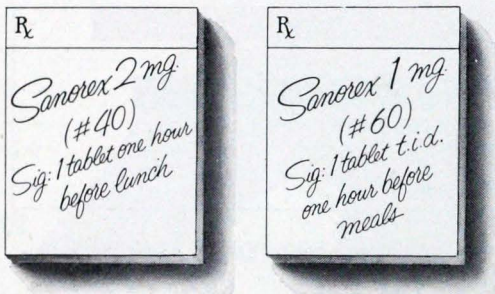
SANDOZ

SANOREX®
(MAZINDOL)C-IV

TABLETS, 1 mg and 2 mg

PUNCTURES THIS MYTH:





1. Vernace BJ: Practical considerations for managing obese patients: Initial interview and effective treatment in the office. Scientific Exhibit presented at the American Medical Association, 27th Clinical Convention, Anaheim, Calif, Dec 1–4, 1973.

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

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

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

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

Drug Dependence: Mazindol shares important pharmacologic properties with amphetamines and related stimulant drugs that have been extensively abused and can produce tolerance and severe psychologic dependence. Manifestations of chronic overdosage or withdrawal with mazindol have not been determined in humans. Abstinence effects have been observed in dogs after abrupt cessation for prolonged periods. There was some self-administration of the drug in monkeys. EEG studies and "liking" scores in human subjects yielded equivocal results. While the abuse potential of mazindol has not been further defined, possibility of dependence should be kept in mind when evaluating the desirability of including the drug in a weight-reduction program.

Usage in Pregnancy: In rats and rabbits an increase in neonatal mortality and a possible increased incidence of rib anomalies in rats were observed at relatively high doses.

Although these studies have not indicated important adverse effects, the use of mazindol in pregnancy or in women who may become pregnant requires that potential benefit be weighed against possible hazard to mother and infant.

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

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

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

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

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

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

75-391R2

SANDOZ PHARMACEUTICALS, EAST HANOVER, N.J. 07936 SANDOZ

Greener fields?

make•your•move

OPPORTUNITIES FOR OSTEOPATHIC PHYSICIANS IN TEXAS

DALLAS SURBURB — Acute practice available in Dallas surburb 4 miles out of city limits. Practice available free with all charts and x-rays. Purchase modern 2,000 sq. ft. building fully equipped at reasonable price. Annual gross over $150,000 for ten years and no malpractice suits. Phone collect: Jack Royder, D.O.; Office 214—225-1111 and 225-1112; home 214—227-1005

WINTERS—General Practitioner willing and qualified to do some surgery and O.B., if desired, needed for a well established practice. Office and new equipment available for small monthly rent. Well trained office staff to handle average of 30 patients per day. Open staff at 2-year old 25-bed hospital with Lab, X-Ray, O.B. and Surgery facilities. 2950 town population; excellent school system. Contact James Shook, R.N., Administrator, North Runnels Hospital, P. O. Box 185, Winters, Texas 79567. Phone 915—754-5097.

SURGEON — Completed four years residency in General Surgery. Interested in location of 5,000 to 25,000 population. Contact Vincent J. Strangio, D.O., 4063 Magnolia Avenue, St. Louis, Missouri 63110

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.

DALLAS—Well established and financially rewarding practice (primarily manipulative) is available for rent or sale. Office is centrally located five minutes from D.O.H. For further information contact: John H. Harakal, D.O., 4153 Travis St., Dallas, 75204; or call 214—526-7743 or 817—338-4533.

LUBBOCK — New office space available for two doctors; next door to clinic. You can come in on a percentage basis, hang up your shingle and begin a lucrative practice without any cash outlay except for insurance and auto. Contact Richard M. Mayer, D.O., 3728 34th, Lubbock, 79410. Phone 806—799-4331

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

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

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

ROSEBUD—Needs Osteopathic G.P. interested in rural medicine. For information contact: Artes McCauley, Executive Director, Rosebud Medical Services, Inc., Box 618, Rosebud 76570.

ASPERMONT—Five figure cash grant available to qualified D.O. who would locate in Aspermont. Guaranteed income per month. Contact Travis Hartgraves, P. O. Box 478, Aspermont, Texas 79502. Phone 817—989-2608.

New D.O. will finish internship at Grand Prairie Community Hospital July 1, 1976. Interested in finding practice location in central or East Texas in association with established D.O. Contact Roger L. Hamilton, D.O., Route 1, Box 1250, Mansfield, Texas 76063. Phone 817—478-0296

DALLAS—Be your own boss. Locate in the new South Oak Cliff Community Medical Center & Hospital. Ready made General Practice with free use of new clinic with office furniture furnished. For information call: Rick Jackson or Dave Sahl, A/C 214—946-3000.

VAN—East Texas location on I-20, large practice built by general practitioner. Available on lease with option. Location is 20 minutes from Tyler and Doctors Memorial Hospital. Contact Jenks Garrett collect 817—277-3591 or 214—261-8781, or W. J. Garrett, Jr., M.D., 214—963—5221.

East Town Explains PDO Program

by Robert J. Halbrook
President, Texas Osteopathic Hospital Association
Administrator, East Town Osteopathic Hospital

Instead of vacations, sick time and holidays, East Town Osteopathic Hospital now has PDO's (Paid days off).

Only permanent associates participate in this program, earning 1 3/4 days per month, beginning with the day of their employment. At ten years, an associate earns 2 1/2 days per month.

No more than ten PDO's may be carried over from one year to another. No more than 12 PDO's may be taken at one time. Also, all time off does not have to be taken at once.

We believe that this has cut down on absenteeism because, even though we are actually furnishing days off when an associate is ill, they do not use them for marginal illnesses; they may take them off at other times, at their own convenience. Too many plans that provide sick days have the stipulation that if the associate does not use them, they lose them. This permits associates that do not have a high sense of responsibility to take days off when they are not actually ill. It also rewards the more conscientious associates by giving them more time off each year, even though they are healthy. I believe that all in all, this system has the tendency to reward the good, healthy, conscientious associate and in effect, to penalize the less conscientious associate, somewhat.

Each associate was given a sheet showing the amount of time available to him at the beginning of this program and a running record may be kept by each individual. A record is kept in the associate's personnel folder, also.

The Data Processing Department is working on a procedure which will show the running balance of PDO's on the associate's payroll check when it is printed up.

We feel this program is much more desirable than the regular two-week vacation program.

Attached is a reprint of the information that is furnished to each associate in their Associate's Manual at the time of employment. If there are any questions concerning the implementation of this program, we will be happy to answer your questions at East Town Osteopathic Hospital.

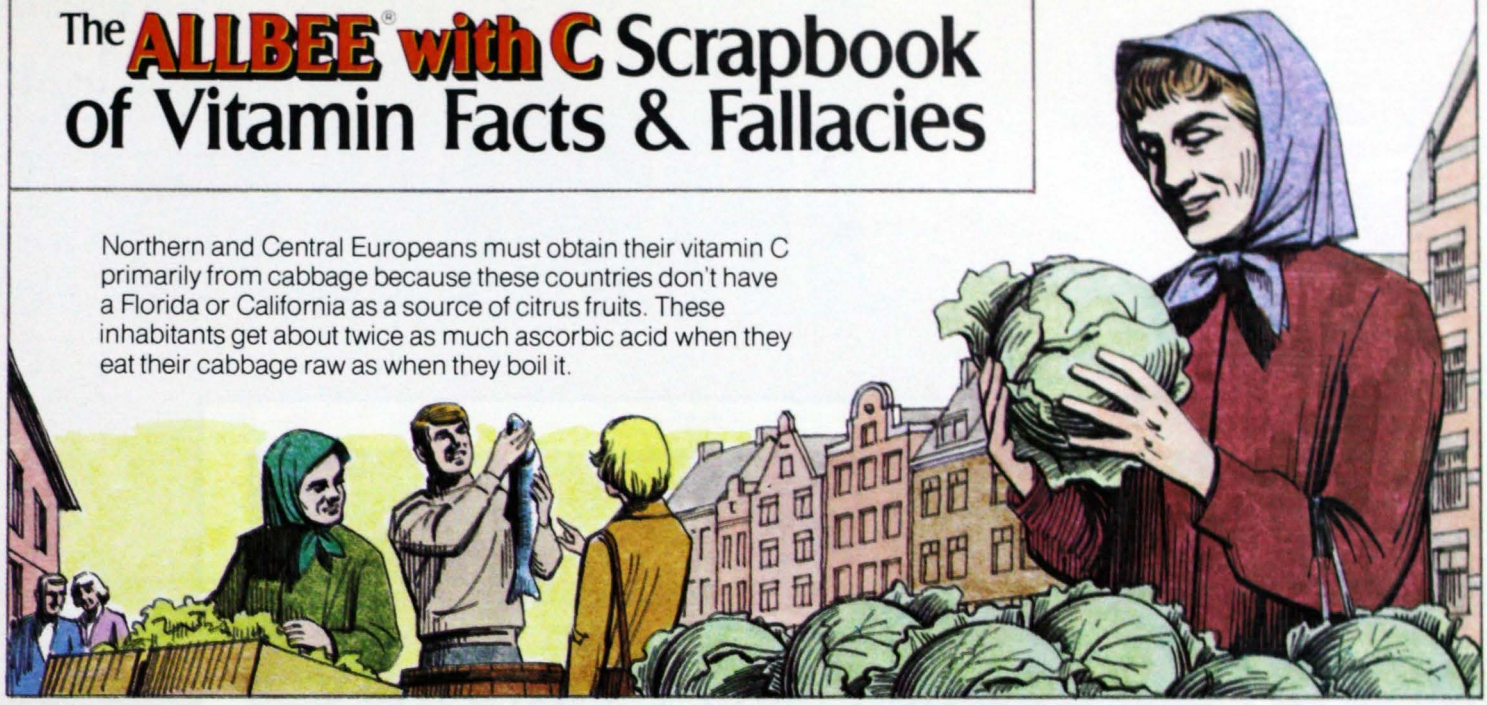
In lieu of vacations, sick days and holidays, each full-time associate will be allowed to take up to 21 "paid days off" per year. This will be accrued at the rate of 1 3/4 days per month, beginning with the first day of the month following the day of employment.

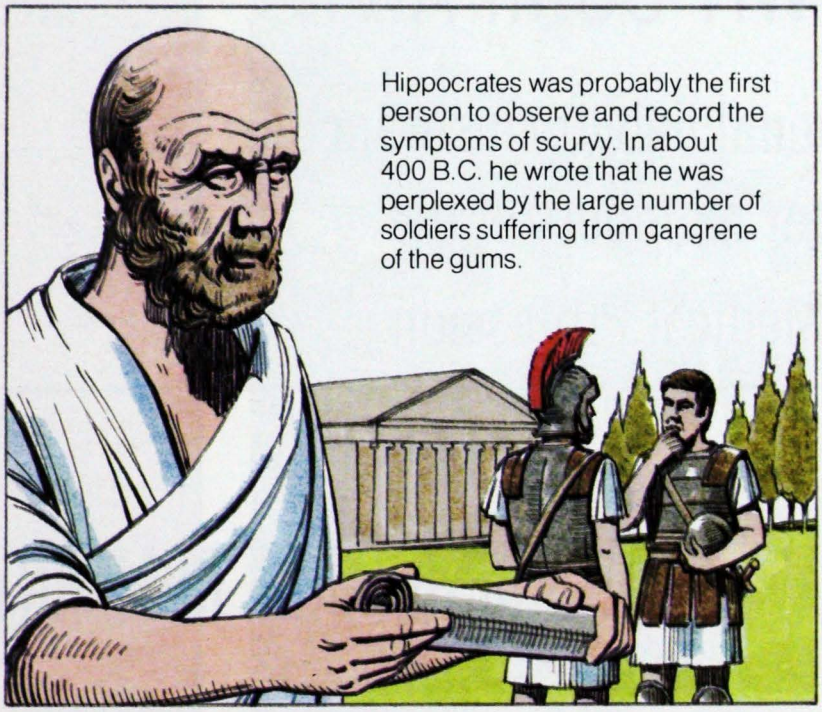
Although these benefits begin accruing immediately, you may not take PDO's until after your probation period has been satisfactorily completed and you have been placed on the employment record as a permanent, full-time associate.

1. PDO's must be shown on the time card as full days only. Fractional days may be added together to achieve full PDO's for reporting purposes. If you have a fractional day, you have the option of being paid for the hours worked or taking a full PDO.
2. Most PDO's will be scheduled at your convenience; however, during certain times of the year, some PDO's will be scheduled by your department head. This will normally be around holidays.
3. You will be allowed to carry no more than 10 PDO's over from one anniversary year to the next anniversary year as a reserve.
4. No associate will be paid for unused PDO's at the end of each anniversary year. However, you will be reimbursed upon resigning from the hospital if you have given proper notice. This benefit will apply to those of you who have been in the employment of East Town Osteopathic Hospital for a minimum of one year.
5. If you are a permanent, full-time associate and you terminate prior to completing one year of employment, you will be paid for unused PDO's at the rate of 1/2 day for each full calendar month of employment.
6. In order to qualify for this benefit, you must have given proper notice and be available for duty throughout your termination period. Any PDO's taken in the 30-day period prior to notice of resignation will be retroactively reimbursed at 1/2 your normal rate of pay.
7. No more than 12 PDO's may be taken at one time.
8. If you have worked for the East Town Osteopathic Hospital for an uninterrupted period of 10 years as a full-time associate, you will receive 1/2 a PDO per month extra, beginning with the month after the completed 10 years.
9. PDO's may not be used in lieu of proper notice of resignation. No PDO's will be paid during the time between notice of resignation and the final day of employment.

The ALLBEE® with C Scrapbook of Vitamin Facts & Fallacies

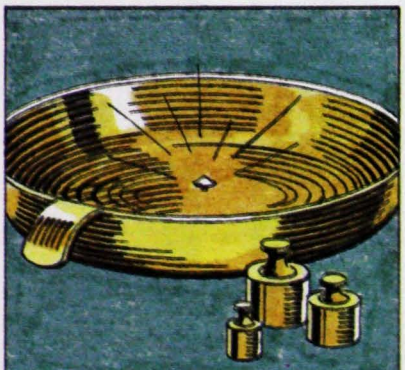
Northern and Central Europeans must obtain their vitamin C primarily from cabbage because these countries don't have a Florida or California as a source of citrus fruits. These inhabitants get about twice as much ascorbic acid when they eat their cabbage raw as when they boil it.



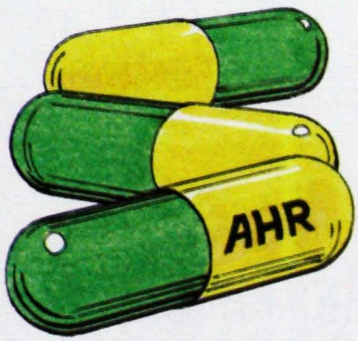


Hippocrates was probably the first person to observe and record the symptoms of scurvy. In about 400 B.C. he wrote that he was perplexed by the large number of soldiers suffering from gangrene of the gums.

People in more primitive, less commercialized societies often eat better balanced diets than affluent Americans. These natives instinctively choose nourishing foods because their bodies tell them what they need. The dietary habits of Americans are often influenced by television commercials that appeal to our wants instead of our needs.



Vitamins are so potent that a day's supply weighs only 1/237th of an ounce!

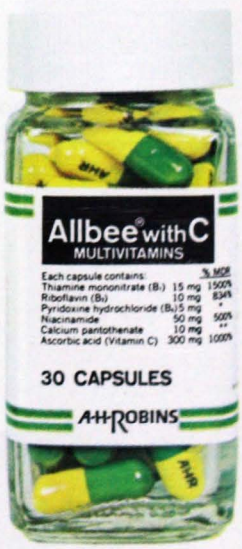


Look for the monogram "AHR" on every Allbee with C capsule. It is your assurance that this is the original and genuine product and not an imitation.

Available on your prescription or recommendation

ALLBEE® with C

High Potency B-Complex and Vitamin C Formula



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Fort Worth, Texas 76107

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