

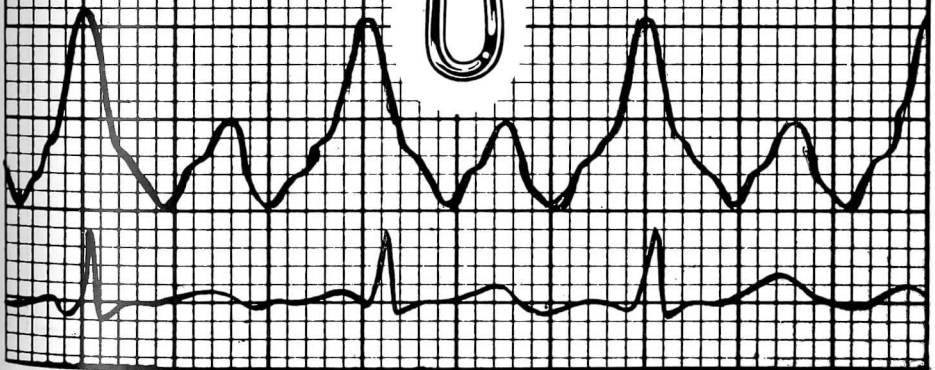
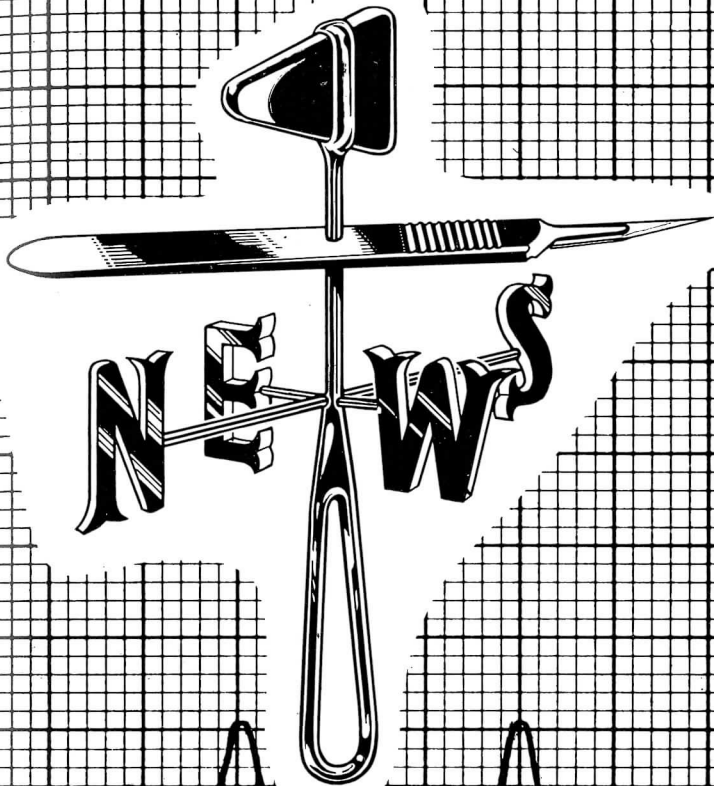
# BULLETIN

*of the*  
**MAHONING COUNTY  
MEDICAL SOCIETY**

*Volume XXXVII*

*Number Eight*

AUGUST, 1967



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## *From the Desk of the President*

### THOUGHTS ON LIBERTY

What is liberty? Webster defines liberty as the quality or state of being free. Mr. "W" goes on to point out that synonyms for liberty are "freedom", "independence", "license." To quote him further he describes "license" as being a freedom regarded as permission or concession; that it sometimes denotes the abuse of freedom; as, *liberty* is too often taken to mean *license*.

What is anarchy? Mr. Webster, who attained a considerable amount of fame as a definer of words, said that anarchy is a state of society where there is no law or Supreme power.

If Mr. Webster were living today instead of in the Nineteenth Century, would he have changed his mind about definitions? Would he still agree that liberty is a freedom or a concession, and that it sometimes denotes the abuse of freedom? Do you think he would have been able to tell where liberty stops and anarchy begins? Would he have been able to tell who is entitled to liberty? Is it all the people, or some of the people, or no one? Is liberty to be enjoyed all of the time, or some of the time, or never? Who is to say when the definitions are to be applied and to whom? Would Noah have said the same if he had not lived in Nineteenth Century Connecticut or Massachusetts, but had been resident in Twentieth Century Northern New Jersey?

—Harold J. Reese, M.D.  
President

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The opinions and conclusions expressed herein do not necessarily represent the views of the Editorial staff or the official views of the Mahoning County Medical Society.

Volume XXXVII

August, 1967

Number 8

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**Editorial**

The concept of the medical school being the hub of the university medical center from which all knowledge and education emanates is gradually becoming modified. We in community teaching hospitals have long tried to keep up with the standards set by the medical centers. However we now are realizing that it is not our purpose to "keep up."

Events of the last couple of years have thrust the teaching hospital into the forefront. Formerly, the structure of medical teaching was divided into the medical center, which bore the burden of graduate education, and the various non-university teaching hospitals, which scrambled as best they could with post-graduate education.

A new field has now loomed large in the person of continuing education. Combined with the government subsidized health programs and the regional medical complexes, the teaching hospital now emerges as the key to many of society's demands. The teaching hospital can now be viewed as a separate and distinct and equal entity with the medical center. The teaching hospital no longer needs to strive to be like the medical center. It must deal with its own unique problems.

The long argument of "town and gown" must need die and the ivory tower versus the community hospital be buried. The medical centers have repeatedly pointed to the fact that their charge from society is to further medical knowledge and to produce doctors. Therefore, the community hospital must accept the nascent physician and guide him to the mature air of service, so that while providing service he must also continue his education to provide the best kind of service. This is an awesome responsibility.

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## THE GRIEVANCE COMMITTEE

Everybody says that the doctors should communicate with their patients. In his July page, President Reese said that Grievances are often due to failure of communication between doctor and patient, especially about the cost of medical care.

That is true, as the Committee knows. Patients with grievances are always saying "He never told me!" When the operation has complications, the plaintiff's attorney says "My client gave consent, but it was not 'informed' consent. He never told her that this awful thing might happen!"

When the patient gets the bill for the big operation or the long treatment, he says "He never told me it would cost so much!" So he writes a letter to the Medical Society with a Big Grievance.

Those examples show failure of communication, but whose failure? Communication is a two-way street. Patients should communicate, also. They should ask about costs and dangers.

Let us suppose that the modern doctor, all infused with the idea of communication, has a case of acute appendicitis, so he says "You have appendicitis and we will have to get it out right away. It's red hot and there is no time to waste".

And the patient says "You know best, Doc!"

Then the doctor says "We should have a little discussion about fees. You understand that the operation will cost \$250.00 or more, depending on complications".

And the patient says "Spare no expense, Doc".

Then the doctor says "You know that there are risks in all operations, but the mortality in acute appendicitis is only one per cent in our community. Still there are risks of which I should inform you".

"What risks, Doc? It might bust?"

"Yes, but I was thinking of post operative complications like phlebitis and pulmonary embolism and wound dehiscence with ventral hernia".

"Goshamighty, Doc, what does all that mean?"

"Well, you know, clots form in the veins and sometimes they break loose and travel to the lungs and the result is most unpleasant. But we will do what we can to prevent that."

"And that costs extra?"

"Of course, that would require more care and service and it would cost more".

"Where are my pants? Let me out of here. I'm feeling better, all I need is a dose of castor oil. I think you are mercenary bringing up money at a time like this. I'm going to report you to the Medical Society!"

This bit of satire in the Art Buchwald style only serves to emphasize the fact that the communication must be accompanied by great tact. In times of danger, the thing is to handle the situation, do everything to help the patient recover and think about compensation later.

You expect the patient to trust you and follow your orders. He in turn expects many things of you: He expects good medical care, a sincere interest in his problem and a fee which he can afford. He expects you to answer questions without flippancy even though they may be stupid. He expects you to inform him of the nature of his illness and what you are doing for it. When things go wrong he expects you to draw on all the resources modern medicine has made available. You may be overworked and tired and worried about other patients but you cannot be abrupt, scornful, neglectful or haughty with any sick person without losing his confidence.

When the Doctor does not live up to the image the patient has of the medical profession he harms not only himself but all of us.

The Medical Society can go all out with programs for good Public Relations but the real feeling of people for doctors is made at the bedside.

It is a personal matter between doctors and the patients they serve.

Don't forget that you are dedicated to the service of sick people. Think more of them than of yourself and you will never give our Committee any concern.

—J. L. F.

## MCMS DONATES TO HEALTH PLANNING

The Mahoning County Medical Society has made a contribution of \$1000 to the Mahoning Valley Health Planning Association. The Medical Society had voted to contribute that amount in 1967 and again in 1968 in earlier action.

The Health Planning organization announces that it has received Federal government approval and will receive \$61,734 in Federal money provided that matching funds are raised.

In November of 1965 the Mahoning County Medical Society held a Community Health Care Symposium encouraging the formation of a hospital planning organization similar to the newly-formed Mahoning Valley Health Planning Association.

## PROFESSIONAL COURTESY

The custom of professional courtesy embodies the ancient tradition of fraternalism among physicians in the art which they share, and their mutual concern to apply their learning for the benefit of one another as well as their patients. The Judicial Council reaffirms and endorses the principle of professional courtesy as a noble tradition that is adaptable to the changing scene of medical practice.

Professional courtesy is not a rule of conduct that is to be enforced under threat of penalty of any kind. It is the individual responsibility of the physician to determine for himself and within his own conscience to whom and the extent to which he shall allow a discount from his usual and customary fees for the professional services he renders, and to whom he shall render such services without charge as professional courtesy.

The following guidelines are offered as suggestions to aid physicians in resolving questions related to professional courtesy.

1. Where professional courtesy is offered by a physician but the recipient of services insists upon payment, the physician need not be embarrassed to accept a fee for his services.

2. Professional courtesy is a tradition that applies solely to the relationship that exists among physicians. If a physician or his dependents have insurance providing benefits for medical or surgical care, a physician who renders such service may accept the insurance benefits without violating the traditional ethical practice of physicians caring for the medical needs of colleagues and their dependents without charge.

3. In the situation where a physician is called upon to render services to other physicians or their immediate families with such frequency as to involve a significant proportion of his professional time, or in cases of long-term extended treatment, fees may be charged on an adjusted basis so as not to impose an unreasonable burden upon the physician rendering services.

4. Professional courtesy should always be extended without qualification to the physician in financial hardship, and members of his immediate family who are dependent upon him.

—Adopted by Judicial Council  
American Medical Association  
June 17, 1967



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## ADMISSION PROCEDURES AT WOODSIDE RECEIVING HOSPITAL

(Second in a series of two articles)

In the previous issue of The Bulletin, the mental health laws referring to admissions were quoted and the philosophy behind them stated. Now, let us see how they apply to practical reality situations. The possibilities of medical and legal situations and their combinations are legion, but let us take some examples of the questions asked.

*What does the physician do when a patient desires to go voluntarily to the Receiving Hospital?*

It is advisable that the physician call the Admission Officer of the hospital to ascertain the feasibility of the patient's admission, to give essential information and make arrangements for the admission.

*What can the physician or the family do when a mentally ill patient refuses to go to a psychiatrist or to the Receiving Hospital?*

If there is no immediate emergency, any person may consult the Probate Court about action to be taken. The Probate Court may accept an affidavit in regard to the mental condition of the patient, and then order the proper law enforcement agency to convey the patient to the hospital. Following a brief period of observation at the hospital, a court hearing is held to determine the patient's condition from a legal point of view and reach a court decision. In some instances the Court will have a hearing prior to sending the patient to the hospital. For emergency situations please see next question.

*What can the physician or the family do in an emergency situation when there is an obviously mentally disturbed patient who needs immediate hospitalization?*

The physician or the family may call the proper law enforcement agency, such as the Sheriff or Police Department for immediate action. It is advisable to follow up such arrangement by a call to the hospital in order to give the essential information. The officers of the law have the legal right to sign in such patient to the hospital for a period not to exceed five days, during which period the hospital must determine further action.

*What can a physician do when a patient in a general hospital becomes a danger to himself and/or to others?*

Such patient may be admitted to the Receiving Hospital as a voluntary, as a police emergency, as a medical emergency or through court action. According to the laws, as outlined in the first article, the means are selected according to the situation and the measure of emergency. Again, it is advisable to inform the Admission Officer of the circumstances of the case, of the medical situation, and if there is time, the Admission Officer will advise which legal method should be followed.

*What medical information do you desire when one of a physician's patients is admitted to the Receiving Hospital?*

Sufficient medical information should be furnished to familiarize the hospital staff of the patient's condition, diagnostic procedures performed, medications or treatment administered; to assure the continuity of the patient's treatment for his medical and psychiatric condition.

*What can the family expect in the way of fees? What about insurance coverage?*

Woodside Receiving Hospital does not handle the billing. All financial statements for hospitalization are made by the Ohio State Bureau of Support, a subdivision of the Ohio Department of Mental Hygiene and Correction. The fees are set by law and scaled according to income and property. At the present time, the maximum fee for hospitalization is \$5.85 daily. If there is insurance coverage for hospitalization for mental illness in a public institution, the fees correspond to the actual per diem cost or as much as the insurance covers.

*What information should the physician be prepared to give to the first person who answers the telephone at the Receiving Hospital in order to expedite the call?*

He should state that the call is about an admission. The operator will connect him with the proper person. It will be necessary to give the patient's name, if possible, age, address, next of kin, telephone number, legal residency of the patient, reason for referral, medical condition, including diagnosis, diagnostic procedures performed, treatments and medications given.

*How does a physician get a patient out of Woodside Receiving Hospital for a week-end visit when both he and the family desire to remove him?*

Decisions of this nature are made by the hospital psychiatric staff; therefore, in such case the physician and/or the family should contact the attending psychiatrist; the operator will give his name.

*Can parents or legal guardians to person sign in their children or wards as voluntary patients?*

Minor children, under 18 years of age, or legally incompetent individuals may be admitted as voluntary patients if the voluntary admission form is signed by the parents or the legal guardian to person.

*What are the regulations concerning clothing and visiting hours?*

Printed forms are provided at the time of admission.

*What are the regulation concerning the hours of admissions?*

It is preferable that referrals and admissions be made between 8 a.m. and 4:30 p.m., Monday through Friday, but when this is not possible, referrals and admissions may be made at any time, 24 hours a day, seven days a week.

As stated above, there are innumerable combinations of medical and legal matters. The Admission Officer, a well as our Medical and Social Service staff are available for consultation. We advise and encourage inquiries regarding the medical and psychiatric services available at the hospital.

—Charles Waltner, M.D.  
Superintendent  
Woodside Receiving Hospital

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Standing (l. to r.): Mary Yuhas, Aurelia Sheridan, Laura Marinelli, June Kyle, Mary Ann Donley, Joan Schuchler, Joan Dutko.

Seated (l. to r.): Alice Larson, Matilda McConnell, Nena LaBarbera, Candy Shufflebarger, Laura Lockhart.

At a beautiful candlelight and flower ceremony and using the "open hand", State symbol of the organization, the new officers of the Medical Assistants Society of Mahoning County, were installed Thursday, June 15, 1967, at the Mural Room.

Officers installed were: President—Miss Nena LaBarbera, President-Elect—Mrs. Matilda McConnell, Recording Secretary—Mrs. Joan Dutko, Treasurer—Mrs. Alice Larson, Corresponding Secretary—Mrs. Joan Schuchler, Councilors—Miss Aurelia Sheridan, Miss Laura Marinelli, Mrs. Lucille LaCivita, Miss Mary Yuhas, Mrs. Mary Ann Donley and Miss June Kyle.

The retiring officers are: Mrs. Candace Shufflebarger, Mrs. Carmel Coradetti, Mrs. Theresa Griner, Miss Peggy Drabison and Mrs. Carrie Bledsoe.

During the installation, the new officers were each given a lighted candle by her retiring counterpart and presented to the installing officer, Miss Laura Lockhart of Akron, Ohio, President of the Ohio State Society of Medical Assistants. As each officer was charged with the duties of her office, Miss Lockhart presented her with an "open hand" holding a flower synonymous to her elected office.

Miss LaBarbera was presented an engraved rosewood gavel, as a symbol of her office, by the retiring president, Mrs. Shufflebarger. She in turn presented Mrs. Shufflebarger, with the past president's pin and gavel, and a personal gift from the Executive Board.

The invocation was given by Dr. Alexander Calder and the benediction by Dr. W. H. Evans, chairman and co-chairman of the Board of Advisors. Other advisors attending were Drs. Armin Banez and Rafael Tarnopolsky.

Entertainment for the evening was provided by the popular Suburbanites and their puppets.

The yellow skirted dinner tables were decorated with flower filled carts and miniature wheelbarrows. The committee in charge of arrangements were: Chairman—Mrs. Bea Collins, Co-Chairman—Mrs. Estelle Poschner, Miss Peggy Drabison and Mrs. Candace Shufflebarger.

—Candy Schufflebarger Bulletin Representative

## PHYSICIAN-LAWYER CODE ADOPTED

A Physician-Lawyer Code has been adopted by the council of the Mahoning County Medical Society and of the Mahoning County Bar Association. The Code was first approved by the Medical-Legal Committees of both associations, and is based on the "Suggested Code of Cooperation Between Physicians and Lawyers," as approved by the Ohio State Medical Association and the Ohio State Bar Association. The State Code was adopted in its entirety with one minor change.

Following is the text of the Code:

### Statement of Principles Governing Certain Physician-Lawyer Relationships

*Whereas*, physicians and lawyers are each members of a profession dedicated to the furnishing of professional skill and service to the public; and

*Whereas*, a substantial part of the practice of medicine, and of the practice of law, is concerned with medico-legal problems connected with, or arising out of, injuries to, or illness or disability of members of the public; and

*Whereas*, certain problems frequently arise in each profession in connection with these medico-legal problems affecting the relationship between the physician and the lawyer, the physician and his patient, and the lawyer and his client; and

*Whereas*, the public interest, the interest of the physicians and their patients, and the interests of the lawyers and their clients, will best be served by an understanding on the part of each profession as to the function, scope, rights, duties, and responsibilities of the other profession in connection with such medico-legal problems, and by the cooperation of the members of both professions in the solution of such problems;

*Now, Therefore*, the following Statement of Principles is hereby adopted by the Council of the Mahoning County Medical Society and the Board of Trustees of the Mahoning County Bar Association.

1. Each profession recognizes that practitioners in the other profession have qualified for their particular license and practice by specialized training, and by demonstration of the necessary character and integrity for the service of members of the public:

2. Each profession recognizes that the training, knowledge, skill, advice, and time of the members of the other profession are the means by which such members earn their livelihood, and that the most efficient and effective use of such talents in dealing with any problem involved in, or arising out of, the physician-lawyer relationship requires a due regard and proper consideration for the function, scope, rights, duties, and responsibilities of the other profession with respect to such problem.

#### A. Reports to Be Furnished by the Physician

##### 1. Authorization of Patient Required.

No lawyer should request of a physician, and no physician should furnish to any person, any information concerning the history, physical condition, diagnosis or prognosis of the physician's patient except upon the signed authorization of the patient (or, in the case of a minor, of the minor's parent or guardian); provided, however, that this principle shall not affect the giving of written medical reports by a physician to the Industrial Commission on behalf of patients whose treatment or examination is to be paid for by the Industrial Commission.

##### 2. Reports to Patient or his Attorney.

The patient, or his attorney as his duly authorized agent, shall be entitled, upon written request, to a prompt report from the attending or treating physician concerning the history, findings, treatment rendered, diagnosis and prognosis, and the charge, if any, for such report should be com-

mensurate with the time and effort devoted to its preparation; however, in the absence of unusual circumstances, simple status reports, or simple reports in the nature of a proof of claim or loss, should be furnished without charge.

### 3. Reports to Others.

Where the physician's report is requested by or on behalf of someone other than the patient or the patient's attorney, the patient's physician should obtain written authorization from his patient before giving the request report or any information relating to his patient; and in such case the physician shall be entitled to charge a reasonable fee for the preparation of such report, the amount of such fee to be agreed upon between the physician and the person requesting the report.

### 4. Request for Report.

When a medical report is requested of a physician, whether he be an attending physician, consulting physician, or examining physician, the lawyer requesting the report should make clear in his request the specific information desired; should disability evaluation and prognosis be desired, the lawyer should so specify. The physician, upon receipt of such request accompanied by such authorization as may be necessary, should furnish the requested report promptly.

### 5. Examination of Adverse Party or Employee.

If a medical examination is requested or arranged by a party adverse to the individual to be examined, or by a prospective employer as a pre-employment medical examination, the report of such examination should be made directly to the person arranging for such examination. Unless otherwise authorized or instructed by the person requesting the medical examination, the examining physician should not furnish to the person examined or his attorney, or anyone else, a copy of such report or any information concerning his findings on such examination.

## B. Physicians Called as Witnesses in Legal Proceedings: Preparation and Arrangements for the Giving of Testimony: Witness Fees.

### 1. Conference Before Trial.

It is the duty of each profession to present fairly and adequately the medical questions involved in legal controversies; to that end, the practice of pre-trial discussions, between the physician who is to testify and the lawyer calling such physician as a witness concerning the medical questions involved, is encouraged and recommended. It is recognized that it is always proper, and in most instances quite desirable from the standpoint of the physician and the lawyer, that a conference should be held between the patient's physician and the patient's lawyer at some mutually convenient time before the physician is to testify. Likewise, the physician who has made an examination of a person at the request of a party adverse to the person examined, and the lawyer planning to call such physician as a witness, should hold a conference at some mutually convenient time before such physician is to testify.

### 2. Subpoena for Physician; Conference; Conference Fee.

No lawyer should cause a subpoena to be issued for any physician who has examined or treated the lawyer's client without prior conference with such physician concerning the matters regarding which he is to be interrogated, unless the physician and the lawyer agree that such conference is unnecessary, or unless the physician refuses to confer. The fee, if any, to be charged by the physician to the patient for such conference should be a matter of agreement between the physician, the lawyer, and the patient.

No lawyer should cause a subpoena to be issued for any physician employed by the lawyer, or the lawyer's client, to make an examination of

a person adverse to the lawyer's client without prior conference with such physician concerning the matters regarding which the physician is to be interrogated, unless the physician and the lawyer agree that such conference is unnecessary, or unless the physician refuses to confer. The fee, if any, to be charged to the lawyer's client for such conference should be a matter of agreement between the physician, the lawyer, and his client.

### **3. Cooperation With Court.**

It is recognized that the proper and efficient dispatch of the business of the courts cannot depend upon the convenience of litigants, the lawyers or the witnesses, including physicians who may be called to testify; both the lawyer and the physician should recognize, accept and discharge their obligation to aid and cooperate with the courts in the presentation of medical testimony.

### **4. Arrangements for Court Appearance.**

In arranging for the attendance of a physician at a trial, or other legal proceedings, the lawyer should always have due regard and consideration for the professional demands upon the physician's time, and, accordingly, the lawyer should whenever possible, give the physician reasonable notice in advance of his intention to call the physician as a witness, of his intention to issue a subpoena for the physician's attendance, and of the probable date on which the physician will be expected to testify; and the lawyer should also advise the physician to bring with him to court such records as the lawyer or the physician may need for the proper presentation of the physician's testimony. Furthermore, during the course of the trial the lawyer should endeavor to keep the physician advised from time to time as to the approximate hour when he will be called to the witness stand; and upon the physician's appearance at the hearing at the hour agreed upon the lawyer should endeavor to arrange with the court for the prompt calling of the physician to the witness stand.

### **5. Fee for Court Appearance.**

When a physician is called to testify as a witness for his patient, the charge, if any, should be made to the patient. The amount of such charge should be determined by conference between the physician and the patient's attorney, well in advance of the physician's appearance in court and the attorney should inform his client about the charge well in advance of the physician's appearance in court.

### **6. Expert Testimony.**

A reasonable expert witness fee is a proper and necessary item of expense in litigation involving medical questions; and when a physician is called to testify as an expert witness he should be paid such expert witness fee as may be agreed upon between the physician and the lawyer calling him; and in every instance in which the lawyer makes arrangements for expert testimony it shall be the duty of the lawyer to see that adequate arrangements for the payment of such expert witness fee have been made.

### **7. Contingent Fees.**

Neither the physician called as a witness nor the lawyer so calling him shall invite or enter into any arrangement whereby the making of a charge for the physician's appearance as a witness or for the giving of testimony, or the amount of any such charge, shall be contingent on the outcome of the litigation or on the amount of damages awarded in the case.

## **C. Settlements.**

### **Payment of Physician's Services out of Proceeds of Settlement.**

It is recognized that the professional charges of a physician are due when a statement for the physician's services has been rendered to the patient. In any case in which the physician has not been fully paid by his patient, either for his regular professional services or for his time as a



witness, or both, and there is no dispute as to the propriety or reasonableness of the physician's charges, the patient's lawyer, upon the receipt of the proceeds of settlement of the claim of the patient for an injury, illness or condition for which the physician has treated the patient, or with respect to which injury, illness or condition the physician has testified on behalf of the patient, should request the permission of the patient to pay the physician direct for the physician's charges out of the proceeds in the hands of the lawyer. The lawyer should not charge a fee to the physician for the collection and payment of the physician's charges out of any such proceeds in the hands of the lawyer.

#### D. Joint Conference Committee.

##### Appointment and Function of Committee.

For the purpose of promoting and perpetuating harmony, understanding and improved relations between physicians and lawyers, and for the purpose of improving and revising from time to time this Statement of Principles, a Joint Conference Committee, composed of three physicians and three lawyers, shall be appointed annually by the Presidents of the Mahoning County Medical Society and the Mahoning County Bar Association, respectively. The Joint Conference Committee shall select its own Chairman from among the Committee's members; such Chairmanship shall alternate annually between the members of the Mahoning County Medical Society and the members of the Mahoning County Bar Association.

#### E. General Provisions.

Nothing contained in this Statement of Principles is intended to alter the rules of law with reference to the attendance of witness and fees for their attendance, nor the rules of law with reference to privileged communications.

##### August 17

S. W. Ondash

##### August 18

F. Gelbman

##### August 19

W. T. Breesmen

J. J. Campolito

S. C. Keyes

J. R. LaManna

##### August 20

O. M. Lawton

##### August 22

R. J. Hritz

##### August 23

W. D. Loeser

##### August 25

A. W. Miglets

R. J. Jarvis

##### August 26

C. K. Walter

##### August 27

W. R. Torok

##### August 28

E. T. Saadi

##### August 29

J. M. Basile



Get Your Annual Check-up

##### August 30

D. R. Dockry

##### August 31

L. J. Gasser

##### September 1

B. Taylor

##### September 3

D. E. Beynon

##### September 4

M. Krupko

E. Kessler

##### September 5

W. H. Bennett

F. G. Schlecht

A. V. Whittaker

V. A. Neel

##### September 6

H. Holden

E. H. Jones, Jr.

##### September 9

C. E. Pichette

##### September 10

L. G. Coe

A. K. Phillips

##### September 11

B. Decker

##### September 12

R. Tarnopolsky

##### September 14

M. B. Goldstein

Is it Time to Renew Your Driver's License ?

**BULLETIN CALENDAR****August 10 through September 15**

- Aug. 10 8:00 a.m. Inhalation Therapy, J. H. Fulks, M. D., Hitchcock Aud.,  
Youngstown Hospital  
Ex-intern Day, St. Elizabeth Hospital
- Aug. 12 8:00 a.m. Executive Committee, St. Elizabeth Hospital
- Aug. 14 6:00 p.m. Mortality Conference, Youngstown Hospital, South Unit
- Aug. 16 3:00 p.m. X-ray Conference, Youngstown Hospital, South Unit
- Aug. 17 8:00 a.m. CPC, Hitchcock Aud., Youngstown Hospital  
1:00 p.m. Medical Visiting Professor, Aud. 1, St. Elizabeth Hospital
- Aug. 21 7:30 p.m. Surgical Journal Club, Youngstown Hospital, South Unit
- Aug. 23 4:30 p.m. Tumor Conference, Hitchcock Aud., Youngstown Hospital
- Aug. 24 8:00 a.m. Guest Prof., Samuel Gross, M.D., Youngstown Hospital  
9:00 a.m. Surgical V.P., Karl P. Klassen, M.D., Aud., St. Elizabeth  
Hospital
- Aug. 29 6:00 p.m. Executive Committee, Coffee Shop, Youngstown Hospital,  
North Unit
- Aug. 30 3:00 p.m. Radiology Conference, Hitchcock Aud., Youngstown Hos-  
pital
- Aug. 31 8:00 a.m. Panel Discussion, Dysfunctional Uterine Bleeding, Hitch-  
cock Aud., Youngstown Hospital
- Sept. 5 10:00 a.m. Grand opening, Medical Health Tent, Canfield Fair  
7:30 p.m. Section Meetings, St. Elizabeth Hospital, Auditorium  
8:30 p.m. Quarterly Staff Meeting, St. Elizabeth Hospital, Aud.
- Sept. 6 3:00 p.m. Radiology Conference, Hitchcock Aud., Youngstown Hos-  
pital
- Sept. 7 8:00 a.m. Section Meetings, Youngstown Hospital  
1:00 p.m. Medical V.P., B. Fleshler, M.D., Aud. #1, St. Elizabeth  
Hospital
- Sept. 8 1:00 p.m. Medical V.P., A. Braude, M.D., Aud. #1, St. Elizabeth  
Hospital
- Sept. 12 6:30 p.m. Mahoning County Medical Society Council, Mural Room
- Sept. 14 1:00 p.m. Surgical V.P., St. Elizabeth Hospital

**AMA HOUSE REJECTS MCMS RESOLUTION**

The Mahoning County Medical Society resolution concerning better representation on the AMA Council on Medical Education by physicians practicing in non-University-affiliated hospitals, which had been approved by the Ohio State Medical Association House of Delegates, was rejected by the House of Delegates of the American Medical Association at the annual meeting in Atlantic City.

**ATHLETIC INSTITUTE AT COLUMBUS**

Physicians interested in high school athletics are encouraged to attend the Postgraduate Institute for Physicians on Medical Aspects of Teenage Athletics, conducted by the Ohio State Medical Association. The two-day meeting is at the Fort Hayes Hotel, Columbus, on August 16-17. Fee is \$25, plus \$3 for a reception. Checks may be sent to the Ohio State Medical Association, 17 South High St., Columbus, 43215. Make check payable to: Herbert E. Gillen, Institute Treasurer. Hotel reservations should be made directly with the hotel.

Co-sponsors of the Institute are the Ohio High School Athletic Association and the College of Medicine, Department of Orthopedic Surgery, Ohio State University.

# From the Bulletin



## THIRTY YEARS AGO — AUGUST, 1937

Secretary Poling in his report on Society activities said that "not many problems of great importance need solving."

Former internes at St. Elizabeth's Hospital held their reunion at the Youngstown Country Club on July 15. S. R. Cafaro, Elmer Nagel, R. V. Clifford arranged the program. Dr. McNamara was honored as St. Elizabeth's first interne.

The same day the former internes of the Youngstown Hospital held their reunion at Southern Hills Club and the oldest ex-interne present, Dr. John Heberding was elected president of the association.

On August 19th, the Medical Society enjoyed an old fashioned picnic at the farm of Bert Milliken, featuring a ball game between the two hospitals. The ball field was just a pasture, with rocks for bases. As usual, there were several sprained backs, pulled tendons and fractures, but the steamed clams and chicken were delicious and everyone had a good time. Bert is gone now and we miss him, but fondly remember his generous hospitality.

Neidus reported in his column on "Medical Gleanings" that the adrenals play an important part in salt metabolism, estrogen controls the symptoms of the menopause and that the new Protamine Insulin frequently causes reactions at night.

It was a good summer, no depression, no war nor rumors of war and not many problems needed solving.

## TWENTY YEARS AGO — AUGUST, 1947

President McKelvey announced that petitions would be circulated to have a Charter Amendment providing for a Board of Health and a Health Commissioner put on the ballot for the Fall election. The deadline was September first, so there was not much time and seven thousand signatures were needed. The effort failed because not enough signatures were obtained.

Dr. Francis J. Gambrel was chief resident in obstetrics and gynecology and Donald Dockry was an interne at St. Elizabeth's. Martin Conti returned home from the Navy and entered private practice. J. K. Herald returned from New York and entered the field of proctology. E. R. Brody returned from a Post-Graduate course at the New York Skin and Cancer Hospital. David and Nathan Belinky moved into their new offices on Wilson Avenue.

Excerpts from John Noll's article on "Psychiatry from an Internist's Viewpoint"—"All physicians must practice some form of psychiatry or fail many times in their attempts to help the patient. We must place more emphasis on the individual as a whole, both mind and body in our daily rounds. No array of well trained specialists will take the place of a sympathetic, understanding doctor. Whether called the 'art of medicine' or 'psychosomatic diagnosis' modern medicine cannot afford to omit the time required to learn the personality and social status of our patients".

## TEN YEARS AGO — AUGUST, 1957

President Ondash and Editor Pichette both congratulated John McDonough and his committee for obtaining a Youngstown Board of Health with a full time Health Commissioner.

Donald Dockry opened his office for the practice of chest surgery. Peter Boyle was on vacation in England. Bob Foster led the pack for 22 laps at a sport car rally at Canfield Fair track.

The Mathays and the Wenacs' celebrated their 25th wedding anniversaries.

The Ralph Whites, father and son, were celebrating 65 years of filling Doctors' prescriptions. They still do.

—J. L. F.

## MEMBERS VOTE TO LOWER QUORUM

The membership of the Mahoning County Medical Society voted to lower the quorum to 10% in a mail ballot, thus confirming action of those attending the May meeting of the Society. Of the 123 ballots returned, 94 voted to lower the quorum, and 29 voted against the change. At the May meeting, the vote was unanimous. Prior to the new amendment to the constitution, the quorum had been 20%.

## FIRST AID NEEDED AT FAIR

Volunteers are wanted to work at the First Aid Station at the Canfield Fair from Thursday, Aug. 31, through Monday, Sept. 4.

Ten shifts are necessary to cover the Fair, two each day. The early shift is from 11:00 a.m. to 5:00 p.m., and the late shift is 5:00 p.m. until 11:00 p.m. Payment is made by the Canfield Fair Board. Anyone wishing to sign up for a shift should call the Medical Society office, RI 6-8431.

## HEALTH TENT WILL SET RECORD

The sixteenth annual medical health tent at the Canfield Fair, sponsored by the Mahoning County Medical Society, will be the largest one yet. Three new exhibitors have joined the ranks this year and the 60 x 120 foot tent will literally be bulging at the seams.

New exhibitors will be the Mahoning County Veterinary Medical Association, The Youngstown Area Cystic Fibrosis Association and the Mahoning Valley Kidney Foundation. This adds to a total of 23 exhibiting health agencies—more than the tent has ever held before.

Other exhibitors include the Mahoning Academy of General Practice, Youngstown Society for the Blind, Associated Hospital Service, Mahoning Cancer Society, United Cerebral Palsy, Corydon Palmer Dental Society, Eastern Ohio Pharmaceutical Association, Youngstown Hearing and Speech Center, Heart Association of Eastern Ohio, Mental Health Association of Mahoning County, National Multiple Sclerosis Society, Planned Parenthood Association, Mahoning Valley Podiatry Society, The National Foundation, American Red Cross, Safety Council of Greater Youngstown, St. Elizabeth Hospital, the TB and Health Association, in addition to the Woman's Auxiliary and the Mahoning County Medical Society.

The annual medical health tent is one of the largest public relations projects of the year, not only for the Medical Society, but for all related health organizations in Mahoning County. All physicians and their families are invited to make the health tent their headquarters when visiting the Canfield Fair, Aug. 31 through Sept. 1.

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## FIVE MEMBERS ON OSMA COMMITTEES

Recently announced Committees of the Ohio State Medical Association include the following members of the Mahoning County Medical Society: Committee on Scientific Work, Dr. Jack Schreiber; Committee on Cancer, Dr. William J. Flynn, Dr. Arthur E. Rappoport; Committee on Disaster Medical Care, Dr. Harold J. Reese; Committee on Mental Health, Dr. Frank Gelbman.

Committee appointments were made by Dr. Robert E. Howard, President, Ohio State Medical Association.

## VD REPORTING PROCEDURE

Dr. Sidney Franklin, Youngstown Health Commissioner, advises that all physicians finding a diagnosis of Venereal Disease should continue to report that diagnosis to the Youngstown Health Department at City Hall. He reminds physicians that reference to a clinic does not constitute a report of VD.

In filling out ODH Form #3833.11, Positive Laboratory Tests for Venereal Diseases, copy #5 should be sent to the Health Department Office.

## RUMMAGE SALE

The Ohio State Nurses Association, District #3, is conducting a Rummage Sale, August 24-26, at 123 E. Federal St. Proceeds will be used to give nursing awards.

The Nurses Association would like donations of usable articles.

Please call: Mrs. Ann Sepic, Gen. Chm.

747-1431, Ext. 363 or 744-4808

## HEALTH DEPARTMENT BULLETIN

JUNE, 1967

	Resident		Non-Resident		Total
	M.	F.	M.	F.	
Births .....	102	94	117	121	434
Deaths .....	76	50	68	49	243
Infant Deaths .....	1	1	1	3	6

JUNE, 1966

Births .....	84	84	110	124	402
Deaths .....	88	61	77	50	276
Infant Deaths .....	6	4	4	1	15

### COMMUNICABLE DISEASES

	1967		1966	
	Cases	Deaths	Cases	Deaths
Salmonella .....	0	0	1	0
Tuberculosis .....	3	2	6	1
Infectious Hepatitis .....	1	0	1	0
Gonorrhoea .....	42	0	19	0
Syphilis .....	19	0	24	0

### VENEREAL DISEASES

	Male	Female	
New Cases			
Syphilis .....	1	0	
Gonorrhoea .....	23	19	
Total Cases .....			43
Total visits (patients) .....			144

Sidney Franklin, M.D., M.S.P.H.  
Commissioner of Health  
City of Youngstown, Ohio

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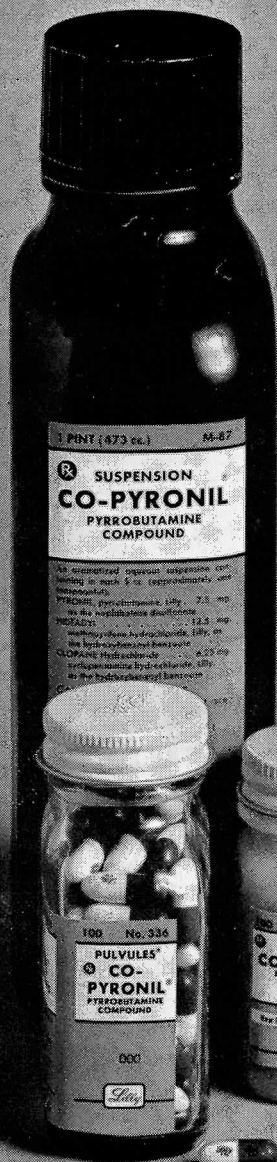
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