

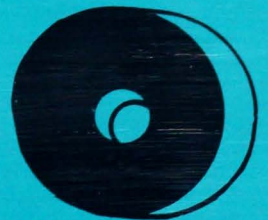
TEXAS OSTEOPATHIC PHYSICIANS
JOURNAL

WE'RE DOING SOMETHING
about

P

S

R



IN TEXAS

SEE PAGES 6 & 7

OCTOBER 19

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 anti-coagulants; 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.

Sigmoidoscopic view of irritable bowel syndrome...



8/4/71
Spasm
in colon

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, N.J. 07110

Case History:¹

Present Illness:

57-year-old female complaining of episodes of constipation and diarrhea with severe cramping in lower abdomen for a number of years. Copious stringy mucous stools. No bleeding noted. No upper G.I. symptoms at this time.

Past History:

Negative for operation and trauma. Has had difficulty with bowel habits for a number of years. Has been treated with numerous antispasmodics, laxatives and antacids.

Family history noncontributory. Drinks coffee in moderation. Does not drink alcohol or smoke.

Physical exam: 8/4/71 reveals no abnormalities.

Lab survey: Hemogram and results of SMA-12 within normal limits. Urinalysis negative. Stool negative for occult blood.

X-ray: Repeated x-rays of colon and upper G.I. tract revealed spastic colon. Gallbladder x-ray: no abnormality. I.V. P. previously performed: no abnormality.

Sigmoidoscopy: Severe spasm and excessive mucus in sigmoid colon.

Diagnosis: Irritable bowel syndrome (negative work-up for organic disease plus symptoms).

Treatment: Rx: Librax capsules, *t.i.d. a.c. and h.s.*

Follow-up: In this patient, symptoms abated in 24 hours. No recurrence over 3-week period of observation. Sigmoidoscopy performed 1 and 2 weeks after Librax therapy was initiated to show effect of therapy; no sigmoid spasm or excessive mucus noted.

The need to provide a comprehensive therapeutic regimen

In irritable bowel syndrome, attention must be focused on the patient as a whole rather than only on his colon. The patient needs reassurance that he does not have a serious disease, and at the same time, must be made aware of the role that excessive psychic tension sometimes plays as a contributory factor in his illness.² Symptomatic relief often may be obtained by changes in routine, a sympathetic listener and adjunctive medications such as anticholinergics and tranquilizers.

1. Data on file, Hoffmann-La Roche Inc., Nutley, N.J. 07110

2. Almy, T. P.: "Disorders of Motility," in Beeson, P. B., and McDermott, W. (eds.): Cecil-Loeb Textbook of Medicine, ed. 12, Philadelphia, W. B. Saunders Co., 1967, p. 852.

The need to relieve interrelated symptoms

Abnormal colonic motor activity has long been noted in response to emotional factors such as excessive anxiety or undue psychic tension. In the patient with irritable bowel syndrome, both hypomotility and hypermotility can occur. Librax, the only capsule to combine both the antianxiety action of Librium® (chlordiazepoxide HCl) and the anticholinergic action of Quarzan® (clidinium Br), is well suited to help certain symptoms of irritable bowel syndrome. The antianxiety component helps to relieve excessive anxiety from stressful external events, and the antispasmodic action helps reduce colonic hyperactivity and hypersecretion thus returning the bowel to more normal function. Associated symptoms such as spasm producing pain and diarrhea usually subside as Librax exercises its effects.

Up to 8 capsules daily in divided doses

For optimal response, dosage should be adjusted to your patient's requirements, within the range of 1 or 2 capsules, 3 or 4 times daily. The initial prescription to judge the patient's response is often Librax #35—Sig: 1 cap., *t.i.d. a.c.* and 2 *h.s.* Follow-up therapy—Librax #100, Sig: 1 cap., *t.i.d. a.c.* and 2 *h.s.*—permits the patient to maintain therapeutic gains while permitting less frequent visits.

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8 days later.



8/12/71
After a
7-day course
of therapy with
adjunctive Librax.
No spasm.



TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

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Mr. Tex Roberts, Editor

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Warnings: Hypercalcemia may occur in immobilized patients, and in patients with breast cancer. In patients with cancer this may indicate progression of bony metastasis. If this occurs the drug should be discontinued. Watch female patients closely for signs of virilization. Some effects may not be reversible. Discontinue if cholestatic hepatitis with jaundice appears or liver tests become abnormal.

Precautions: Patients with cardiac, renal or hepatic derangement may retain sodium and water thus forming edema. Priapism or excessive sexual stimulation, oligospermia, reduced

ejaculatory volume, hypersensitivity and gynecomastia may occur. When any of these effects appear the androgen should be stopped.

Adverse Reactions: Acne. Decreased ejaculatory volume. Gynecomastia. Edema. Hypersensitivity, including skin manifestations and anaphylactoid reactions. Priapism. Hypercalcemia (especially in immobile patients and those with metastatic breast carcinoma). Virilization in females. Cholestatic jaundice.

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*Cecil-Loeb. Textbook of Medicine, Vol. II, ed. 13 Beeson, P. B. and McDermott, W. eds. Philadelphia W. B. Saunders Co., 1971, p. 1816

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More

Alphabet Soup to Swallow



WE'RE TRYING TO MAKE IT MORE PALATABLE

This is a story about more alphabetical soup that the physicians in Texas hoped they would not have to swallow. It is also a story about how your Association, in your behalf, is trying to cope with a new Federal statute that may result in serious complications for the practice of medicine.

TOMA, TMA, THA and TOHA, along with other allied health professionals are in the process of forming TIMA (Texas Institute of Medical Assessment) to implement PSRO.

We must participate

The PSRO provision passed in the Social Security Amendments of 1972 will make it mandatory that all licensed physicians have access to and participate in the peer review program called for under the PSRO amendment. TIMA will be physician-administered with nine M.D.s and three D.O.s sitting on the Board of Directors.

In addition to the above named organizations, a long list of specialty societies, district associations, and other health care industry representatives joined in an August 24 presentation to Region VI of the Department of Health, Education and Welfare (DHEW).

At that meeting a formal request was made by the physicians of Texas, both D.O.s and M.D.s, for the Secretary of DHEW to designate Texas a single PSRO

area. Preliminary notification was also given that TIMA seeks to contract with DHEW to administer PSRO in Texas through the local utilization review committees in hospitals and institutions providing care to Medicare and Medicaid patients.

Vigorous opposition immediately developed in Washington, even before the formal proposal for designating Texas a single PSRO was received. The U.S. Senate Finance Committee staff is demanding that Texas, and several other states, be divided into several PSROs which would be contracting directly with Washington, even though the PSRO Amendment does not set an arbitrary number of physicians that may be included in a PSRO area and neither have there been any regulations published in the Federal Register setting such a limit.

Administrative nightmares

The PSRO area designation sought by TIMA and the physicians of Texas would contain approximately 12,000 licensed physicians. The physicians in Texas maintain that multiple PSROs will create administrative nightmares and result in increased cost to the taxpayers.

The TIMA plan and personal letters from the heads of the organizations supporting it have gone forward to the U.S. Senators and Congressmen from Texas, and on October 4 a general meeting was to be held with them in Washington.

Statewide plan presented

In the August 24 presentation to DHEW in Dallas, Dr. Joseph T. Painter (M.D.) of Houston was the spokesman for the Texas doctors proposing a single state PSRO contractor to oversee local peer review by doctors in hospitals, nursing homes and institutions in Texas. He said that the medical professions, composed of M.D.s and D.O.s, were united in their conviction that a single statewide PSRO would be far less costly and insure uniformly better care for every citizen in Texas who is under the Medicare and Medicaid programs.

TIMA seeks to avoid huge start-up costs, which must be paid by the government, and is ready to implement the PSRO program which seeks to determine quality of care, medical necessity of services rendered, and to accomplish continuing medical education by having physicians rotating through the peer review process, Dr. Painter said to the government.

Interprofessional Relations Committee acts in behalf of TOMA

Dr. John H. Boyd (D.O.) of Silverton, TOMA President, is co-chairman with Dr. Painter of the Joint PSRO Steering Committee. Also active in the several recent meetings of the Steering Committee are Dr. Charles B. Dryden (M.D.) of Wichita Falls, TMA President, and O. Ray Hurst, C.A.E., president of the Texas Hospital Association, and Franklin E. Wells, immediate past president of the Texas Osteopathic Hospital Association.

Coincidentally, and without prior consultation, the Houses of Delegates of TOMA and TMA, meeting on the same day (May 2, 1973) in different cities of Texas, decreed that their organizations seek a single PSRO statewide designation for Texas. The first joint meeting to implement these directives was held August 10 between TOMA and TMA, with the Interprofessional Relations Committee of TOMA acting in its behalf.

DHEW, under pressure from the U.S. Senate Finance Committee staff, has a Round Two session with the physicians of Texas scheduled October 18 in Dallas, at which time the supporters of the TIMA plan will be called upon by Washington to prove their case for a single PSRO for the state of Texas.

In the hearing held August 24 in Dallas by DHEW the floor was open to anyone in Texas who had a PSRO plan and only one was presented in the all-day session. It was the TIMA plan for a single statewide PSRO.

Introductory remarks were made by Dr. Dryden and Dr. Boyd and a detailed presentation made by Dr. Painter who said, "The licensed physicians of this State wish to inform the Secretary of the Department of Health, Education and Welfare of our intention and desire to comply fully with all obligations and requirements of Professional Standards Review as outlined in P.L. 92-603. We have developed a state organization — the Texas Institute of Medical Assessment — which meets the specifications stipulated for a physician-sponsored group and are engaged actively in working toward the rapid implementation of a statewide system of medical care review, evaluation and education. It is the intent of TIMA to apply to the Secretary of DHEW for designation as a provisional PSRO of the state of Texas."

Pressure from Washington

The National PSRO Council, composed of eleven physicians, including one D.O., Dr. Ray Saloom of Pennsylvania, has recommended that several smaller states could be approved for statewide PSRO operations, but the Council left open the upper limits of the number of physicians that could be included in a PSRO unit. The pressure from Washington is for a limit of approximately 3,000 physicians but this is not provided for in the PSRO Amendment, nor is it provided for in regulations.

In our patients' best interests

Dr. Boyd, in his current official tour of fifteen TOMA districts, is appealing to the public to support the physicians in their effort to gain a single statewide PSRO designation.

"It is in the best interest of the patient and the taxpayer," he said, "because several autonomous PSROs in Texas, each with staff, computer and attendant overhead will serve to push health care costs higher and higher."

In addresses to District III in Tyler and District XV in Arlington, both covered by the press, Dr. Boyd said, "In an unprecedented display of solidarity, Texas doctors — both D.O.s and M.D.s — have requested that the Secretary of the U. S. Department of Health, Education and Welfare (DHEW) designate the state of Texas a single PSRO area.

"Our plan to administer the program in Texas will save the federal government a considerable amount of money and insure uniformly better care for every Texas who is under the Medicare and Medicaid programs.

[Please see page 10]

Friends from far and near gather to honor
Dr. Sam and Dr. Marille
at gala event



The plaque, presented by Pfizer Laboratories and East Town Osteopathic Hospital Staff is unveiled by Dr. John Taylor, president of AOA as Drs. Marille and Sam Sparks watch during dedication ceremonies at the East Town Osteopathic Hospital.

Some 250 D.O.s and other friends of Drs. Sam and Marille Sparks gathered from all points of the compass for a testimonial dinner in their honor, September 8, 1973, at the Sheraton Dallas Hotel, and the dedication the next day of the big new professional building adjoining East Town Osteopathic Hospital in Dallas.

A "This Is Your Life" format was used to recall events in the extensive career of the team that served the osteopathic profession for many years; a career which included the establishment of several osteopathic hospitals.

Keynote speakers at the dinner were Dr. John Boyd of Silverton, president of the Texas Osteopathic Medical Association and Dr. John Taylor of Kansas City, president of the American Osteopathic Association.

"They always make 'sparks fly' in everything they do," said Dr. Taylor, who attributed the profession's growth in part — particularly in education — to the distinguished husband-and-wife team.

In a response at the testimonial dinner, Dr. Sam summed their career by saying, "We take care of the sick and worry about the pay later."

Dr. Marille said that it was never a burden to run osteopathic hospitals because she enjoyed it. She said that she and Dr. Sam were members of a team helping to develop the profession.

She said that some D.O.s are flattered by acceptance in other hospitals, but many have returned.

She said that she hoped "this meeting helps them to return to osteopathic principles and practice instead of subscribing to easier, more popular ways."

She appealed for "a revival of the osteopathic spirit, conviction and determination".

Mr. Manuel DeBusk, the emcee for the evening, said of Drs. Sam and Marille: "They have gone the second mile for the profession."

Other participants on the "this is your life" program included Dr. Morris Thompson, immediate past president of KCOM; Dr. Ralph M. Connell, Dallas Osteopathic Hospital; and Dr. Elmer C. Baum, Austin.

Scholarships presented to the Texas College of Osteopathic Medicine in honor of the Sparks were: E. R. Squibb and Son — \$1,000; Smith, Kline and French — \$500; and two permanent, annual \$500 scholarships were presented by Pfizer Laboratories and the East Town Osteopathic Hospital Staff. The staff also presented the two doctors with a plaque, which is a replica of the one that is permanently installed in the new professional building at East Town Osteopathic Hospital.

Mr. DeBusk also presided at the dedication of the East Town Osteopathic Hospital Professional Building on Sunday, September 9, during which the plaque was unveiled. It reads:

SPARKS MEMORIAL MEDICAL COMPLEX

DEDICATED TO

SAM F. SPARKS, D.O.

AND

MARILLE E. SPARKS, D.O.

WISE AND FARSIGHTED PIONEERS
IN OSTEOPATHIC MEDICINE

PRESENTED BY THE
EAST TOWN OSTEOPATHIC HOSPITAL STAFF

SEPTEMBER 9, 1973



Dr. John Boyd, TOMA president, adds his tribute to the Drs. Sparks. Dr. John Taylor, AOA president is shown at right of Dr. Marille and Dr. Sam.



Dr. M. E. Coy, TCOM president, is flanked by Drs. Sam and Marille Sparks during the reception prior to the testimonial dinner.

More Alphabet Soup to Swallow

[Continued from page 7]

"Our plans call for the peer review process to be conducted by the utilization review committees of local hospitals, nursing homes and institutions without interference from the state level, unless the local UR Committee fails to perform or meet guidelines and standards," Dr. Boyd said.

"We are going all out with the M.D.s and other health professionals in Texas to enlist the support of Texas Congressmen and Senators to achieve designation of Texas as a single PSRO area.

The D.O. identity will be preserved

"At the same time the identity and integrity of the D.O. degree will be preserved in the public interest and D.O.s will resist any further fragmentation, whether from Washington, county M.D. medical societies or any other sources," Dr. Boyd declared.

As this is being written, plans are being made for the October 4 meeting in Washington with the Texas Senators and Congressmen and for the confrontation October 18 with Washington officials in Dallas.

Both medical associations in Texas feel that support of the TIMA plan is vital to carrying out the directives of their Houses of Delegates and to prevent the further fragmentation of the delivery of health care via the device of multiple autonomous PSROs responsible directly to Washington.

A joint PSRO Steering Committee was formed August 10. Members of the Committee and attending the meetings from TOMA are the officers, department heads and executive director.

Under TOMA directives, only the TOMA Executive Committee is empowered to meet and negotiate interprofessional matters with the TMA.

The TOMA Executive Committee:

John H. Boyd	President
H. Eugene Brown	President-Elect
Robert G. Haman	Immediate Past President
Michael A. Calabrese	Vice President
David R. Armbruster	
Chairman, Department of Professional Affairs	
John J. Cegelski	
Chairman, Department of Public Affairs	
Richard C. Leech	
Chairman, Department of Development & Liaison	
Mr. Tex Roberts (Ex Officio)	Executive Director

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In Memoriam

Dr. David Jaffe

David Jaffe, D.O., of Houston (PCOM '36) died September 12, 1973. His wife preceded him in death in April, 1971. Dr. Jaffe began his professional career as a dentist and served eleven years in the U.S. Army Reserve as a Captain in the Dental Corps.

He graduated from the Philadelphia College of Osteopathy in 1936 and practiced osteopathic medicine in Houston 33 years beginning in 1940.

He was on the professional staff at Gulfway General Hospital, a member of the Texas Osteopathic Medical Association, the American Osteopathic Association, the American Dental Association, Fellow Member of the American College of General Practitioners in Osteopathic Medicine and Surgery.

He is survived by a daughter, Mrs. Carole Ann Bratter of Scarsdale, New York; a brother, Arthur Jaffe of Brooklyn, New York; and two grandchildren. He was a member of the Congregation of Beth Yeshurun. He was a member of the Masonic Lodge and the Shrine, the Elks and B'Nai B'rith. He earned his D.D.S. Degree at the Columbia University School of Dentistry in New York.

In 1965 a Houston Post columnist, who was suffering with a toothache on a weekend, couldn't find his dentist and in desperation called Dr. Jaffe who said: "Didn't you know I used to be a dentist?" Let me eat my lunch and then meet me at my office. I can stop the pain."

"He did, too. At the office he simply got his dental tools out of a closet and lanced the tooth, without even bothering to use a local anesthetic. In three or four minutes the pain had stopped entirely," the columnist related.

Dr. Joseph V. Money

Private funeral services for Dr. J. V. Money, age 68 years, were held in Port Isabel Tuesday, August 28.

Dr. Money, well known Schulenburg osteopathic physician and surgeon, passed away Saturday, August 25, at his residence at Port Isabel. Dr. Money established the Money Clinic there in the early 1940's and in later years was joined by his associate, Dr. John Fredericks.

Immediate survivors are his wife, Anne and three sons.

Chronological Age Not Factor in Job Ability, Says Sen. Bentsen

Washington, D.C.—Senator Lloyd Bentsen today said he is pleased that the Senate has again approved his legislation to bring federal, state and local government employees under protection of the Age Discrimination in Employment Act of 1967.

The measure, in the form of an amendment to the Minimum Wage Act of 1973, is essentially the same as one offered by Bentsen last year which was approved unanimously by the Senate but died in the House.

"This legislation has been hailed by leaders in both parties as an effort to afford government workers the same protection now provided employees of private business and I am hopeful it will be enacted into law this year," Bentsen said.

It is a violation of the 1967 law for a private employer to refuse to consider hiring workers who are middle age or older, or to pay lower salaries to older workers, or to place major burden of lay-offs on the elderly.

"But, as the law now stands, governmental units are permitted to practice this same age discrimination which is illegal for those in the private sector," the Senator noted.

"And at this time, with the President seeking to reduce the size of the massive federal bureaucracy, I believe this legislation is particularly significant."

Bentsen expressed general support for efforts to reduce the size of government, saying the bureaucracy has become bloated and unmanageable.

"But, I want to make sure that, when cutbacks are made, the main burden of the reduction does not fall upon older workers simply because they have attained a certain chronological age," Senator Bentsen concluded.

[This is a news release received in our office in August by Lloyd Bentsen, United States Senator.]

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Ethics by Default

by George W. Northup, D.O.

Speaking before the annual meeting of the Michigan Association of Osteopathic Physicians and Surgeons a leading jurist warned the establishments of medicine that unless more definitive interpretations of medical ethics are made by medicine, they will be legislated instead by judicial and legislative bodies. He stated three classic examples. The first was the Supreme Court rulings on abortions which judicially answered the question of "when life begins"; then the establishment of rules governing psycho-neurological surgery; and finally there is the fact that several state legislatures at the present time are considering euthanasia laws.

Medical ethics have become more than something to discuss in a round-table seminar. They cry out for more definitive answers than, "There is no common agreement." So while medicine is making up its mind and debating the timeless issues, the courts and legislative bodies are establishing medical ethics without a background of medical knowledge and training.

Ethics, morality, and the less down-to-earth things frequently seem so remote. But time is proving them to be the very fabric of life as we know it. And indecisiveness and deterioration of that fabric is threatening the structures of the sciences and philosophies it clothes.

It is time for medicine to move from the position of debating medical ethics for debate's sake and to begin to deal with the real practicalities of the establishment of realistic codes for the guidance of its practitioners. For without such clear-cut guidance the rules will be made for us through our own default.

FAMILY PLANNING

Family planning services provided by approved family planning agencies to welfare recipients are reimbursable, effective September 1, 1973, under the Texas Medical Assistance Program (Title XIX).

The benefits cover examinations by physicians, the usual laboratory tests needed before starting patients on oral contraceptives or other methods of birth control, and the contraceptive devices and drugs. The benefits also include abortions and voluntary sterilization procedures (subject to certain limitations applicable to minors, under 18, and legally incompetents).

The Family Planning Agencies Fee Schedule shows the services covered and the duration and conditions under which they are payable within the scope of family planning benefits. The Medicaid Program will pay each agency's usual charge to patients up to the maximum allowable fee.

Any Medicaid recipient who is offered family planning assistance may accept or reject contraceptive services and supplies under this program with complete freedom from coercion or pressure of mind and conscience. Patients who elect a method of birth control, including rhythm, must do so as a voluntary decision between doctor and patient.

Individuals must have complete freedom of choice in a contraceptive method. Conversely, the medical judgment of the physician and the dictates of good medical practice must be given equal consideration. Where consent of parent or guardian is required prior to treatment, it must always be obtained with complete understanding on the part of the individuals involved.

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Legal Action on Horizon Prompts Endorsement of Collection Service

There may be trouble ahead for Osteopathic Physicians who continue to handle collection of past-due accounts internally. And there may even be trouble for those using local or national collection services with whose methods they are not completely familiar.

The backlog of abuses and downright illegal actions of persons engaged in collection work has finally resulted in a groundswell of public indignation. This is now manifesting itself in laws—and bills yet to become laws—at both the federal and state level. All across the country we are hearing consumerists proposing new and tougher legislation governing debt collection activity. And proposed and actual penalties for failure to comply are substantial.

The Federal Trade Commission is coming down hard on collection services that send questionable material across state lines. One outfit has just been required to print this disclaimer on all of its debtor correspondence: *"This communication is only a reminder notice. (agency name) cannot accept monies nor will take any action, legal or otherwise, regarding this claim."* Hard on the company? Sure. But how much harder is it on the creditor who paid in advance to have that outfit handle its collections?

At the state level, tough new legislation governing debt collection methods has already been enacted in many states. Here in Texas, the new law is very specific about use of threats, harassment, abuse and deceptive practices.

Being unfamiliar with the new collection laws and with other laws that apply to patient-physician relationships, office personnel or independent collectors can unknowingly violate one or more of the statutes.

For example, many people don't understand the legal implications involved in refusal or threatened refusal to continue treatment of a patient's existing condition prior to payment of a past-due bill. Similarly, they may not fully understand the range of legal problems that could arise if this situation is complicated by the slightest possibility of unsatisfactory results from the previous treatment. Keeping abreast of how the courts interpret current laws is no easy task.

And this is just the beginning! There is talk of enacting legislation to hold the creditor as a party to abuses when he assigns an account to a collection agency. How is the creditor to protect himself? As a minimum, he may be required to review a collection agency's forms and procedures and to make business inquiries into the agency's reputation and into legal judgments respecting its practices.

In view of new and emerging legislation we can expect to hear a lot more stories like these:

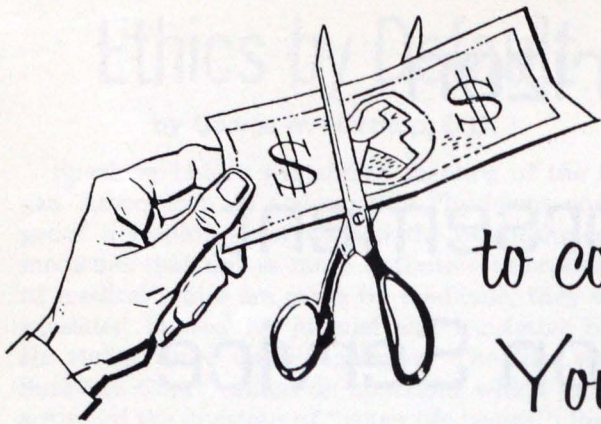
- A debtor awarded \$65,359 in damages from a Houston bank that was overly aggressive on the phone trying to collect a \$550 note.
- A New York gravestone supplier having to pay legal fees and damages because his collection agency repossessed a stone from a child's grave when the legally bankrupt parents were unable to pay for it.

Hopefully, future stories like the above will not involve members of the Texas Osteopathic Medical Association. And to that end, your Association has taken steps to identify for the membership an effective, low cost and ethical collection service that they can use with confidence.

The firm, I.C. System, Inc., has been in business since 1938 and is currently endorsed by more than 700 state professional and business associations all across the country. Your Association has reviewed their business forms and has satisfied itself that their business practices comply fully with Federal Trade Commission guidelines and with the debt collection laws of Texas.

Only you can decide whether you need debt collection services such as those offered by I.C. Systems, Inc., or whether you are better off familiarizing yourself with the state debt collection statutes in order to either handle collections yourself or select a competent outside source.

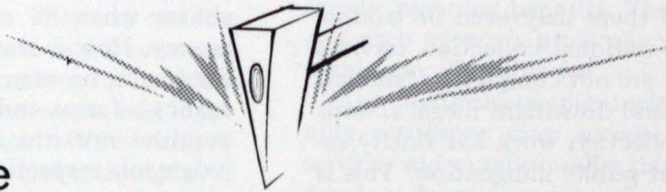
[More detailed information concerning this firm and its methods may be obtained by writing your TOMA State Office.]



If you're paying
50%

to collect delinquent accounts
You're Paying Too Much!

YOU CAN CHOP THIS COST IN HALF



By Joining The

Texas Osteopathic Medical Credit Protective Service

offered by the

I. C. SYSTEMS, INC.
and officially endorsed by

TOMA

and you can be sure you're not violating the new
TEXAS LAW REGULATING DEBT COLLECTION PRACTICES

Now In Effect

FILL IN THE COUPON BELOW - MAIL IT TO THE TOMA STATE OFFICE

A REPRESENTATIVE OF THE I. C. SYSTEMS WILL CALL
ON YOU AND EXPLAIN HOW THE SERVICE WORKS.

I would like to more about this collection service plan.

Name _____

Address _____

Phone _____



We're doing something

DISTRICT III

By H. George Grainger, D.O.

District III welcomes Dr. Norman Truitt, who began practice in Tyler September 1. Dr. Truitt, a graduate of Kansas City, recently completed his internship in Phoenix General Hospital. Married and with one child, his wife's name is Nancy.

Not having his phone as yet installed, the above information was gathered by scrounging around before deadline. He is the son of Denzil J. Truitt, D.O. of Petersburg, Texas. Son Norman practiced with him for a short time before coming to Tyler.

* * * * *

The wit of our genial vice speaker has been recognized by two local publications, witness, for example, the *Staff Notebook* of the Tyler Courier-Times:

Dr. David Norris knows the difference between "amnesia" and "magnesia", according to the Sizzler, newsletter of Tyler Civitans.

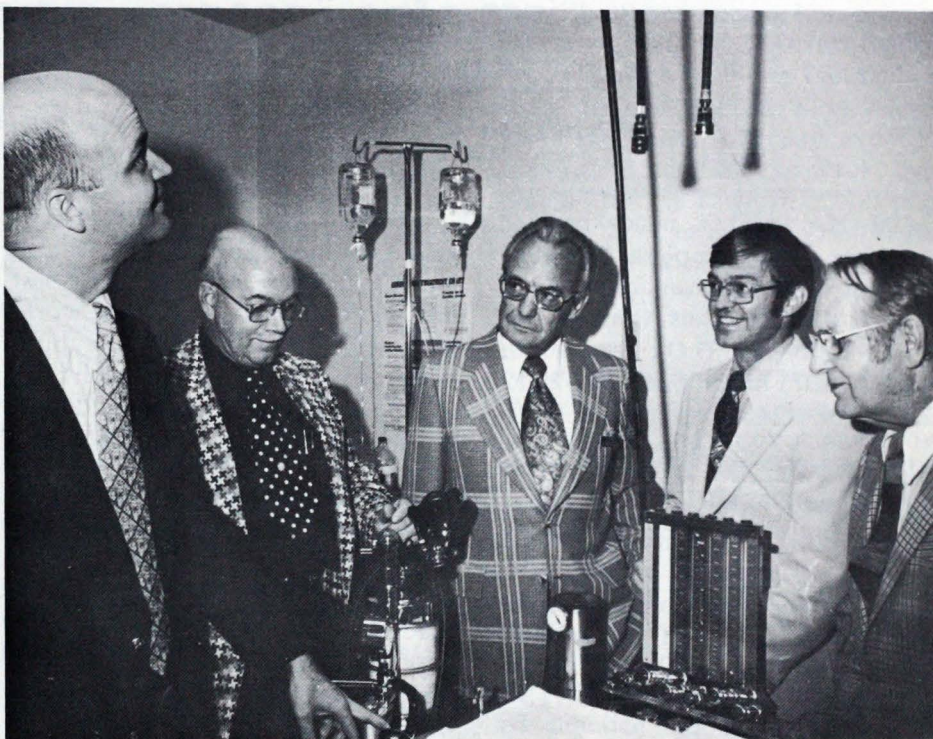
"When you have magnesia you know where you're going," he said.

Now, with this third acknowledgment, it becomes statewide and beyond. Dave seems to know where he's going.

* * * * *

Out of all the active D.O.s in District III, only two, and their wives, attended the swank TCOM Benefit Dinner honoring Drs. Sam and Marille Sparks at Dallas' Sheraton Hotel in early September.

However, there was one who did send his regrets and best wishes. He also backed it up with a check. The message was postmarked Texarkana, Texas. Can you guess who?



Dr. John H. Boyd, TOMA President, visits the new Doctors-Memorial Osteopathic Hospital in Tyler on the occasion of his first official visit to the fifteen TOMA districts. He spoke at a District III meeting of D.O.s. Shown left to right is Dr. David Norris, Vice Speaker of the House and Trustee, Dr. Boyd, Tex Roberts, CAE, Executive Director, Dr. Neal Pock, Dr. George Grainger, District III Secretary.

DISTRICT XV

By T. T. McGrath, D.O.

TOMA President, Dr. John H. Boyd made his second official District visit when he attended District XV's meeting September 22.

His talk to the nearly 70 persons in attendance was very informative with emphasis on the combined efforts of physicians in Texas to have one PSRO unit covering the entire state, rather than having it split into several autonomous groups.

Guests also speaking on the program were Congressman Jim Wright and past Secretary of State Bob Bullock.

The meeting was at the Ramada

Inn in Arlington and the buffet dinner was served luau style. Members of the Auxiliary decorated the room in a Hawaiian motif, which was very effective.

Life memberships in District XV were presented to Dr. Charles Curry, recently retired radiologist at Hurst General, and Dr. Ralph H. Peterson, who received life membership in TOMA at the 1973 Annual Convention.

New members welcomed into the District include Drs. John C. Kemplin, Paul Warren and Ed Smith.

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OPPORTUNITIES FOR OSTEOPATHIC PHYSICIANS IN TEXAS

OMAHA — D.O. needs partner in office with complete facilities. Hospital privileges available in nearby joint-staff hospitals. Contact Adron C. Tenbrook, D.O., Box 1086, Omaha 75571 or call 214-884-2142 or 214-884-2431.

INTERNIST—Open staff, 84-bed hospital, new professional building. We have all facilities and patients for a very successful practice. Contact R. W. Schoettle, D.O., or H.E. Sebastian, 8214 Homestead Road, Houston, Texas 77028. Phone 713-631-1550.

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

GENERAL PRACTICE — Excellent group practice in new professional building. This is a top financial opportunity. Hospital privileges. Contact R. W. Schoettle, D.O., or H.E. Sebastian, 8214 Homestead Road, Houston, Texas 77028. Phone 713-631-1550.

JOHNSON CITY — 47 miles west of Austin in the beautiful hill country of Texas is an opportunity for a D.O. The fifteen-bed Johnson City Hospital and a wide trade area needs one additional doctor. Contact Eddie Dyer, Administrator, 512-868-7115.

FRESH AIR AND FISHING — General practitioner can do well in Newton county and enjoy the best bass and crappie fishing in the world in Toledo Bend and Sam Rayburn reservoirs plus other big water. Excellent churches, schools, and new 48-bed JCAH hospital, D.O.s welcome. Call J.D. Miller, Jr., Administrator, Newton, 713-379-2651.

ARLINGTON — An experienced G.P. or O.B. GYN man can gross \$100,000 a year to start. Two suites available. One two-man suite with 1400 square feet and one 800 square feet suite. Financial assistance available for a new man.

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

CALVERT—Excellent opportunity for D.O. who is tired of the city and its problems. Small town practice can be adjusted to your pace. Large clinic available for sale or lease with or without equipment. Large acute general practice with gross receipts excess \$50,000. Contact Billy Hall, President of Citizens Bank and Trust, Calvert, Texas. Phone 713-364-2896 or Dr. Robert L. Peters, 305 West Taylor, Round Rock, Texas. Phone 512-255-3674.

HOUSTON—Medical clinic and practice for sale or lease. Annual gross well over \$100,000. Excellent hospital facilities. Write Box T, TOMA State Office, 512 Bailey, Fort Worth 76107.

FORT WORTH—Associate who is mainly interested in manipulative practice. Contact Dr. Catherine Carlton, 815 Magnolia W., Fort Worth 76103. Phone 817-923-4609.

HOUSTON—Medical and Surgical Clinics for sale or lease. Please call or write to C. S. Angelo, D.O., 2902 Berry Road, Houston, Texas 77016, phone 713-695-5149.

FOR SALE OR RENT—D.O. Office and equipment. Contact Betty Kull, 306 Peach Street, Winnsboro 75495. Phone 214-342-5760.

FORT WORTH — Fort Worth Osteopathic Hospital needs Obstetrician-gynecologist; dermatologist; urologist; psychiatrist, family physician. Immediate area offers excellent opportunities for physicians to associate with established practitioners or enter solo practice. 200 bed teaching hospital with potential for further expansion, associated with Texas College of Osteopathic Medicine. Progressive and rapidly growing metropolitan area. Write or call: 817-738-5431 for informational packet. George M. Esselman, D.O., F.A.C.O.I., Director of Medical Education, 1000 Montgomery Street, Fort Worth, Texas 76107.

greener fields?

YOUNG SURGEON—Opportunity for young D.O. Surgeon in a fast-growing metropolitan community. Associateship available with busy G.P. D.O.s, good offer. Write or call Tex Roberts, 512 Bailey, Fort Worth, 76107 or call 817-336-0549.

SEAGRAVES — Wealthy oil community about 50 miles north of Lubbock needs a new young D.O. at Seagraves Hospital. Contact Ruth Bearden, Administrator, P. O. Box 187, Seagraves, Texas 79359. Phone 806-546-2522.

MESQUITE — New beautiful office space to be available soon. Prime location. For details contact: Dr. C. A. Swayze, 1527 Gus Thomasson Road, Mesquite 75149.

TATUM-BECKWITH area—6,000 people in trade area — and growing. New industry coming into area makes for very bright future for doubling population. Excellent opportunity for doctor; office space available in new bank building. Community offers total cooperation to doctor interested in practicing in small community with fine recreational facilities. Call or write: Conrad Barrett, R.Ph., P.O. Box 886, Tatum, 75691; phone 214-947-2396.

COMANCHE — Good Osteopathic community in central Texas with staff privileges available at Comanche Community Hospital. No busing for your children and plenty of hunting and fishing. Contact W. A. Flannery, D.O. at 915-356-2242 or write to 201 East Grand Avenue, Comanche 76442.

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

CENTRAL TEXAS LOCATION—Office space and clinic near modern county hospital and nursing home. Associateship with busy D.O. - G.P.; or salary or guarantee, if preferred; full or part time duty. Practice ranges from obstetrics to geriatrics. Fishing, golfing and hunting. Contact Richard M. Hall, D.O., Drawer G, Eden, Texas 76837. Phone 915-869-3441.

FORT WORTH SUBURB—Established D.O. badly needs associate experienced in O.B., T. & A., D. & C. and other minor surgery. New eight-room fully equipped clinic in restricted community. Family and industrial medicine. Excellent schools and recreational facilities. Privileges in several osteopathic hospitals available. Write Box C, TOMA State Office, 512 Bailey, Fort Worth 76107.

GENERAL PRACTITIONER to associate with three Osteopathic Physicians in Corpus Christi. Guaranteed income, new clinic building, cheerful environment. Write or call Drs. Ganz-Chodosh Associated, 3933 Upriver Road, Corpus Christi, Texas 78408. Phone 512-884-6414.

ULTRAMODERN 26-bed hospital with 32-bed nursing home annex awaits one or two D.O.s in Robert Lee. Money available to build office space to suit doctor. Fine recreational facilities. Will pay expenses for interested D.O. to look over possibilities of town of 2,000 population. Contact Robert Vernor, Administrator, West Coke County Hospital, Box 66, Robert Lee 76045.

JACKSBORO—We need two G.P.s. We can offer a fine hospital, excellent schools and outdoor recreation. Write or call collect, Gerald Moore, Administrator, Jack County Hospital, Jacksboro 76056 — Phone 817-567-2655.

AMARILLO — Doctor's office of 1000 square feet plus. Established practice, good location. Three months free rent. Call or write Mr. Buck Lawson, 2300 West 7th, Amarillo, 79106. Phone 806-372-2239.

EL PASO — General Practitioner under 45 to join hospital clinic group. Starting salary \$36,000 net. Tigua General Hospital. Contact M. G. Holcomb, D.O., 7722 North Loop Road; Phone 915-778-5371 (hospital) or 915-772-5567 (home).

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General Surgery
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W. R. Russell, D.O.
Charles H. Bragg, D.O.

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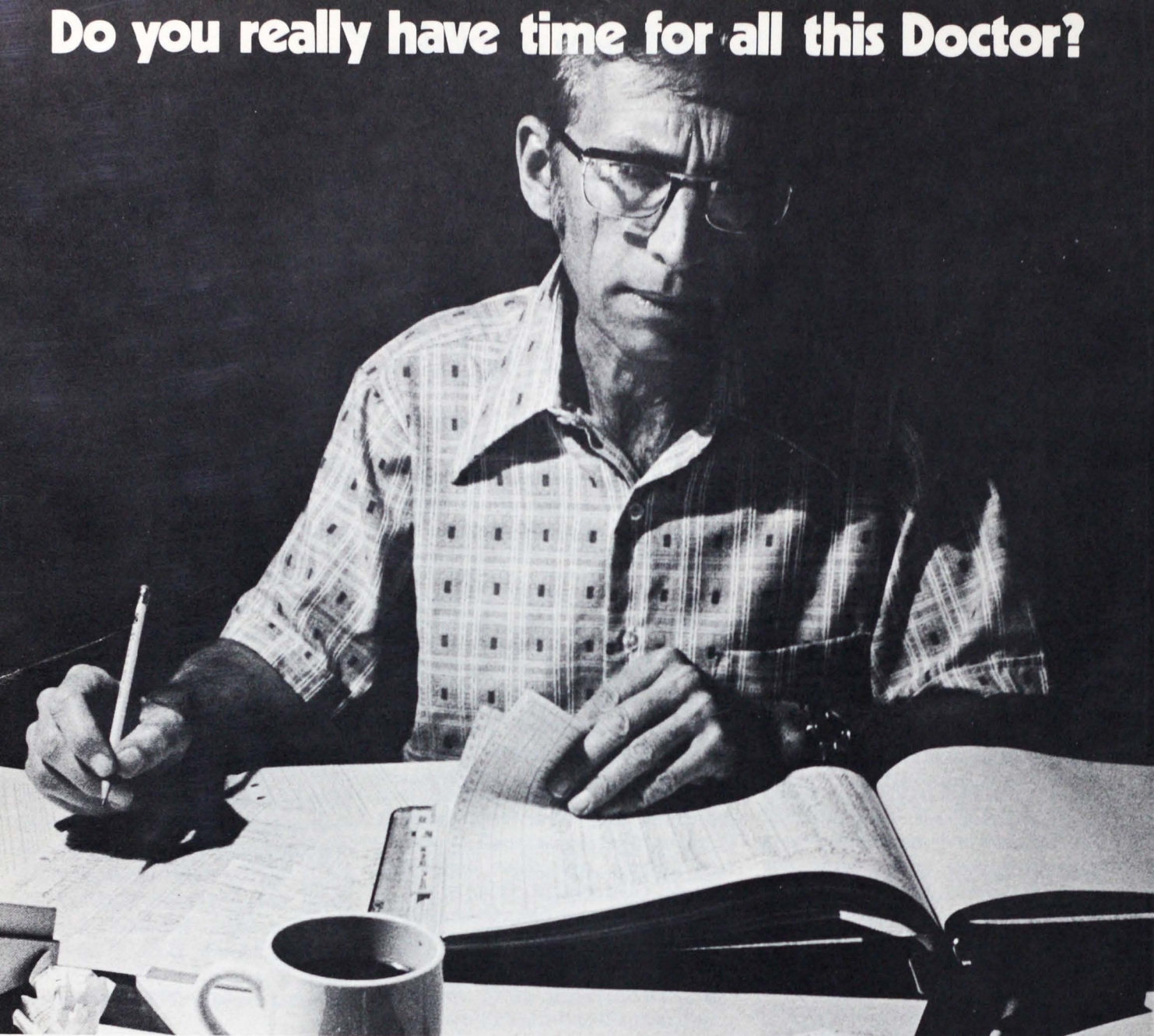


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Direct inquiries to: Paul A. Stern, D.O., Director of Medical Education

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Perhaps he should be incorporated.

A comprehensive feasibility study and comparative analysis could show him an income projection in dollars and cents, and which mode of operation would be most effective in his situation.

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CALENDAR OF EVENTS

OCTOBER

TOMA Board Meeting

State Office

October 5

2:00 p.m.

46th Annual Clinical Assembly
of Osteopathic Specialists
October 7 - 11

Texas State Board of Medical
Examinations in the Basic Sciences
Houston and Galveston
October 12-13

AOHA & ACOHA
39th Annual Convention
October 15
Las Vegas, Nevada

AOA Convention
October 28 — November 1
New Orleans, Louisiana

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Osteopathic Hospital
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*the new
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TYLER, TEXAS 75701

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Dallas near Richardson on Coit Road be-
tween LBJ Freeway and Central Express-
way. Across Coit Road from developing
\$150 million Park Central complex.

WILL BUILD TO SUIT TENANT

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Ronald Regis Stegman, D.O.

Coit-Central Building—Suite 119

12011 Coit Road

Dallas, Texas 75230

214-233-9222 or 214-369-2233

Texas Ticker Tape

AOA BOARD ADOPTS REVISED CME FORMULA FOR 1973 CONVENTION

The AOA Board of Trustees approved a special formula for continuing medical education credit for the 1973 AOA Annual Convention and Scientific Seminar in New Orleans.

For this meeting only, all D.O.s registering at the 1973 convention will receive 16 CME credits if they are registered on Sunday, October 28 or Monday, October 29; 12 credits if registered on Tuesday, October 30; 8 credits if registered on Wednesday, October 31; and 4 credits if registered on Thursday, November 1.

These credits earned at the AOA convention will be granted under category I of the CME program ("osteopathic" CME), but the formula will apply only to 1973's convention.

NTSU – TCOM STUDY POSSIBLE PERMANENT AFFILIATION

The North Texas State University board of regents in Denton, late in August, gave the go ahead for the regents to study the feasibility of the Texas College of Osteopathic Medicine seeking a permanent affiliation with the university. NTSU is contracting with TCOM to instruct first and second year basic science courses.

DR. COLDSNOW MARKS 20 YEARS IN PITTSBURG

Twenty years ago last month Dr. James W. Coldsnow, a graduate of KCOM, opened his first clinic office in Pittsburg. He started with a three room clinic located above a drugstore and he now occupies a large clinic on College Street that accomodates treatment rooms, X-ray, diagnostic laboratory, surgery and recovery room, office and records, with waiting rooms for two physicians.

Dr. Coldsnow has been recognized by the National Polio Foundation for free service given during the polio epidemic in 1954 and in 1966 was awarded Association Residency in Anesthesiology. Recently, he was recognized by the Department of Health, Education and Welfare as the doctor in the Northeast Texas area who made the most house calls. He is very active in community affairs.

He serves on the staff of Mt. Pleasant Hospital and Clinic and M & S Hospital and continues to be most busy in taking care of the medical needs of the people in Pittsburg and the surrounding areas. Immediate members of his family include his wife, Wilma Jean, and four daughters, Sharon, Debbie, Pam, and Dana.

GUILD ASSOCIATION INSTALLS NEW PRESIDENT

When the National Osteopathic Guild Association held its national meeting last month in Fort Worth, Mrs. Warren Elmore of Lubbock was installed as its president.

Mrs. George Luibel of Fort Worth was the speaker for the Volunteer of the Year Awards. Other speakers included Mrs. Grant Mercer, director of volunteer services at Fort Worth Osteopathic Hospital, and Thomas G. Leach FWOH hospital administrator.

Texas Ticker Tape

EXAMS GIVEN FOR GP POSITIONS WITH STATE HEALTH DEPARTMENT

The Merit System Council of Texas gives competitive examinations monthly in several cities in Texas for General Physicians' positions with the State Health Department. Salary ranges are from \$21,500 to \$24,500. Physicians hired under the program would be responsible for local health services in designated areas.

These examinations are offered at least once monthly in a number of cities over the State. Accepted applicants will be assigned by admission slips to the examination center nearest place of residence. Positive identification must be presented at the time of examination. For applications and additional information write: Merit System Council, 507 Brown Building, Post Office Box 1389, Austin, Texas 78767.

DR. NEWELL APPOINTED TO TCOM OFFICE

Edward T. Newell, D.O., FAOCPr, formerly Dean of Academic Affairs, is now Vice President, Academic Affairs of Texas College of Osteopathic Medicine. He recently was appointed to the American Osteopathic Association Bureau of Professional Education and to the AOA Committee on Colleges for a one-year term. In addition, Dr. Newell was recently elected as Vice Chairman of the Council of Deans, American Association of Colleges of Osteopathic Medicine for a three-year term.

DR. MAXWELL APPOINTED MEDICAL DIRECTOR OF BLUE CROSS AND BLUE SHIELD

Dr. Ernest A. Maxwell has been appointed medical director of Blue Cross and Blue Shield of Texas, it has been announced by Tom L. Beauchamp, Jr., president.

Dr. Maxwell, who had been associate medical director since 1967, succeeds Dr. Doyle W. Ferguson who died last April.

A graduate of the University of Texas medical school at Galveston, Dr. Maxwell was in private practice in San Antonio from 1939 until 1967. He has held various offices in the Texas Medical Association.

DR. BORCHERDING DONATES SCALES TO TOPS CLUB

When the Aransas Pass TOPS Club needed a new set of scales, they inquired of Dr. H. J. Borcharding if it was possible for them to buy one through him at a discount. Dr. Borcharding — a strong advocate of physical fitness any of persons maintaining proper weight — did even better. He bought a set of the latest design and donated them to the club, which is an organization comprised of persons working together to lose weight.

ACTING REGISTRAR NAMED TO TCOM

Marvin Herring has been named acting registrar by Texas College of Osteopathic Medicine president, M. E. Coy, D.O. He follows Eugene deKieffer, who died recently.

Herring, formerly an instructor at Tarrant County Junior College, earned a B.S. degree in education at North Texas State University and an M.B.A. at East Texas State University.



For more information on how the Blue Cross and Blue Shield plan can help protect you and your employees, call your local Blue Cross and Blue Shield of Texas representative. He's in the Yellow Pages.

We know him inside and out.

The more we know about what is wrong with patients and where, what services doctors perform and why, the faster we can process claims.

That's why every Blue Cross and Blue Shield of Texas claims representative receives intensive classroom instruction by our staff physicians and registered nurses. By keeping current with the techniques and terminology of today's medicine we're better able to serve the medical profession. And our members.

People helping people. Inside knowledge helps us do it better.



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TAO-CHI

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October 12, 13 & 14, 1973

The Royal Inn Kansas City, Missouri

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### The Basic Course Is Now Planned in Three Phases

The first will deal with primary basics

*This will be a part of the ACGP committee activities designed for the study of the practical application in general practice. You will be able to put it to use in your office soon after your return.*

TWENTY CREDIT HOURS APPROVED  
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REGISTRATION BEGINS 6:00 p.m. — October 12
COURSE CONCLUDES 4:00 p.m. — October 14

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SYMPOSIUM REGISTRATION FEE — \$300

Preregistration for TAO-CHI Acupuncture Symposium
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Dr. _____
Address _____

Please enclose \$75 deposit: Balance to be paid at time of registration. Make checks payable to TAO-CHI. Mail to:

James L. Rowland, M.S., D.O., F.A.C.G.P.
8133 Wornall Road Kansas City, Missouri 64114

Career Advancement One of TOMA Member Benefits

WHO ARE WE?

Medical Assistants of Osteopathic Physicians and Surgeons of Texas. The membership is composed of members of component district societies and members at large where district societies do not exist. To act in affiliation with the Texas Osteopathic Medical Association. Our medical assistants associations are not, nor shall they ever be, bargaining agencies.

WHAT IS OUR PURPOSE?

Our purpose is a sincere and cooperative interchange of knowledge and ideas on how to improve public relations in medical endeavors and render more efficient services. In our efforts to elevate the standards of procedures in doctors' offices, clinics and hospitals, we have joined forces to form district, state and national associations, to create a better understanding of osteopathy among lay people.

WHO IS ELIGIBLE FOR MEMBERSHIP?

Receptionists, secretaries, bookkeepers, nurses and technicians employed in offices of members of TOMA, in clinics, hospitals, medical laboratories or institutions whose professional staff shall be composed of members of TOMA. All personnel who have been actively employed for a period of not less than six (6) months are eligible for membership.

WHY SHOULD YOU BECOME A MEMBER?

To become a more efficient assistant by acquainting yourself with other employees in the osteopathic medical profession, by meeting and discussing common problems, by an exchange of salutary ideas, by taking advantage of the educational ideas, through educational programs, which are available through TOMA. You will have a part in the progress of medicine and health in your community.

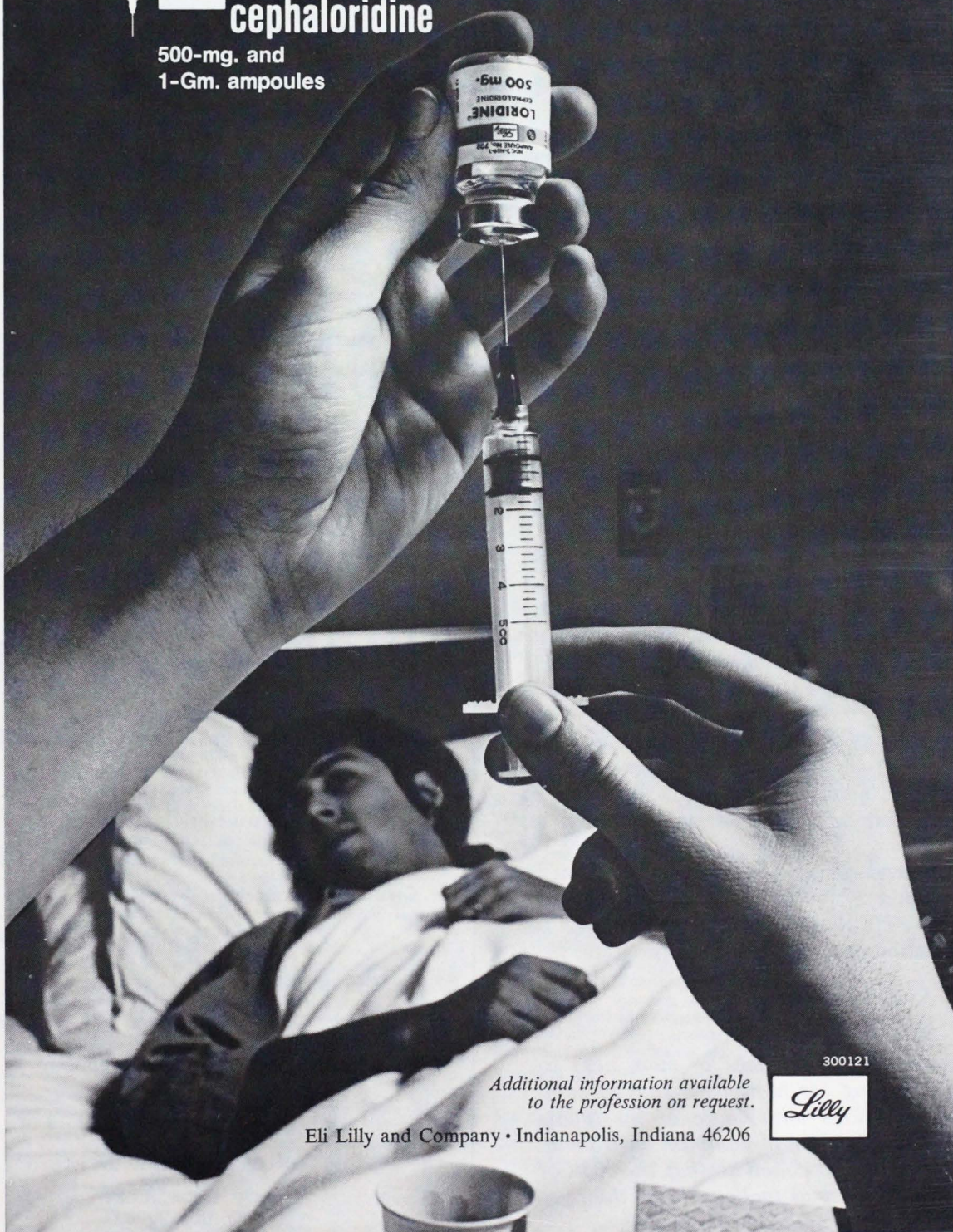
WHO TO CONTACT FOR MEMBERSHIP?

Evelyn Heyen — Membership Chairman, Route 1, Box 125, Nixon, Texas 78140
Betty Bellow — Executive Secretary, 4360 Bryce, Port Arthur, Texas 77640
Lillian Lloyd — President, 524 Heights Blvd., Apt. No. 9, Houston, Texas 77007

A small-town manufacturer pondered over a federal questionnaire that asked "How many employees do you have, broken down by sex?" He finally answered "None that I know of. Our main problem is alcohol."

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U.S. ARMY OFFERS HEALTH PROFESSIONS SCHOLARSHIPS

The U.S. Army Health Professions Scholarship Program offers a unique opportunity for scholarship support to students in the health professions. The new program is substantial in both the number and scope of scholarships offered.

Every student or potential student of medicine, osteopathy, dentistry, veterinary medicine, optometry, podiatry or clinical psychology (Ph.D.) is invited to submit an application.

This program, established by an act of Congress (PL 92-425), permits the selected students to be commissioned as officers of the United States Army Reserve. While completing school, each student will be in an inactive status and will draw a stipend of \$400 per month, plus tuition and certain other academic expenses paid by the Government.

Each year every participant will be called to active duty for 45 days as a second lieutenant, drawing full pay and allowances for that grade, and assigned to clinical or other professional training in an Army environment. This active duty period may be at the school the person is attending if an assignment elsewhere would interrupt the academic training. Total compensation to participants (exclusive of tuition and other academic fees and expenses) is approximately \$5300 per year.

Application eligibility lies in being enrolled in or being in receipt of a letter of acceptance from a professional school. Pre-professional education (i.e., undergraduate school) is not included in this program.

The applicant must be a United States citizen under age 28, unless there is prior active military service, and must be physically and morally qualified for appointment as a second lieutenant in the United States Army Reserve. In addition, the applicant must be sincerely motivated toward military service in his profession.

Interested individuals who meet the application requirements should write to The Surgeon General, ATTN: DASG-PTP, Washington, D.C. 20314, for further information or to apply for the program.

The most natural privilege of man, next to the right of acting for himself, is that of combining his exertions with those of his fellow creatures, and of acting in common with them. I am therefore led to conclude that the right of association is almost as inalienable as the right of personal liberty. — Alex de Toqueville

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

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

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

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

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

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