

# TEXAS OSTEOPATHIC PHYSICIANS **JOURNAL**

December 1975



*Catherine Kenney Carlton, D.O., President-Elect,  
The American Academy of Osteopathy*



# 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.

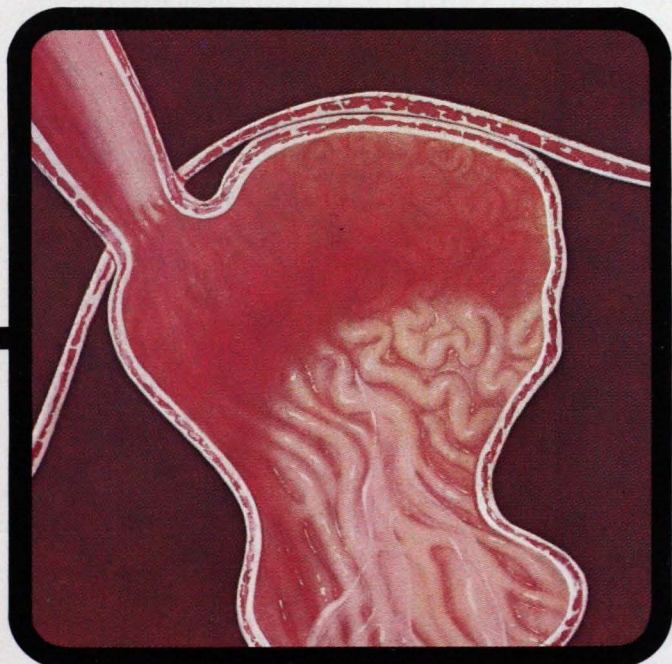


For patients with a history of recurrent episodes of functional gastrointestinal symptoms associated with hypersecretion and hypermotility, relief with antacids or anticholinergics alone is often inadequate and temporary in benefit. Consideration of the patient's personality and emotional stresses may 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<sup>®</sup> 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<sup>®</sup> (clidinium Br) *plus* the well-known antianxiety action of Librium<sup>®</sup> (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<sup>®</sup>**

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

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

The initial prescription allows evaluation of patient response to therapy.

## Follow-up therapy

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

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

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

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

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

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

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

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

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

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



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

helps relieve  
anxiety-linked symptoms  
of duodenal ulcer

adjunctive  
**Librax**®

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



# CALENDAR OF EVENTS



# TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

## FEBRUARY

*Emergency Medicine Seminar*  
February 7—8, 1976  
Whitehall Hotel  
Houston

*Public Health Seminar*  
February 14—15, 1976  
Statler Hilton Hotel  
Dallas

*ACCOG 43rd Annual Convention*  
February 17—20, 1976  
Fairmont Hotel  
Dallas

## APRIL

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

## JUNE

*TAOMA State Convention*  
June 25—27, 1976  
Dallas

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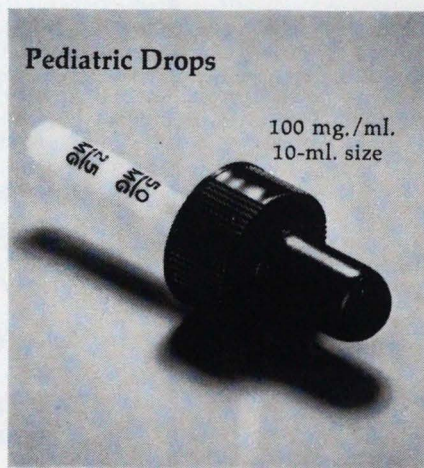
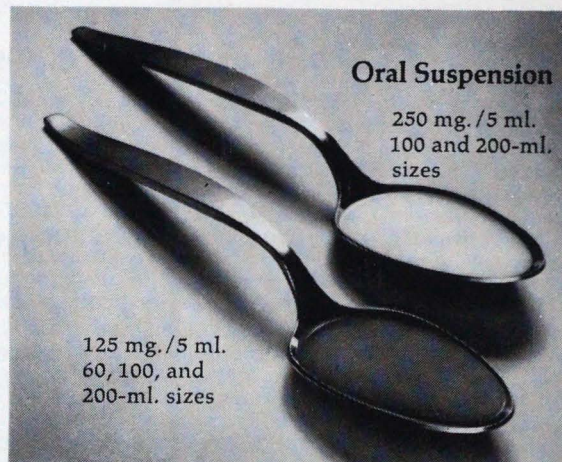
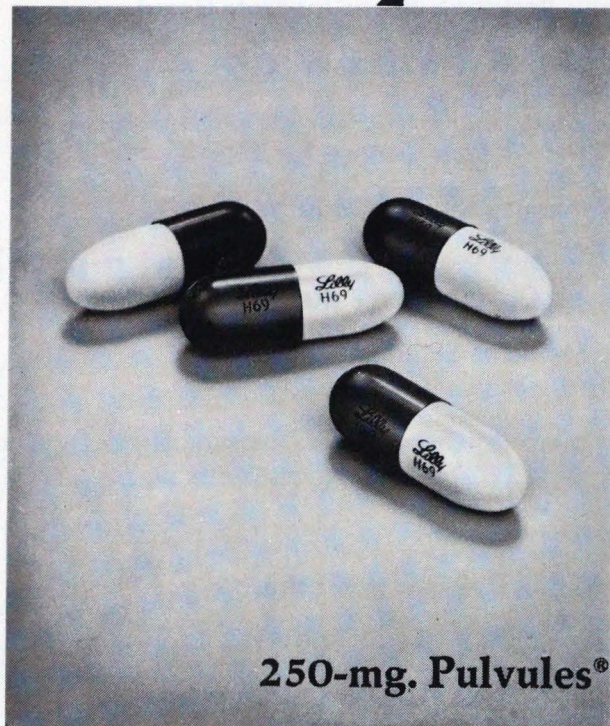
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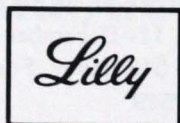
Mr. Tex Roberts, Editor



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# Dr. Carlton Named President-Elect of American Academy of Osteopathy

When Dr. Catherine Kenney Carlton was named president-elect of the American Academy of Osteopathy at its meeting last month in Las Vegas, the number of Texans elected to high office in the AOA and its affiliates reached a total of five.

As reported in the August JOURNAL, the other four include Dr. George J. Luibel of Fort Worth, AOA president-elect; Dr. Sam Ganz of Corpus Christi, Speaker of the AOA House; Dr. David Armbruster of Pearland, member of the AOA Board of Trustees; and Tex Roberts, TOMA executive director, president of the Association of Osteopathic State Executive Directors.

A Fellow of the AAO and a member of it for some 25 years, Dr. Carlton has served on its Board of Trustees, and has also been very active in the Texas Academy. She has held office of president and secretary of that society and is now its educational director.

During her year as president-elect of the AAO, she will serve as chairman of the undergraduate Academies and hopes to visit each chapter in the nine osteopathic schools. She becomes president of the national Academy during its next convention, which will be held in conjunction with the AOA in San Francisco in November, 1976.

Following her graduation from Kirksville College of Osteopathic Medicine, Dr. Carlton joined her parents in general practice of osteopathy at 815 Magnolia Street in Fort Worth, and has practiced at that location since 1938.

Although much of her practice is in manipulative therapy, Dr. Carlton is certified in general practice. In addition to her busy professional schedule, she is a member of the TCOM faculty, where she teaches osteopathic technique and theory.

In private life she is Mrs. Gene Hightower. Mr. Hightower served as assistant superintendent for business of the Fort Worth schools for 25 years. He retired from that position last July.

According to a letter found in Dr. Catherine's membership file in the State Office, she counts eleven family members who are, or were D.O.s. She includes Dr. Luibel in this number, since he is married to her cousin, Mary.

Her father, Dr. Charles Kenney, was an active member of TOMA until his death in 1943. Her mother Dr. Helene Kenney, died in a Dallas Hospital in 1948. She was also active in the Association and served as its president at one time.

In 1952 Dr. Catherine married Dr. Elbert P. Carlton, soon after his graduation from KCOM. They practiced osteopathic medicine in partnership until his death in 1972.

Dr. Catherine has been a member of the staff of Fort Worth Osteopathic Hospital since it first opened, and has belonged to the AOA and TOMA since she started practice. She became a member of the American Academy of Osteopathy in 1949, and of the Texas Academy in 1952. In addition to her service in these societies, she has done considerable committee work in TOMA and has lectured at several of its conventions.

She is listed in *Who's Who of American Women*, *Who's Who in the South and Southwest*, and in *Women of Distinction in Texas*.

A member of St. Mary's Catholic Church, she has served on many civic and charitable boards in Fort Worth.



# *Rules for Employment and Supervision of Physician's Assistants Issued by State Board*

On November 2 the Texas State Board of Medical Examiners officially adopted rules and regulations concerning Physician's Assistants, what duties they may perform, and the responsibilities of the physician regarding their supervision.

Since these rules and regulations cover six type-written pages, they cannot be printed here in their entirety. Some of them that are of particular importance to TOMA members have been excerpted and are printed below. Any member who would like a complete copy should write to the Texas State Board of Medical Examiners at 211 East Seventh Street, Austin, 78701 and request one.

Section 1 states the purpose, as follows:

"The purpose of these rules and regulations is to encourage the more effective utilization of the skills of physicians by enabling them to delegate health care tasks to qualified Physician's Assistants where such delegation is consistent with the patient's health and welfare; and to provide that existing legal constraints should not be an unnecessary hindrance to the more effective provision of health care services.

"Article 4505 (15) and Article 4506, Revised Civil Statutes of Texas, 1925, as amended, empower the Texas State Board of Medical Examiners to cancel, revoke or suspend the license of any practitioner of medicine upon proof that such practitioner is guilty of aiding and abetting, directly or indirectly, the practice of medicine by any person not duly licensed to practice medicine by such Board.

"The Board recognizes that the delivery of quality health care requires expertise and assistance of many dedicated individuals in the allied health profession. These rules are not intended to, and shall not be construed to, restrict the physician from delegating ad-

ministrative and technical or clinical tasks not involving the exercise of medical judgement, to those specially trained individuals instructed and directed by a licensed physician who accepts responsibility for the acts of such allied health personnel. Likewise, nothing in these rules shall be construed as to prohibit a physician from instructing a technician, assistant, or other employee, who is not a "Physician's Assistant", as defined herein, to perform delegated tasks so long as the physician retains supervision and control of the technician, assistant or employee.

"Nothing in these rules and regulations shall be construed to relieve the supervising physician of the professional or legal responsibility for the care and treatment of his patients."

Section III begins by stating, "Approval by the Board to supervise a particular Physician's Assistant must be obtained by each proposed supervising physician by filing an application with the Board on forms provided by said Board." The Section continues by stating what must be included in the application form.

The rules set forth what an Assistant may or may not do and what supervision must be done by the physician. The supervisory section states, "The Physician's Assistant augments the physician's data gathering abilities necessary to reach decisions and institute patient care plans. The Physician's Assistant will *not* supplant the physician in the integration of the medical data or in the decision making process required to establish a diagnosis and formulate a therapeutic plan. The Physician's Assistant shall not maintain an office independent of or physically separate from the supervising physician.

"The responsible physician's supervision shall require active and continuous overview of the Physician's Assistant's activities to insure that the physician's directions and advice are in fact being implemented....

"The Physician's Assistant may render emergency medical service without supervision, pending the arrival of a responsible physician, in cases where immediate diagnosis and treatment are necessary to avoid disability or death."

Section XI. Limitations of Physician's Assistants, reads in part:

"The supervising physician shall not allow a Physician's Assistant to:

"Perform any task or function without the supervising physician being physically present or immediately available to provide further guidance, except in life threatening emergencies.



"Make a final or definitive diagnosis of a disease or ailment or the absence thereof independent of the supervising physician.

"Independently prescribe any treatment or a regimen thereof.

"Prescribe, order or dispense medication, or sign prescriptions on behalf of the supervising physician...."

In addition to the above, ten more prohibitions are listed.

With regard to enforcement Section XII says, "Any supervising physician who violates these rules and regulations shall be subject to withdrawal by the Board of his authority to utilize a Physician's Assistant and having his license to practice medicine in the State of Texas revoked and suspended...."

Since the rules governing the employment and duties of a Physician's Assistant are very explicit and the penalties for not following them are extremely severe, it is suggested that any physician who now employs, or plans to employ a P.A., write for a complete copy of these rules. The Texas State Board of Medical Examiners has complete authority to enforce them.

▲



Fourth from right is Dwight H. Hause, D.O., TOMA Chairman of Preventive Medicine, who attended the signing of a proclamation designating October as IAM month. Health professionals are urged to help in the continuing campaign to immunize thousands of school-age children who have failed to get their needed shots.

Dr. Hause meets with the IAM Steering Committee this month to make plans for the 1976 campaign on immunization.

## "Big Ideas" to be incorporated in TOMA's '76 convention program

We have known for a number of years that osteopathic physicians were highly individualistic, but what we didn't realize was how divergent their interests are—until we began receiving answers to our request for Big Ideas for the 1976 TOMA Annual Convention.

Apparently there are very few of you out there who are *particularly* interested in the same clinical topics. To include as many of these as possible, the '76 CME Seminar will run a full three days, with concurrent sessions in most mornings and afternoon segments.

Most of you who responded asked for lectures directed toward the general practitioner, with ideas and information he could use in his day-to-day practice.

So this year's program should include something for just about everyone. With concurrent sessions planned, each doctor has a choice of attending the one in which he is most interested.

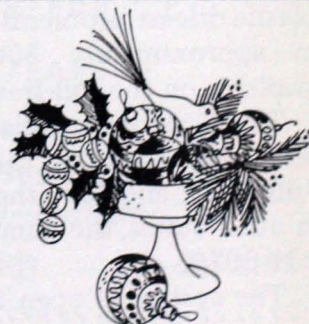
The Annual Meeting Committee has invited speakers who are exceptional in their fields of medicine. Because TOMA includes in its membership many outstanding and knowledgeable speakers, some of your colleagues will appear on the lecture platform. Others who have been invited to participate come from all over the country. The Committee's Big Idea was to bring you the best for your continuing medical education.

Since only a few speakers will appear more than once during the three days there will be quite a few more of them than heretofore. Present plans include 28 lecturers to speak on 36 different topics. With that much to choose from, the Committee feels that the CME Seminar will fulfill its purpose.

The next few issues of the JOURNAL will contain information about these speakers and their topics.▲

## Christmas Joy

Here's wishing you the true warmth of the holiday and a happy time for one and all. Thanks for letting us serve you.





# Physician Office System Service for TMF Members

The Texas Medical Foundation (TMF) has begun the implementation of the Physician Office System (POS), a newly available computer-based service to Foundation members.

TMF is providing this service through contract with Business Data Center, Inc., of San Antonio. The office services initially will include patient billing, accounts receivable, financial management reporting, and physician procedure profiles. TMF is working with Business Data Center to plan additional services such as the production of insurance claim forms and the collection of diagnostic data.

The TOMA House and Board have officially approved TMF and D.O.s comprise one-fourth of the TMF officers and governing bodies. Individual D.O.s are urged to become members of TMF at \$15 annual dues.

The service is being offered for immediate implementation to physicians in the Rio Grande Valley, Corpus Christi, San Antonio, and Austin. TMF plans to expand this service to other areas of the state as soon as possible.

The system will more than cover its own cost by yielding increased practice productivity and more efficient billing for the physician. It is particularly beneficial to high-volume practices in which some billable services may not receive the necessary follow-up and thus "slip through" unbilled.

The system is individualized to meet each physi-

cian's needs and the character of his office. The charge for the service will vary accordingly. Use of the system does not usually cause a change in the format of the doctor's staff or office operations. The principal requirement on the part of the doctor's office is the completion of the check list type forms which are processed centrally in San Antonio.

Confidentiality of the system is assured because the doctors, as members of TMF, are in complete control of the information. Additional security for the system is supplied by Business Data Center's own data handling procedures.

The system will provide long-range benefits to the TMF membership as a group, as well as the direct benefits to the individual physician user. The information and accumulated data base will put TMF in a better position to act on behalf of physicians.

Current Procedural Terminology will soon be used in procedures coding. The system will also have the capability of cross matching codes for those insurance carriers who do not utilize CPT. Because of the detail in these codes used to describe individual procedures, the management system can also be used to provide a physician documented records of treatment and his personal fee profile.

Physicians who wish additional information on the Physician Office System (POS) should contact Texas Medical Foundation, 7800 Shoal Creek, Suite 390W, Austin, Texas, 78757, or call 512/459-3341.▲

## Cancer Communication and Consultative Service Available

A toll-free telephone communication and consultative service on cancer is being expanded by physicians by M. D. Anderson Hospital and Tumor Institute in Houston and the National Cancer Institute.

The latest diagnostic and therapeutic information on specific neoplastic disease problems is contained in approximately 300 narrations available on the toll-free WATS line.

Texas physicians dial 1-800-392-3917. In Houston, the number is 790-1683; and for other physicians in other states, the number is 1-800-231-6970.

The system is open 8:00 a.m. to

8:00 p.m. Texas time, Monday through Friday.

It is estimated that 15,000 to 20,000 publications dealing with the problem of cancer appear annually in the English language alone. The Dial Access Office of M. D. Anderson was set up to help answer this incapability of any one person to review the entire gamut of cancer information being published annually.

Cancer topics covered under general sections are anesthesia, breast, central nervous system, dental topics, endocrine systems, eye, gastrointestinal tract, general, genitourinary system, gynecology, head and

neck, hematologic malignancies, immunology in clinical oncology, melanoma and skin, nursing topics, radiology—diagnostic, radiotherapy, social service, soft tissue, extremities and skeletal system tumors, special techniques, pediatrics neoplasia, pharmacology, supportive care and rehabilitation and thorax.

A catalog of the specific dissertations that run approximately eight minutes each is available at the TOMA office in Fort Worth. A new listing of all the topics, with at least 100 new titles added, will be available in January, and will be mailed to all D.O.s in Texas.▲



# AOHA Revises Organizational Structure

From the standpoint of attendance, the AOHA enjoyed its most successful annual convention in history at the Sunburst Hotel, Scottsdale, Ariz., November 1-5. More than 310 individuals were registered, including administrators, board members, physicians and their spouses. The high turnout of hospital board members indicated the growing interest in playing a more active role in the management of hospital affairs. Speakers for the program were from the faculty of Arthur Young & Company, internationally known auditing and consulting firm.

Several important business items were considered at the Association's annual business meeting on November 4 when the membership voted to accept the recommendations of the Bylaws Committee to adopt a new set of bylaws containing major revisions. Among them were:

A new dues formula based on hospital expense rather than on number of beds. The concept is designed not only to be more equitable but to correspond more accurately to changing delivery patterns and greatly increased hospital outpatient activity.

A new corporate organizational form which includes a change in titles of the Association's officers. The chief elected officer, formerly President, is now Chairman of the Board. Other elected officers are Chairman-Elect; First Vice Chairman; Second Vice Chairman; Secretary-Treasurer, and Past Chairman. The title of the Executive Director of the Association has been changed to President.

The change of titles now permits the President—the chief executive and administrative officer—to be the primary spokesman for the Association and to be the peer of others in that capacity. This is consistent with the restructuring of titles that has been adopted by other hospital associations at the national, state and local levels.

Overall, the new bylaws now permit greater flexibility for the chief elected officer and the chief administrative officer to respond more quickly to vital

issues affecting the Association and to provide a more effective manner for member hospital participation in voting on key Association activities.

In the annual election of officers, B. A. Zeiher, Parkview Hospital, Toledo, Ohio, was elected the Association's first Chairman of the Board. Elected to serve with him were: Howard F. Potter, Mesa General Hospital, Mesa, Ariz., Chairman-Elect; Lee Baker, Lubbock Osteopathic Hospital, Lubbock, Texas, 1st Vice Chairman; Gerson I. Cooper, Zieger Osteopathic Hospital, Detroit, Mich., 2nd Vice President, and A. R. Pirollo, John F. Kennedy Memorial Hospital, Stratford, N.J., Secretary-Treasurer.▲

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# EMERGENCY MEDICINE SEMINAR

Presented By

HARRIS COUNTY SOCIETY OF OSTEOPATHIC MEDICINE  
TOMA DISTRICT VI

REGISTRATION FEE \$35.00

PROGRAM CHAIRMAN:  
David Sufian, D.O.

Whitehall Hotel  
Cullen Center  
Houston, Texas  
February 7-8, 1976

16 HOURS C.M.E. CREDITS  
APPLIED FOR

## SATURDAY, FEBRUARY 7

- 8:00- 8:30 a.m. REGISTRATION
- 9:00- 9:30 a.m. "Neurological evaluation of Head injured patients"  
*J. Barrish, M.D.*
- 9:30- 10:00 a.m. "Diagnosis and Management of acute eye injuries"  
*M. Porias, D.O.*
- 10:45- 11:15 a.m. "Emergency Management—Nasal, Mouth, and Ear injuries"  
*Ladd Tucek, D.O.*
- 11:15- 12:00 noon "Diagnosis and Management of Facial and Neck injuries"  
*Jerome Kosoy, M.D. and R. M. Komorn, M.D.*
- 12:00- 1:00 p.m. Lunch
- 1:00- 1:30 p.m. "Emergency Management of chest injuries"  
*David Sufian, D.O.*
- 1:30- 2:00 p.m. "Emergency Management of Cardiac and Vascular Injuries"  
*R. Espada, M.D.*
- 2:00- 2:45 p.m. "Emergency Management of acute Respiratory failure"  
*A. Alvarez, M.D.*
- 2:45- 3:30 p.m. "Emergency Management of the Acute MI"  
*O. DeLarosa, M.D.*
- 3:45- 4:30 p.m. "Recognition and Management of Cardiac Arrhythmias"  
*K. E. Wright, M.D.*
- 4:30- 5:00 p.m. "X-Ray Evaluation of the Chest"  
*Gerald A. Jaffe, D.O.*

- 10:45- 11:30 a.m. "Diagnosis and Management of Endocrine Crises"  
*S. J. Zimmerman, M.D.*
- 11:30- 12:00 noon Questions and Answers
- 12:00- 1:00 p.m. Lunch
- 1:00- 1:45 p.m. "Diagnosis and Emergency Management of Hand injuries"  
*F. B. Kessler, M.D.*
- 1:45- 2:15 p.m. "Diagnosis and Emergency Management of Skeletal Fractures"  
*F. O. Hardimon, D.O. and G. M. Ketner, D.O.*
- 2:15- 2:45 p.m. "Maxillo Facial Injuries"  
*S. Kershman, D.D.S.*
- 3:00- 3:30 p.m. "Diagnosis and Emergency Management of Pediatric Emergencies"  
*Alvin Jaffee, M.D.*
- 3:30- 4:15 p.m. "Emergency Management of Urologic Injuries"  
*S. D. Axelrad, M.D.*
- 4:15- 4:30 p.m. Questions and Answers

## SUNDAY, FEBRUARY 8

- 9:00- 9:45 a.m. "Diagnosis and Management of Blunt Abdominal Trauma"  
*K. L. Mattox, M.D.*
- 9:45- 10:30 a.m. "Diagnosis and Management of Obstetrical and Gynecologic Emergencies"  
*C. Levenson, M.D.*

### REGISTRATION EMERGENCY MEDICINE SEMINAR February 7-8, 1976

Name \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Office Telephone \_\_\_\_\_

I enclosed \$35.00 for Registration Fee  
(includes luncheons)

Signature of Applicant: \_\_\_\_\_

Make check payable to: Harris County Society of  
Osteopathic Medicine

Mail to: David Sufian, D.O.  
1440 N. Loop, No. 185  
Houston, Texas 77009



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.

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## 43rd ANNUAL CONVENTION

### Timely Topics in Obstetrics & Gynecology

Lee J. Walker, D.O., Program Chairman

February 17-20, 1976  
Fairmont Hotel, Dallas, Texas

25 C.M.E. CREDITS APPLIED FOR

#### MONDAY, FEBRUARY 16

6:00 p.m. HOSPITALITY HOUR

#### TUESDAY, FEBRUARY 17

9:00— 9:45 a.m. Welcome to Texas  
*Michael A. Calabrese, D.O.*  
*President, T.O.M.A.*

9:45— 10:30 a.m. Keynote Address  
*Thaddeus P. Kawalek, Ph.D.*  
*President, C.C.O.M.*

10:45— 11:30 a.m. "Research and Clinical Aspects of Eclampsogenic Toxemia"  
*Dennis Cavanagh, M.D.*

11:30 a.m.—12:15 p.m. "Recent Advances in Prostaglandins"  
*Tom P. Barden, M.D.*

12:15— 1:30 p.m. Fellowship Luncheon  
"The Pendulum Swings,  
Sometimes too Far"  
*Charles Norton, D.O., Chairman*

1:30— 2:30 p.m. "Current Concepts in the Diagnosis and Treatment of Carcinoma of the Vulva"  
*Dennis Cavanagh, M.D.*

2:30— 3:30 p.m. "Antipartum Evaluation of the Fetus"  
*Tom P. Barden, M.D.*

6:00 p.m. Hospitality Hour

#### WEDNESDAY, FEBRUARY 18

8:00— 8:45 a.m. "X-ray Effects on the Fetus"  
*Saul Jeck, D.O.*

8:45— 9:30 a.m. "The Obstetrician and the Neonatologist"  
*Dennis J. Hey, D.O.*

10:00— 11:00 a.m. "Obstetrical and Gynecological Ultrasound"  
*Albert G. Checcone, D.O.*

11:00— 12:00 noon "Subsequent Pelvic Surgery Following Tubal Ligation"  
*Daniel H. Belsky, D.O.*

12:15— 1:30 p.m. Presidential Luncheon  
*Philip Adler, D.O.*

1:45— 2:30 p.m.

"Do's and Don'ts of Vaginal and Abdominal Hysterectomy"  
*Francis V. Dono, D.O.*

2:30— 3:30 p.m.

"Sexual Counseling in the Office by the Obstetrician and Gynecologist"  
*Allen Palmer, D.O.*

#### THURSDAY, FEBRUARY 19

8:00— 8:45 a.m. "Laparoscopic Sterilization with the Falope Rings"  
*Martin J. Roitman, D.O.*

8:45— 9:30 a.m. "Dysfunctional Uterine Bleeding"  
*James Madden, M.D.*

10:00— 11:00 a.m. "Office Use of Hormonal Therapy"  
*Edward Slotnick, D.O.*

11:00— 12:00 noon "Stress Incontinence"  
*B. Dan Witt, D.O.*

1:30— 2:00 p.m. Philips-Mitros Thesis Award Lecture

2:00— 3:30 p.m. Panel - "Infertility"  
Moderator: *James G. Matthews, D.O.*  
Members: *Roy L. Fischer, D.O.*  
*James Madden, M.D.*  
*Edward Slotnick, D.O.*

6:00 p.m. PRESIDENTIAL RECEPTION

7:00 p.m. ANNUAL BANQUET

#### FRIDAY, FEBRUARY 20

8:00— 8:45 a.m. "Care of the High Risk Infant"  
*Charles R. Rosenfeld, M.D.*

8:45— 9:30 a.m. "Endometrial Carcinoma"  
*John G. Boutselis, M.D.*

10:00— 11:00 a.m. "The High Risk Pregnancy Ward"  
*Peggy Whalley, M.D.*

11:00— 12:00 noon "A new look at Antepartum Bleeding"  
*Ralph C. Benson, M.D.*

12:15— 2:00 p.m. Mead Johnson Luncheon

(1:00— 2:00 p.m.) "Easy Techniques in Marriage Counseling"  
*Beverley T. Mead, M.D.*

2:00— 2:45 p.m. "Trophoblastic Disease"  
*John G. Boutselis, M.D.*

2:45— 3:30 p.m. "How Good or Bad is the IUD?"  
*Ralph C. Benson, M.D.*

7:00 p.m. FUN NIGHT



# A7 O M A News

## DISTRICT VI

by: Mrs. Jerry W. Smith

The Osteo Owl Art Show held in Pearland showed a profit of \$770.00. A variety of art media included this year was oil painting, pen and ink, macrame, jewelry, and plants. A snack bar was available and we congratulated all the ladies who worked so diligently to make this major project a success.

\* \* \*

The Robin's Nest, 1010 2nd Street, League City, was the location of the Nov. 17 meeting. Mari Ann Samance demonstrated Christmas decorations and showed us some of her bicentennial ideas.

\* \* \*

Miss Mary Ling, drum major of North Shore High School, took part in half-time activities at their recent homecoming football game. She is the daughter of Dr. and Mrs. Robert Ling. Pati Smith, daughter of the Jerry Smiths, made the super-sized old glory for the event. The nylon flag measured 43 by 65 feet, a total of 2,795 square feet, and weighs 75 pounds. Since it's too big for a flag pole, 30 students carried the flag horizontally onto the field and it was unveiled at half-time. It was a flag to gladden the heart of Betsy Ross.

\* \* \*

Dr. and Mrs. Ralph Cunningham visited their son and family in Hyannis, Mass. in October and took a side trip to Montreal and Toronto.

\* \* \*

Some of our group who attended the 80th National Convention and Seminar November 9-13 in Las Vegas were: Dr. and Mrs. David

Armbruster, Dr. and Mrs. Ralph Cunningham and Dr. and Mrs. Robert Ling.

\* \* \*

We attended the "Look of Knowledge", a college exhibit at Astorhall. The TOMA had a nice booth with lots of information for the inquiring young people who are making plans for college.

\* \* \*

Our district will have a Christmas party at the home of Dr. and Mrs. Jerry Smith, 5 Harbor Lane, Kemah, on Sunday evening, December 7, at five o'clock. Hope to see you there.

## DISTRICT II

by: Mrs. Hugo Ranelle

Century II was the scene for the Honor Luncheon for new Auxiliary members of District II. The Bicentennial was the theme for the excellent luncheon and afternoon speaker. Thirty-five guests were present.

\* \* \*

An underground shopping tour arranged by Nancy O'Shea, was a total success. Buying on a whole sale level sparked much buying and lots of savings. Lunch was included.

\* \* \*

The Fort Worth Osteopathic Hospital Guild held its Installation Luncheon at the Carriage House. Mrs. F. S. Wheeler, president of the Auxiliary to the TOMA was the installing officer. Guest speaker was Mr. Claude Rainey, executive vice president of the Fort Worth Osteopathic Hospital. Mrs. Evon Saurenmann was installed as President.

\* \* \*

Attending the National Osteopathic Guild Association Convention was Mrs. Evon Saurenmann, president, Mrs. Ruth Fetter, vice-president and Mrs. Faith Burt, director of volunteers. Mrs. Burt was elected vice-president of the National Guild. The FWOH Guild scrapbook was given a first place ribbon during the Convention.

\* \* \*

We were honored to have attended the very elegant marriage ceremony of Dr. David Beyer and Sally Conrad. Afterwards at the Century II Club, a scrumptious reception was held.

\* \* \*

GEORGE E. MILLER, D.O.  
PATHOLOGIST  
P. O. BOX 64682  
1721 N. GARRETT  
DALLAS, TEXAS 75206

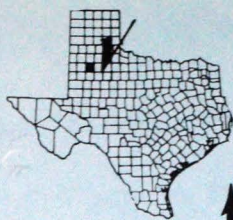
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## *"inaccurate and potentially damaging brochure on the osteopathic profession"*

by Edward P. Crowell, D.O.  
Executive Director, AOA

An inaccurate and potentially damaging brochure on the osteopathic profession has been mailed throughout the country by HEW entitled, "Osteopathic Physicians in the United States." It is a report of a statistical study conducted by the Bureau of Health Resources Development. The study was completed nearly four years ago, but first copies of the brochure were not available until a few months ago.

The AOA cooperated in the study by mailing questionnaires to all D.O.s in June, 1971, and processing the raw data as received. The Association, however, had no authority over the manner in which data was tabulated for publication, the interpretations and comparisons of that data, or the writing or editing of the text which presents and comments on the study's findings.

As a result, almost every page contains inaccuracies and inconsistencies, some serious, others just careless, which raises legitimate questions of the survey's total credibility. But beware....since this is an official HEW publication and since a more recent comparable study is not available, this document will be used, and probably abused, by many who receive it.

Minor inaccuracies begin in the introduction where the profession's founder is identified four times as Dr. "Sill." On the same page is a paragraph which begins, *"Despite acceptance and closer ties with medicine, the osteopathic profession has not been growing."*

This untruth, based on false assumption, is explained by stating that *"In 1960, the YEARBOOK AND DIRECTORY OF OSTEOPATHIC PHYSICIANS listed about 14,000 osteopathic physicians in the world. In 1971, the master file of the American Osteopathic Association included about the same number of osteopathic physicians."* Then with curious logic, the report explains that *"In the early 1960's, the number of osteopathic physicians actually decreased. . ."* Thus, in one paragraph, the report states that the profession has not grown, its size has decreased and its numbers remained the same.

But that's not all. Eight pages later we learn that, *"The number of active osteopathic physicians in the United States decreased from 12,726 in 1957 to*

*10,020 in 1971. Although this decrease is in part a result of the methodological differences (our emphasis) mentioned earlier, examination of the figure for California reveals a dramatic drop from 2,212 to 125 (Appendix Table 20). However, this represents an artificial decline (our emphasis) rather than a real one. When the California College of Osteopathic Medicine became a medical school in 1962, both current and past graduates of the school were granted M.D. degrees by the school, thus reducing the number of D.O.s in the state."*

The truth that AOA lost about 2,000 members in the California merger but then grew and regained more than that number by 1971 apparently is too simple, or too positive, to be considered by HEW statisticians.

A paragraph by paragraph critique undoubtedly would be longer than the report itself. But perhaps the most revealing insight of all is found on page 7, under the heading, "Comparison with M.D.s."

The report states: *"One of the reasons that some of the definitions and classifications used in the 1971 survey of osteopathic physicians differ from those used in earlier surveys of the profession is the attempt made to make the 1971 questionnaire parallel with that used by the American Medical Association. . ."* (our emphasis). These, of course, are the "methodological differences" noted above. The truth, again simple, is that HEW took AOA statistics and tried to make them conform to AMA's statistics. It just didn't work.

The report, most of all, is an embarrassment to the osteopathic profession but mostly to the Bureau of Health Resources Development. The most intelligent thing HEW could do is to immediately halt distribution of the report, recall copies already mailed and then start all over again with a current and better study. We doubt that will happen. In the meantime be prepared for some awkward questions.

The publication, and you probably should have one, may be ordered from the National Technical Information Service, Springfield, Virginia, 22151. It is identified as DHEW Publication No. (HRA) 75-60.



## Dr. Hause Appointed to HSA Board

To date the only D.O. appointed to a Health Systems Agency (HSA) board is Dr. Dwight H. Hause of Corpus Christi.

Dr. Hause was one of the original members of the group that established the first health planning council in the Corpus Christi area, and has been a member of the Coastal Bend Council of Governments Health Planning Council since its establishment.

He is presently a member of the executive committee of this council and a member of the Project Review Committee.

In recommending Dr. Hause as a member of the board of the proposed new HSA, Dr. Harlan J. Borcherding, president of the TOMA

District VIII, said that Dr. Hause has demonstrated both his willingness and ability to serve on the committee in this area.

Dr. Hause has been in practice in Corpus Christi for 15 years as a general surgeon on the staff of Corpus Christi Osteopathic Hospital and the Aransas Hospital. He is the president of the board of the Corpus Christi Osteopathic Hospital, serves in the TOMA House of Delegates, is a trustee of TOMA and chairman of its Preventive Medicine Committee.

In Texas, there will be 12 HSAs, and most of them will be free-standing, nonprofit corporations in control of future expansion of health care facilities and services.▲

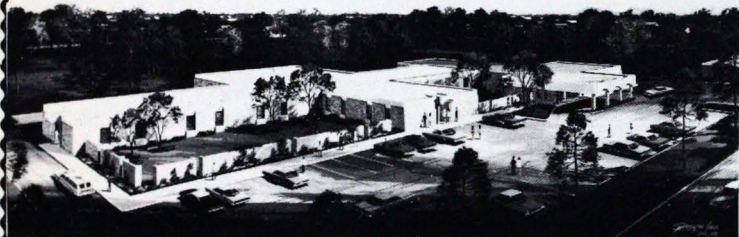
## Requirements for HSAs Published

Federal regulations spelling out eligibility and operational requirements for Health Systems Agencies (HSAs) have been published, and the deadline set for applications is the first week in January, 1976. April 1, 1976, is the target for the first funding cycle.

HSAs will be responsible for area-wide health planning and will be the first hurdle in any plan to expand health care facilities and services in the future. Information on the formation of HSAs in Texas is, to some degree, imprecise and in a fluid state, but D.O.s and osteopathic hospitals are urged to keep in close touch with the TOMA State Office.

There is additional information through the offices of Stan Stout, Director, Division of Health Planning, Texas Department of Health Resources in Austin.▲

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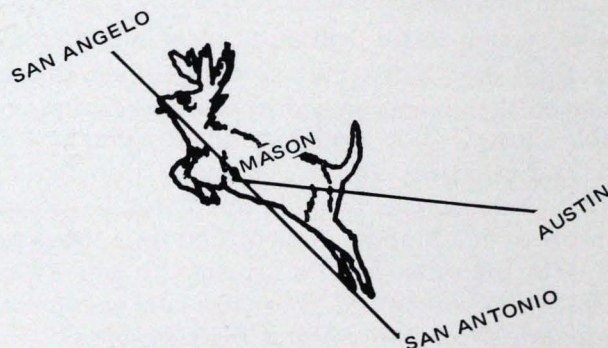
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### DISTRICT XIII

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

Fannin County Hospital was host to a program on Drug Abuse on November 6. The Texas Board of Pharmacy and the Texas State Board of Medical Examiners together with John H. Sartore, special investigator for the Texas Medical Board. The seminar was attended by D.O.s, M.D.s, counselors, ministers and nurses.

\* \* \*

Dr. R. D. Van Schoick is new chief-of-staff at Fannin County Hospital in Bonham.

\* \* \*

District XIII had its monthly meeting at the Steak Out restaurant in Bonham. Dr. Fred Boling was chairman of the meeting. Guest speaker was Margherita G. Weubker, M.D., cardiologist from Commerce.

\* \* \*

Drs. Roy Mathews, David Mathews, Max Ayer and wives attended the AOA convention in Las Vegas. We expect a thorough report on all activities both professional and social on their return.

\* \* \*

Dr. Lynn Fite says that he can't fool pheasants anymore on his hunting trip to South Dakota. He did get one though!



## Medically Underserved Areas Determined

Pursuant to the Health Maintenance Act of 1973, the Secretary of HEW is given authority to designate as medically underserved, those areas or population groups, both urban and rural, with a shortage of personal health services. In making the designations, the Secretary must take into consideration comments of State comprehensive health planning agencies.

A list of Medically Underserved Areas was published in the *Federal Register* of September 2, 1975. The HMO law encourages health maintenance organization applicants to enroll members for medically underserved areas and population groups by providing priority ranking and up to 100 percent funding for HMOs that will draw not less than 30 percent of their membership from medically underserved areas.

Factors considered in determining medical underservice are: (a) the ratio of primary care physicians to the population; (b) infant mortality rate; (c) the percentage of the population age 65 or older; and (d) the percentage of the population with family incomes below the poverty level.

(reprinted from *Osteopathic Newsbriefs*)

## New 4-Story Building for East Town

By a majority vote, the City Council of Dallas approved a development plan for East Town Osteopathic Hospital, to allow for construction for a new four-story building attached to the present structure and which will provide better and more efficient medical care for hospital patients.

The development plan submitted to the City Council for approval was completed with cooperation of residents surrounding the site of East Town Osteopathic Hospital, located on Scyene Road between Loganwood Drive and McNeil Street.

The new building proposed by East Town Osteopathic Hospital will contain new modernized surgical suites and recovery rooms. The second, third, and fourth floors will contain patient beds, which will replace other patient areas which will have been designated substandard by the Texas State Department of Health. The total bed complement of East Town Osteopathic Hospital, following this construction program, will remain at 137 licensed beds. Under the development plan by East Town Osteopathic Hospital, much landscaping will be provided around the facility in the forms of hedging, trees and lawn areas.

(reprinted from the *Daily News, Mesquite*)

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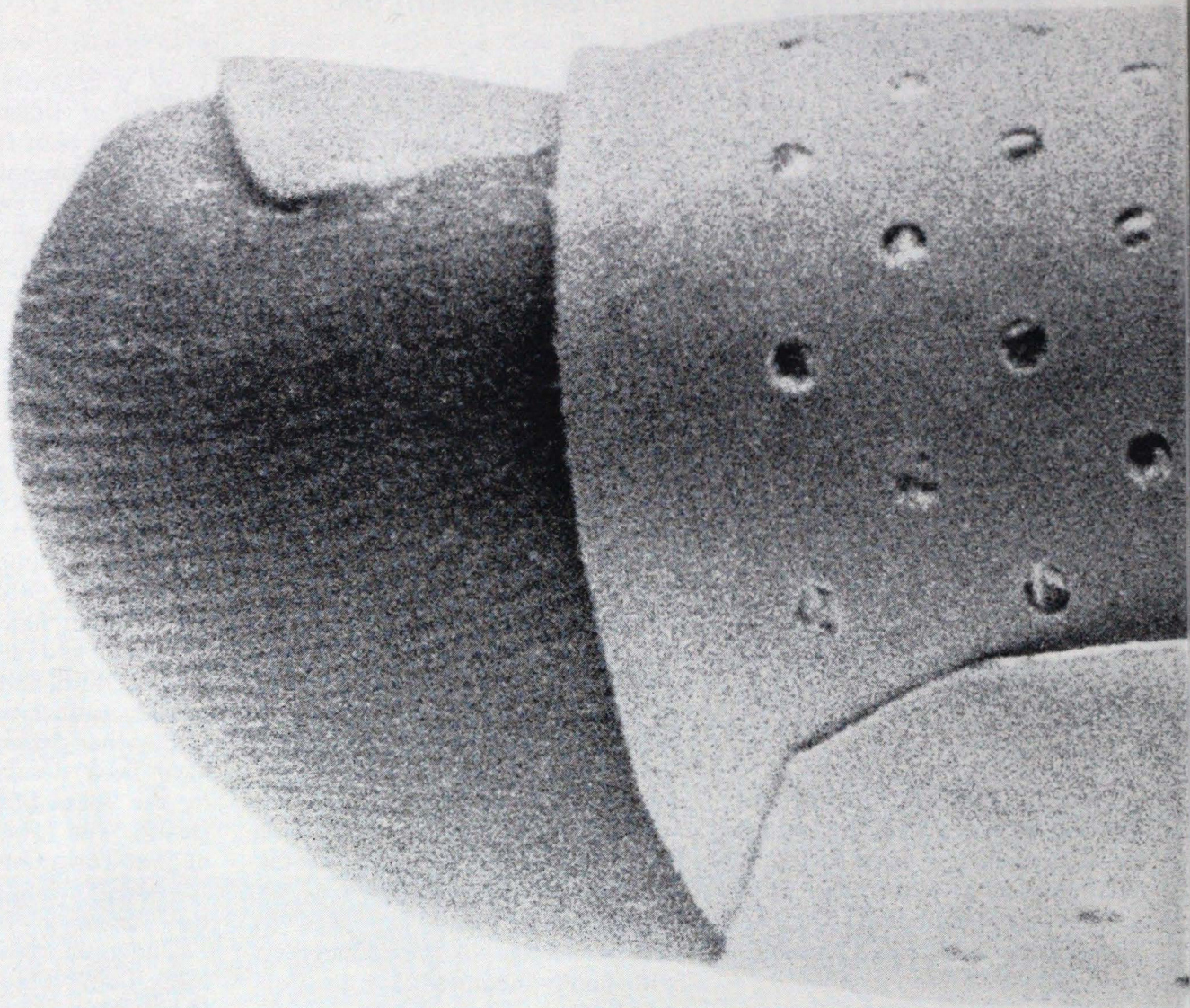
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## Rep. Burleson Seeks Extension of Waiver on Nurse Staffing Requirements

The U. S. House Ways & Means Health Subcommittee has approved a three-year extension of the waiver for small hospitals which cannot meet nurse staffing requirements called for by HEW regulations. The bill, introduced by Rep. Omar Burleson five years ago and approved by Congress, allows continued operation by hospitals of 50 or fewer beds, even though they are unable to have an R.N. on duty 24 hours a day, seven days a week, 365 days a year.

Many small hospitals in Texas and the rest of the nation will go out of existence if the full Committee and both houses of Congress do not approve the extension of the original Burleson Bill.



The Medicare statutes originally do not impose such an arbitrary requirement on any hospital, but it was promulgated in regulations issued by HEW and used as a device to close smaller hospitals arbitrarily and without regard to the needs of the particular suburb or small city.

Supporting the current effort to extend this moratorium on the R.N. requirement are such organizations at TOMA, AOHA, TOHA, THA, and TMA. In sponsoring the bill originally, Rep. Burleson said that licensed vocational nurses do a very fine job and could very well, under the general supervision of doctors and registered nurses, fill the practical needs of patients in small hospitals. He voiced his opposition to regulations and rules that would leave no hospital in the community.

The impetus to get the bill passed five years ago came through the efforts of certain members of the Texas Legislature, TOMA, M.D. and D.O. hospital staffs and other groups working directly with Rep. Burleson. ^

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# Pennsylvania Has New Malpractice Law

Long-awaited malpractice legislation was signed into law by Pennsylvania Governor Milton J. Shapp just hours after the House concurred with Senate amendments to HB-1367 by a vote of 188-9 October 15. The action brought to an end several months of lobbying by POMA and other medical organizations, lawyers and the insurance industry to frame a bill equitable to all interests.

Backed by the Shapp administration, HB-1367 is one of eight malpractice bills which vied for legislative support. Known as the Health Care Services Malpractice Act, the bill first gained House approval July 21. Senate amendments were drafted during the summer and that chamber's version of the bill was passed October 2.

Insurance Commissioner William Sheppard said it would take at least two years for malpractice rates to drop because insurance companies must first see whether the new law works.

The new law carries these basic provisions:

- 1) Seven-member arbitration panel created to hear each case, including two health care providers. Appeals may be taken to county court, but plaintiff must pay all trial costs if he loses the appeal. Panel findings are admissible as evidence in court trials.
- 2) Statute of limitation for filing claims remains two years from discovery. Claims filed more than four years after occurrence shall be paid by a Catastrophe Loss Fund.
- 3) Catastrophe Loss Fund pays awards over \$100,000 to \$1,000,000 for each occurrence.
- 4) If fund reduced below \$7,500,000 and no remedial action taken by legislature in 25 days, fund's liability ceases. *An annual health provider's surcharge would be levied without limit to satisfy outstanding fund claims.*
- 5) Joint Underwriting Association to make insurance available to high risk physicians unable to obtain coverage otherwise. If JUA suffers deficit, Loss Fund compensates. JUA may become exclusive source insurance if private market rejects 50 per cent or more physicians.
- 6) Disciplinary proceedings include revoking, suspending and regulating licenses, requiring refresher courses, etc. determined by state licensing boards. Hearings, reviews and appeals provided.

POMA monitored progress on the bill and frequently provided input through testimony and other means, representing best interests of members. At the 11th hour on October 13 Legislative Chairman Vernon C. Buckley, D.O. sent letters to House Republican and Democratic caucus chairmen, majority and minority, leaders and the speaker, urging them to consider further POMA recommendations. A number of amendments supported by POMA are included in the Act.

## *Physician's Financial Obligations under Law*

*\*Purchase basic coverage liability insurance in amount of \$100,000 per occurrence and \$300,000 per annual aggregate.*

*\*Pay ten per cent of annual liability premium or \$100, whichever is greater, to Catastrophe Loss Fund.*

*\*Pay \$50 annual service charge to administer the act. ▲*

## Anger Can Make You Sick!

You can tell a lot about a person by observing how often he gets angry, the relative importance of the things he gets angry about, and how long he stays that way.

It seldom pays to get angry. An angry man is, momentarily, a foolish man. Emotion blocks out logic. If he is frequently angry, he's also apt to be a sick man. Continued anger takes a heavy toll of mind and body.

Things done in anger rarely make a good impression on anyone. All of us can look back on mistakes we've made in the heat of anger. Our close friends could probably point out a few more we've chosen to forget.

The most important time to hold your temper is when the other fellow has lost his. It takes two to tangle. When someone else starts to get angry, make it a point *never* to respond in kind. *Always* regard it as an automatic signal to put personal feelings aside and turn on the ice water in the veins. Be casual. Try to stop whatever is causing his irritation immediately. Don't pick up the subject again until he is completely calm and in control of himself.

Whenever you find yourself in an angry mood, stop and find out why. Then figure out something *constructive* to do about it. Never stay angry—people who do are digging their own graves. ▲



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## Faith Burt Named National Guild V.P.

Faith Burt, director of the Department of Volunteer Services at Fort Worth Osteopathic Hospital, has been elected vice-president of the 1,400-member National Osteopathic Guild Association (NOGA).

Mrs. Burt, who has previously served NOGA as recording secretary, assumed her new responsibilities in October when the Association convened for its 20th annual meeting in Milwaukee, Wisconsin.



In Fort Worth, Mrs. Burt has been associated with FWOH for more than 20 years; first as a hospital volunteer and now as director of the hospital volunteer program. She has been elected to serve in every office of the FWOH Guild.

She holds professional memberships in the Texas Hospital Association and the Tarrant County Association of Volunteer Directors, and she has served on the Advisory Board of the Retired Senior Volunteer Program which is sponsored by the Tarrant County Community Council.▲

## Action Expected on Capitation Funds

The National Advisory Council on Health Professions Education (NACHPE), met November 10-11 on the status of health manpower legislation as well as grant cycles for FY 1976.

Dr. Kenneth M. Endicott, Administrator made the observation that "strings" which will or may be placed on health professions schools for institutional support (i.e., capitation) may cause them to conclude that "the game isn't worth the candle" or that their savior should be the State legislature. Dr. Endicott stated that the Administration would be "delighted" if the States would pick up the capitation tab.

Dr. Daniel Whiteside, Director of the Bureau of Health Manpower, and Dr. Robert Knouss, Director, Division of Medicine, HRA, explained the Administration's new proposal on Federal support of health professions education. HEW believes there is a "good chance" of health manpower operating on continuing resolutions through this fiscal year. They don't expect a new law until after March, although Senate sources still hope for favorable Senate action before Christmas recess scheduled for December 12. There would probably be no major modification on any new continuing resolutions (the current one expires December 31, 1975). HEW sources are predicting that a continuing resolution will be a straight extension through February 28, 1976.

(reprinted from Update, Nov. 14)▲

### DALWORTH

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## State to Take Over West Virginia School

The "Greenbrier School of Osteopathic Medicine" was recently accepted into the West Virginia State System of Higher Education by overwhelming passage on November 6 of a bill mandating acceptance of the school under the name "West Virginia School of Osteopathic Medicine." Purpose of the legislation was to clarify the intent of the legislature to establish and fund the institution. School officials are now in the process of preparing with the West Virginia Board of Regents the necessary steps for the State takeover which must be completed by December 31st in accordance with the legislative act.

(reprinted from Update, Nov. 14)▲

## DRUGS--a Happiness Syndrome

by: Harold E. Green, D.O.

There is a widespread drug abuse in this country because most Americans feel they should be happy 24 hours a day, seven days a week--and, happiness is only a swallow away.

"Drug abuse is a people problem," Art Linkletter, television and radio star and nationwide crusader for drug abuse prevention, told an audience of almost 1,000 attending the 75th Anniversary Osteopathic Education Banquet of the Chicago College of Osteopathic Medicine.

Mr. Linkletter said that the medical profession has a continuing responsibility that will not go away: to use great care in prescribing drugs.

The banquet was held September 27 at McCormick Inn in conjunction with the 28th Annual Clinical Refresher Course of the College and the annual reunion of the CCOM Alumni Association.▲

(reprinted from CCOM News)



**when pain goes on...  
and on...  
and on—**

the analgesic formula that calms instead of caffeinates

**Phenaphen<sup>®</sup> 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  $\frac{1}{4}$  grain of phenobarbital to take the nervous "edge" off, so the rest of the formula can help control the pain more effectively. Don't you agree, Doctor, that psychic distress is an important factor in most of your terminal and long-term convalescent patients?






# Codeine

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

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

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

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

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

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### OPPORTUNITIES FOR OSTEOPATHIC PHYSICIANS IN TEXAS

**PHYSICIAN NEEDED**—General Practitioner, Internist, OB—GYN, Surgeon, or Pediatrician. Wanted to associate with our family practice clinic in Duncanville. Three D.O.s in general practice. Clinic established in Duncanville twelve years. Growing area near Dallas. Financial arrangements open. Contact James L. Hill, D.O., 113 S. Main, Duncanville, 75116 or call (214—298-1447).

**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.

**DALLAS SURBURB** — Acute practice available in Dallas suburb 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

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

**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.

**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

**FAMILY PHYSICIANS**—solo or associate practice available in north central Texas community serving 35,000. Strong consultive support and exceptional hospital facility available. Relaxed living, outskirts of metroplex. Contact: Palo Pinto Area Foundation, c/o James F. Berg, M.D., 208 N.W. 2nd Street, Mineral Wells, Texas 76067. Phone: 817—325-0741.

**MABANK**—Needs General Practitioner. Two doctor clinic. Guaranteed \$3,000 month salary; expectations much more. For further information contact: Robert L. Hamilton, D.O., Box 267, Mabank, 75-147 or call 214-887-2161.

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

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

**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

**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., 3516 Camp Bowie Blvd., Fort Worth, 76107; or call 817—338-9011.

**NEW BOSTON**—Needs D.O. in family practice. Guaranteed income, relocation expenses, office space—and more; new fully accredited 63-bed hospital, strong economic base. Contact: Sam Holtzman, Admin., New Boston General Hospital, New Boston, Texas 75570 or call collect 214—628-5531.

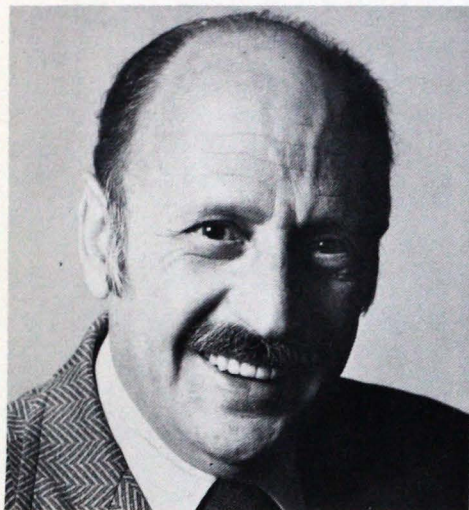
**HOUSTON**—General Practitioners and internists needed in expanding Texas Hospitals. Guaranteed income. Group and solo practices available. No fee. Excellent facilities. Send curriculum vitae to: Director, P. O. Box 2128, Houston, Texas, 77001.

**AUSTIN**— Assistant or partner wanted in large office practice. Salary open. Contact: Joseph L. Love, D.O., 4400 Red River Street, Austin, Texas 78751, Phone: 512-452-7541.



## *I.C. System Names New District Manager*

Jay Elson, 49, has been appointed Regional Manager in charge of sales and service for I. C. System, Inc., in Texas and Oklahoma. I. C. is the company that provides approved collection service for TOMA.



He replaces Stuart Dann, the 1974 Manager of the Year, who moves on to assume charge of the company's North Central region.

Jay brings with him many years of management experience in both the broadcasting and educational fields. For the past year he represented I. C. in Texas.

I. C. has been in the collection business since 1938 and last year recovered \$10.3 million for its customers.

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Phone: 817-338-9011.

## **Texas D.O.s Among Conferees at Cardiac Seminar**

Seventy physicians from 11 States attended a special conference on cardiology in Cancun, Mexico, October 10-14. Organized by the Arizona Heart Institute and Marion Laboratories, Inc., the conference featured three 4-hour seminars on the treatment of coronary artery disease. Participants earned 12 Category II continuing medical education credit hours.

The faculty for the conference consisted of four distinguished cardiologists: Drs. Gerald T. Gau, Consultant on Cardiovascular Disease and Internal Medicine, and Robert Wallace, Chairman, Department of Cardiovascular Surgery, Mayo Clinic, Rochester, Minnesota; Dr. Meyer Friedman, Harold Brunn Institute, Mt. Zion Medical Center, San Francisco; and Dr. Myrvin Ellestad, Chairman, Department of Clinical Physiology, Long Beach Memorial Hospital, Long Beach, California.

Among the topics presented were Type-A Patient and Recognition of Coronary Candidate by Dr. Friedman; Indications for Coronary Artery Surgery by Drs. Gau and Wallace; and Cardiac Conditioning in the Postoperative and Postmyocardial Infarction Patients, by Dr. Ellestad. Each presentation was followed by a discussion period.

The conferees and their wives arrived via special air charter at Cancun, on October 10, for the first medical meeting ever to be held in that Mexican resort city. Afternoons were free for tourist activities. The Marion charter trip terminated on October 15 in Dallas, Texas, and in Kansas City, Missouri.

D.O.s and their wives from Texas participating were Dr. and Mrs. Robert L. Hamilton of Mabank and Dr. and Mrs. Jimmy D. Johnson of Dallas.

## **Osteopathic schools share in government construction funds**

Three colleges of osteopathic medicine have received grants for construction of teaching facilities from the Department of Health, Education and Welfare. HEW is distributing a total of \$98 million to 34 schools of medicine, dentistry, and other health professions in 26 states; the three osteopathic college grants total \$7,417,593.

The three schools are Kirksville College of Osteopathic Medicine, \$1,200,423, for a primary care facility (a new outpatient clinic); Texas College of Osteopathic Medicine, \$4,817,170, for an ambulatory care facility; and the West Virginia School of Osteopathic Medicine, \$1,400,000 for a clinical teaching facility.

## *Northeast Houston Area Needs Two Doctors*

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"... a profound change  
in the way Congress  
thinks about money"

Most of the officials we have elected to represent us in Washington pay rather close attention to the wishes of their constituents back home; and if budget resolutions passed by Congress during the past year really work, close contact with these representatives will carry more weight than ever before.

Now the budget resolutions have laid the groundwork for another binding resolution to hold spending at a certain level.

A resolution passed in November provides that any bill pushing spending beyond the ceiling set will be out of order and can be blocked by any one Member's objection. It provides that if the current tax bill does not raise enough money to meet the revenue requirements, Congress will either have to send it back to the tax committee or vote to raise the deficit.

According to Rep. Omar Burleson, this is the first time in its history Congress is having to vote on a budget as whole and on the deficit. "The result is a profound change in the way Congress thinks about money," he says.

In his newsletter of Nov. 20 he continues, "If the 535 unruly and highly individual members can summon up the cohesion, stamina and courage to enforce these provisions, the new budget law will accomplish more than any event of this century to bring Congress back into a genuine share of the authority and responsibility for enacting economic policy....."

"Throughout the remainder of this session, the new procedures will be taken a great deal farther, demolishing a number of comfortable but irresponsible customs as it goes....."

"These efforts come at a time when needed momentum was furnished by the increasingly cautious public attitude towards spending, deficits and inflation....."

"The new bill, if Members of Congress have the will to sustain it, promises to transform the nature of Congressional responsibility and its power as well. Thus far, it is most encouraging. There is not the big push to enact new programs, although some are in the mill, such as national health insurance, the cost of which no one can really be sure. Rather, it is for restraint and to try to make old expensive programs work cheaper and better."

So if Congress *does* stick by its guns, and we continue to use the power of the pen and the ballot box, there appears to be a glimmer of hope that the U.S. Government won't follow in the footsteps of New York City! ▲

## 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.

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Each tablet also contains aspirin  
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\*Warning—may be habit-forming



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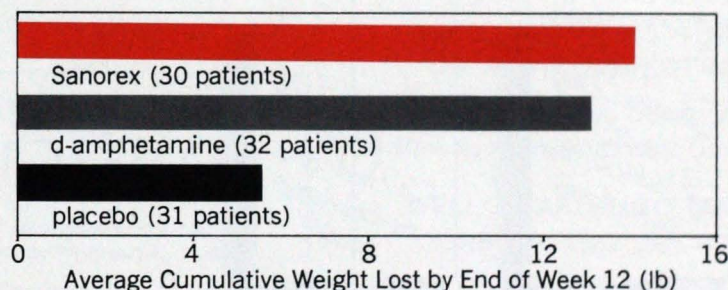
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In a double-blind study<sup>1</sup> of 93 obese patients (all of whom completed the study), 30 patients received Sanorex (1 mg t.i.d.), 31 received placebo, and 32 received d-amphetamine (5 mg t.i.d.).

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.

For Brief Summary, please see following page.

75-391 R2

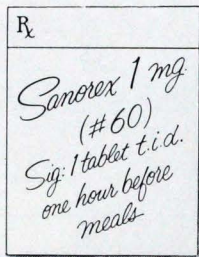
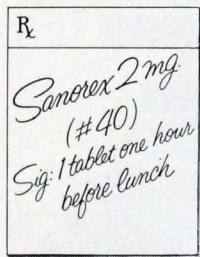
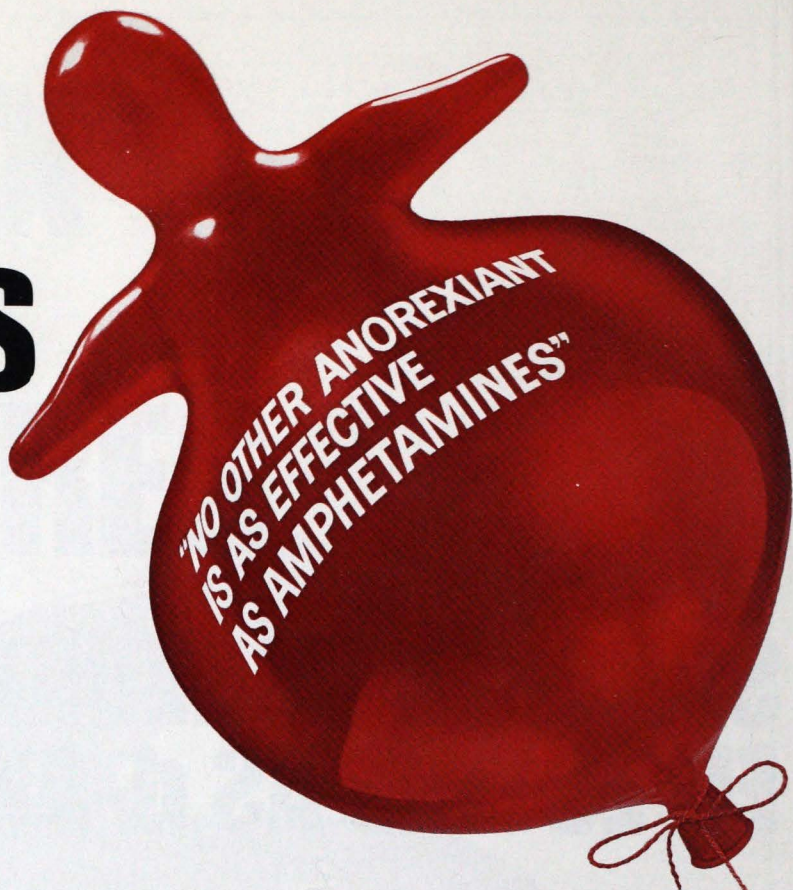




# SANOREX<sup>®</sup> (MAZINDOL)<sup>©</sup>

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 deter-

mined 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.

SANDOZ PHARMACEUTICALS, EAST HANOVER, N.J. 07936



75-391R2



## *New Health Manpower Bill Gives Capitation Requirements*

A new health manpower bill was proposed by HEW in September as hearings on health manpower legislation opened before the U.S. Senate Health Subcommittee, which is chaired by Sen. Edward Kennedy (D., Mass).

The proposed legislation, presented by Dr. Theodore Cooper, assistant HEW secretary for health, bears little resemblance to the bill passed by the House in July. Major provisions of the HEW proposal include continuation of capitation funding at approximately the present level—stated at \$1,500 per year per student in the so-called MOD schools, medicine, osteopathy, and dentistry—but phases out over three years for schools of veterinary medicine, optometry, and podiatry, and elimi-

nated immediately for schools of pharmacy.

As a requirement for capitation, the MOD schools would agree to three requirements: (1) Set aside a certain percentage of slots in their entering classes for students who will indicate they are willing to serve in a federally designated shortage area after graduation. Slots will be 15% of the 1977 class, 20% of 1978 and 25% of 1979. (2) Establish or maintain an identifiable teaching unit in "primary care." (3) Assure that certain percentages of "filled, direct, or affiliated residencies in primary care" in MOD schools be maintained at specific levels; for medical and osteopathic schools these would be 35% in 1977, 40% in 1978, and 50% in 1979.

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#### Obstetrics and Gynecol- ogic Surgery

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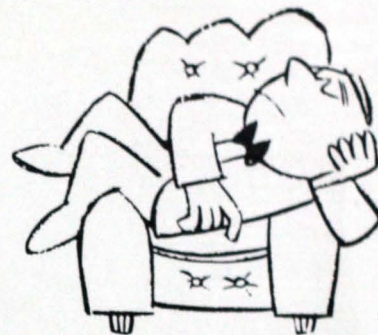
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The Cradit Clinic  
in Amarillo Is For  
**SALE OR LEASE**

EXCELLENT LOCATION  
ON A THROUGH STREET

3 Minutes from Downtown

5 Minutes from Southwest Osteopathic

WELL ADAPTED TO USE OF  
ONE OR TWO DOCTORS

EQUIPPED WITH INSTRUMENTS  
for EENT and GENERAL PRACTICE

INCLUDING —

RITTER EENT UNIT  
SINUS & DENTAL X-RAY  
LARGE RECEPTION ROOM  
TWO PRIVATE OFFICES  
FIVE TREATMENT ROOMS  
RECOVERY ROOM  
X-RAY DARK ROOM  
REFRACTION ROOM  
AUXILIARY ROOMS

IF YOU ARE INTERESTED IN  
WORKING OUT A PROGRAM  
FOR BUILDING & EQUIPMENT  
— — SALE OR LEASE — —

CONTACT:

L. V. CRADIT, D.O.  
709 West Tenth Street  
Amarillo, Texas 79101  
Phone: 806-373-1655



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

Address Correction Requested

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