

BULLETIN

of the
MAHONING COUNTY
MEDICAL SOCIETY

Volume XLIII

Number 10

OCTOBER, 1973



**SPECIAL
MEETING**

Tuesday
October 23

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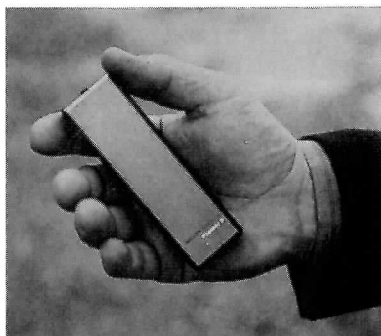
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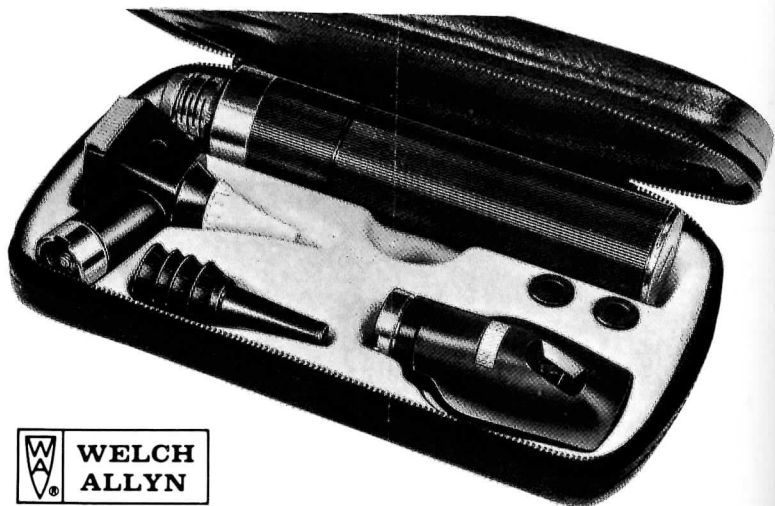
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Mahoning County Medical Society Meetings — 1973

January	March	May	September	November	December
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From the Desk of the President



MEA CULPA, MEA CULPA, MEA MAXIMA CULPA

In the form of continued medical education, medicine is about to embark on another introspective masochistic binge.

Continuing medical education (C.M.E.) has been defined as educational activities designed to reinforce the physicians' basic medical knowledge and inform him of new developments within his field through refresher and supplemental courses. These programs do not lead to any formal advanced standing in the profession. (American Medical Association *TOPICS*, 1972.)

Looming on the not-too-distant horizon is the distinct probability of testing for re-licensure and recertification of the practicing physician (and possibly all M.D.s).

To the average physician, testing is nothing new. Having finished a high school education, he often has completed four years of college with its examinations and consequent degree. Minimally a few have completed only two years. He has then gone on to complete his medical school curriculum in what has been classically a four-year program (now being questionably squeezed into a three-year affair by going to school all year.) State and National Boards test a broad-based knowledge, and Specialty Boards and Colleges, after two to seven years of post-graduate education, require greater clinical competence and higher levels of cognitive ability. Many go on to Fellowship to yet increase their abilities. All the way through these grueling years, the physician is subjected to all kinds of testing and quizzing. What other profession can equal it?

In this long arduous training, the need and desire for continuing education has been instilled deeply into the average physician. He has recognized *voluntarily* that while much of medical knowledge will never change (i.e. a broken arm), some has changed (i.e. theory, methodology, techniques, therapeutics); some has changed only to return to its original state of confusion (i.e. treatment of diverticulosis); much is still unknown and will remain so into the far and distant future.

In a recent survey of C.M.E. (Continued Medical Education) reported in the April, 1973 edition of the Ohio State Medical Journal, 2500 physicians responded: respondents in private practice totaled 2161. The study was focused on these. This number represents about 20% of the OSMA membership.

Amongst the various devices used for voluntary self improvement were: reading of two or more journals (76%) in varying depth; tape recordings (50% less than one hour per week; 36% one-two hours per week); use of radio-network (21%); colleague consultation and hospital conferences (90%); ward rounds (85%); seminars (90%); society-sponsored activities were used in varying percentages in the different specialties.

Granted that the study is possibly somewhat skewed; it nevertheless shows a very good track-record for the profession as a whole. No other profession can make a similar claim.

(Continued page 232)



BULLETIN

of the Mahoning County Medical Society

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Volume XLIII

OCTOBER, 1973



Number 10

The opinions and conclusions expressed herein do not necessarily represent the views of the Editorial staff nor the official views of the Mahoning County Medical Society.

EDITOR

William Moskalik, M.D. D. J. Dallis, M.D.
J. L. Fisher, M.D.

ASSOCIATE EDITORS

J. C. Melnick, M.D.
F. A. Pesa, M.D.

Editorial

REFLECTIONS

Isn't it curious that one father and mother can bring up several children but the several children cannot help take care of one father and mother.

* * * * *

See how hard we work to correct the mechanical problems in automobiles that are responsible for 5 - 10% of the accidents and almost ignore the drivers (voters) who cause the other 90 - 95%.

* * * * *

Do you recall a television production by the Justice Department which points out how wrong (instead of foolish) you are for leaving your keys in the car? Nothing to say that the boys who stole the car were doing anything wrong.

* * * * *

Why is it that crimes committed by a large group of people go unpunished: but do it as an individual and see what happens. By the way, who cries for the victim of a crime?

* * * * *

Why is it that people who try to help the police get their names and addresses in the paper?

* * * * *

Why is it that the retractions and corrections by a newspaper are hidden on the next to the last page?

* * * * *

Since when do the news media try to mold public opinion instead of reporting the news as it happens.

* * * * *

Since when does the world owe us a living! Since when are we not responsible for our actions!

—William Moskalik, M.D.
Editor

(Continued from page 230)

As an aside to the above facts, two-thirds of the answering members voted for *optional* documentation versus *mandatory*. And of those who thought it should be mandatory, only 19% thought that it should be a requirement for continuing membership in the OSMA, (this is 7% of the total respondents) and over 93% voted not to require evidence of C.M.E. for relicensure.

In some states, mandatory C.M.E. is essential for membership in the State association. Some have gone so far as to specify a certain number of hours and the ways these can be accumulated.

The assessment of a physician's capacity to practice good medicine is fraught with intangibles. There is much that is unknown. There is much that we think is sure today that will seem foolish tomorrow. There is much to the "Art of Medicine". And who can measure honesty, motivation, and dedication. And who knows except the patient whether in the final analysis a man's service has been kind and gentle, compassionately competent. And who knows except his conferees whether a man has that indefinable, yet necessary for excellence, attribute called clinical judgment.

"By their fruits ye shall know them." Let those who are delving into the field of mandatory C.M.E. tread lightly, lest they destroy one of the great professions in their pursuit of computerized utopia.

Moreover it is highly likely that the patterns that are being established for the assessment of the physician will someday be applied to others such as nurses, editors, sociologists, psychologists, engineers, lawyers, teachers, hospital administrators, even the politicians, etc.

And then we shall, in truth, have a "Tyranny of Testing," controlled by whom?

—C. Edward Pichette, M.D.
President

NOTICE — SPECIAL MEETING — NOTICE

At the call of the president and council, there will be a special meeting of the Mahoning County Medical Society on Tuesday, Oct. 23, at the Youngstown Club. Dinner will be at 7:00 p.m., preceded by a social hour. The meeting will begin at 8:00. Wives are invited.

The purpose of the meeting will be to hear information on the role of MAI (Medical Advances Institute) in Ohio in relation to PSRO. Co-speakers, offering pro and con views, will be Robert R. Clark, M.D., president of MAI, and Donald Quinlan, M.D., president-elect of the Association of American Physicians and Surgeons.

This will probably be the final informational meeting of the year before the PSRO vote which is expected to take place at the November meeting. Earlier speakers were: Preston Jolley on "PSRO;" William Porterfield, M.D., on "Foundations;" and Stanley S. Peterson, M.D., on "Medical Unions."

Reservations for the dinner and the meeting may be made at the medical society office. Cost of the dinner will be \$7.00 per plate.

Did You Know . . .

Any member of the Mahoning County Medical Society who has a mailing to go to all members of the Society may have the envelopes addressed without charge. This is done at the Medical Society office as a service to our members. To avail yourself of this service, simply have 350 unstuffed envelopes delivered to the office, 1005 Belmont Ave. Normally you may have the envelopes back the same day.

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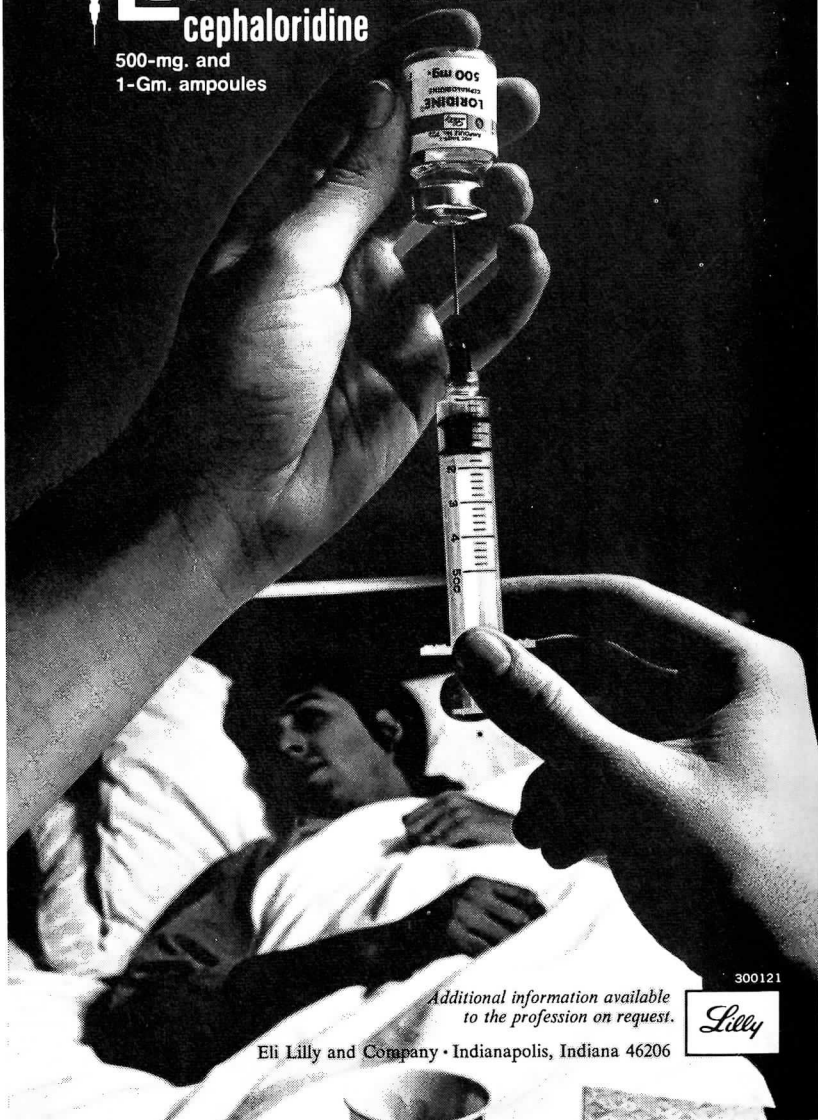
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MALPRACTICE INSURANCE SURVEY

Questionnaires were sent to the members of the Mahoning County Medical Society concerning malpractice insurance. Out of about 300, 114 responded. Out of 114, 98 returns were adequately answered to be included in the survey.

The total was divided into broad categories which included:

- 18 Family practice
- 35 Non surgical specialties
- 31 Surgical specialties
- 14 Non specified specialties

Their years in practice ranged between 1 - 54 years with a median average of 21 years. Their malpractice coverage as compared with the national average is as follows:

	Mahoning County	National Average
100/300,000	50%	32%
200/300,000	30%	12%
more than 1 million	6%	9%
less than 100/300,000	12%	8%

Incidence of malpractice suits in Mahoning County: between 1960 and 1972 there were 14 malpractice claims among the 98 physicians, and 2 threats. They ranged between \$2,500.00 and \$400,000. Three reportedly were won by physicians or dismissed. Nine were settled out of court and two are pending. Three occurred between 1960 and 1966 and the rest between 1966 and 1972.

The settlement ranged between \$300.00 and \$20,000.00, a total of \$44,000 paid by insurance over a 12 year period. This included 2 threats which were "headed off" by insurance companies for a total of \$5,300.

The increase in malpractice premiums over the last 5 years ranged between 4% and 1700% with median average of 250% in all categories. The total premium paid by the 98 physicians last year was \$146,000. For the same year and for the same group the insurance paid \$300 for a threat and settled for \$2,500 suit with unspecified amount.

The Secretary of HEW appointed a commission to study the medical malpractice problem. In January 1973, they submitted a report of over 1000 pages which outlined their findings and recommendations. Among their findings: in 1970, there were 14,500 claims, which makes it less than 1 chance in 100,000 of an incident occurring that will give rise to malpractice suit each time a physician or dentist treats a patient. However there was about 11% increase in claims opened over those closed in 1970. 57% of claims arise out of surgical procedures. Among our group it was 50%.

Of all the claims in the nation, 50% were closed. Of the other 50%, 80% settled out of court. The other 20% that went to court, the verdict was in favor of the physician in 80%. This suggests that here in Mahoning County, and based on our survey, claims are settled without much contest—in fact even two threats in our series were paid!

62.5% of national claims settled for under \$4000 and 3% for \$100,000 or more. In our series 67% settled for \$4,000 or less and 33% for over \$4,000 with the highest settlement of \$20,000.

Between 1960 and 1970, premiums increased nationwide as follows:

Dentists	115%	This is based on the commission's report.
Hospitals	263%	
Physicians	541%	
Surgeons	949%	

The commission found the present method of establishing rates was inequitable. They recommended that the A.M.A. together with other health and hospital associations meet with the insurance industry and find a better method than the present program. Among alternatives mentioned: insurance on group basis to the medical staff of a hospital or county society; the state government establish a patient injury insurance program similar to Work-

man's Compensation; a non-fault medical injury compensation system whereby the patient will be required only to show that he was injured while receiving medical care without regard to whether someone was at fault. They cited other methods as state medical societies that insure their groups — N. Y., Florida, Virginia and Minnesota, and the well established British system "The Medical Defense Union."

In summary:

The cost of malpractice insurance has risen rapidly in the last 10 years. There is great disparity between what the malpractice insurance carriers pay and what they collect as premiums based on our small survey here in Mahoning County. A greater response and complete answers to the questionnaire by our membership would have given a more accurate picture and perhaps a basis for action.

The Federal Government has recognized the problem and intends to pursue it because of greater federal financial involvement in health care.

Ref: (1) Medical Malpractice:
Report of the Secretary's Commission on
Medical Malpractice, Jan. 1973

Ref: (2) Appendix: as above
Respectfully,
R. A. Abdu, M.D.

DRUG SAMPLE PICK-UP NEXT WEEK

Once again this year, the Woman's Auxiliary will collect unwanted pharmaceutical samples from physicians' offices. Collection will be done during the two-week period from Monday, Oct. 22 through Friday, Nov. 2. Mrs. Robert Bacani, Auxiliary chairman, asks that all doctors have their samples boxed and ready to go in plenty of time. She points out that there are more than 200 offices to visit and asks the doctors' full cooperation in being prepared for the person who will stop at the office.

Following collection, Auxiliary members will pack the drug samples and ship them to Detroit to World Medical Relief, Inc., a philanthropic organization contributing to the medical needs of the world's destitute and sick. World Medical Relief, an authorized collection agency under F. D. A. regulations, forwards the drug samples to missionary hospitals and clinics, to medical, military and civic action teams, and foreign, U.S. and local relief agencies.

The Auxiliary has been engaged in the program each year since 1962, when it was originally undertaken in conjunction with Diabetes Week and the annual delivery of diabetes testing material to each physician's office.

Assisting Mrs. Bacani are her co-chairman, Mrs. Ben C. Bonarigo, and advisor, Mrs. Robert B. McConnell, along with a great number of Auxiliary members.

MCMS HAS 5 ON OSMA COMMITTEES

Five members of the Mahoning County Medical Society have been appointed to Ohio State Medical Society committees for 1973-74. Dr. L. P. Caccamo is on the Legislative Committee. Dr. Frank Gelbman is on the Mental Health Committee. Dr. Jack Schreiber is on the Scientific Work Committee. Dr. W. E. Sovik is on the Eye Care Committee; and Dr. M. J. Vuksta is on the Sports Medicine Committee.

Of the eight large towns in Ohio, Youngstown has the least representation on the 42 State committees. Columbus leads with 59 members. Others are as follows: Cleveland, 41; Toledo, 24; Cincinnati, 23; Dayton, 14; Canton, 14, and Akron, 7.

PAST PRESIDENTS SPOKE

(Editor's Note: This is part two of a three-part article which was presented at the annual meeting of the Ohio State Medical Association in 1936. Part three will be printed in the November issue of the Bulletin.)

Working With Other Professions

by

W. M. Skipp, M.D. and C. A. Gustafson, M.D.

The plan was presented to the Dental and Nursing Societies and they were asked to join; this they did. Some time later the hospitals were invited; then the druggists. These groups have worked together for several years very effectively, accomplishing two things (1) bringing the professions into close contact with each other thus developing a more friendly feeling among them and (2) by increasing our number and bringing our problems to the candidates before they were elected we were able to secure political commitments and after election were able to remind them of these facts. Also we do control a number of votes and we insist we are a political group and do have a voice in the election, to which most of the candidates from National, State, and Local levels listen and take our advice and suggestions.

Three years ago the Committee invited Trumbull County Medical Society to join, which they did, because several of the parent organizations overlapped into that neighboring County, such as the Druggists, Nurses, and Dentists. Two years ago, we included the Veterinarians, and this year the Chiropodists joined at our request.

The Committee is made up of representatives of each of the parent organizations. They may send as many representatives as they deem wise. It is financed by donations from the Parent Associations.

No fixed amount of dues are set; so far it has cost us about \$25.00 every two years. The Committee members (that is representatives from all parent organizations), pay their meeting expenses. Practically all the Committee pays for its stenographic work, printing and candidate luncheons.

The Committee usually holds one meeting a year when a Chairman and Treasurer-secretary is appointed from our Committee members and plans are laid for our work for the coming elections. We never enter the primaries, as we are not affiliated with any political party, but we are definitely a political organization which takes away from the parent organization, any political tinge.

We then interest ourselves in anything that may effect any of our parent professions. For instance, we lay before our local, state, and national law-making bodies anything that will effect any or all of us. The Parent organizations do not contact these politicians but the committee does so for its members.

We are not interested in all elective officers, but only those who can effect us. For instance, we contact our Representatives in Congress (Congressmen and Senators), the Governor, the State Representatives and Senators, the County Commissioners. Lay groups that are interested in health like the Board that governs our T.B. Sanatorium, County and City Health Departments, etc. When appointments are made, we suggest two or three acceptable candidates for the appointment. We also are interested in Judges that have to do with Child, Widow, and Old age Pensioners.

We also contact and try to direct our city officials such as the Mayor and Council. We send a list of acceptable names to any politicians that make appointments pertaining to health in our cities.

We are looked upon by these groups as giving good advice and usually if something comes up needing our assistance, we are contacted.

Before each election, we sit down and draw up a list of questions that

we are interested in and all candidates are given a questionnaire to answer, and we keep after him until he returns it. We state the questions and after each candidate's name we write his answers. This is then mimeographed and each parent organization is furnished with the number of copies necessary to cover its voters (this report is looked for with eager interest by our members). We usually send out about 4000 in the two counties.

Following election, the congratulatory dinner honoring the successful candidates affords an opportunity to re-emphasize our program plans. All candidates, regardless of answers received from he or she on our questionnaires, are sent as soon as possible, letters of congratulations and reminders that we are willing at all times to give advice on matters in which we are especially interested.

At no time do we recommend any candidate for office, but we do try to set down answers that will lead to the election of all favorable candidates regardless of party affiliation.

Through this Committee many problems that are of mutual concern to all parent organizations have been worked out. A better understanding of all has developed through the years. Each has called on the Committee for help in matters pertaining to legislation being passed or proposed.

AMA-ERF CHRISTMAS CARD

Now is the time to send in your contribution for the AMA-ERF Auxiliary Fund for the Christmas sharing card, which is mailed to all members of the Mahoning County Medical Society. The contribution is tax-deductible, and you may designate the medical school or Loan Guarantee Fund to be the recipient of your contribution.

Please send your check to Mrs. Patrick Cestone, AMA-ERF Chairman, 1307 St. Albans Dr., Youngstown 44511. The deadline is Dec. 1st.



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MEDICAL SOCIETY HEARS UNION HEAD



Dr. Peterson (center) answers questions for members at meeting's end.

The September 25th meeting, third in this year's series of meetings designed to inform the membership on PSRO and its ramifications, brought to Youngstown Dr. Stanley S. Peterson, president of the American Federation of Physicians and Dentists. Dr. Peterson spoke on the subject of medical unions.

Dr. Peterson told an audience of 115 physicians and wives that the principal purpose of a medical union is to gather enough members and strength to stand-up to insurance companies and government agencies and demand that they cease from measures that are contributing to the deterioration of medicine by hampering the physician's judgment in treating and prescribing for his patients.

He emphasized that the union would not ask members to withhold services from a patient and therefore would not ask doctors to strike in the generally accepted meaning of the word.

The Federation was formed just this year and already claims more than 10,000 members. Dr. Peterson anticipates rapid growth and speculated that it might take 125,000 members to make a medical union truly effective.

Dr. Peterson was introduced by Dr. George Dietz, program chairman. Dr. Pichette, president, presided. Special guests were Dr. and Mrs. Maurice Lieber, Sixth District Councilor, and wives of our members.

The fourth and final meeting in the PSRO series will be a specially called meeting on Tuesday, Oct. 23, when members will be given the opportunity to learn about Ohio's MAI (Medical Advances Institute). Speakers on both sides of the MAI issue will be present. Members are urged to attend.

The decision by the membership in regard to PSRO is expected to be made at the November meeting.

MEDICAL ASSISTANTS FALL PROGRAM

The American Association of the Medical Assistants, Mahoning County Chapter met for their first dinner meeting at Antone's on September 13, 1973. After a delicious meal the speaker for the evening was Miss Beverly Susor, Parole and Probation Officer for Mahoning and Trumbull County. She enlightened us with her wit, talents and interesting experiences that she has in her job.

Our membership this year is 38 members. The Program Committee passed out the roster for the year which appears to be outstanding.

Our annual Workshop headed by the Education Committee chairman, Carole McClendon, will be held October 21, 1973 at the St. Elizabeth Hospital School of Nursing. Flyers will be going to the various doctors in the area. This is open to *all* medical assistants.

The next meeting will be Tuesday, October 2, 1973, at the Ivy Hall at St. Elizabeth Hospital School of Nursing. The speaker for this program will be Dr. John H. Bleacher..

—Betty Ann Perschka
Reporter

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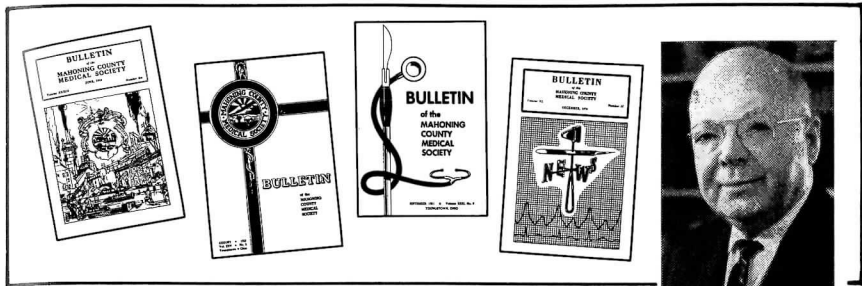
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From the Bulletin

FORTY YEARS AGO — OCTOBER 1933

Schools were closed because of the polio epidemic. The Medical Society Council recommended that the Health Department pool all the blood donations received from convalescent cases and make the serum available to the doctors. The epidemic waned and nothing came of the proposal.

A course of eight lectures in hematology by Drs. Doan and Wiseman of Ohio State University started that month. Fee for the course, three dollars.

Dr. G. B. Kramer held a "Clinico-Pathological Conference" at the South Side Unit. It was a new thing and more were planned. Doctors were invited to attend.

THIRTY YEARS AGO — OCTOBER 1943

Dr. John Tucker of the Cleveland Clinic told the members that the new Penicillin was the most powerful anti-bacterial agent known.

The honor roll of doctors and nurses in the armed services took up four pages in the Bulletin. There were many letters:

Joe Colla in one year had been in Fort Sam Houston, then Camp Bowie, Texas, then the dispensary at the Pentagon in Washington. From there he went on a special mission to South America, North Africa and Canada. He wrote from a camp in Virginia which he was not allowed to name where there were swimming pools, a golf course and a horse for each officer. John Noll was at Jefferson Barracks, Mo. Brack Bowman was at Laguna Beach near Los Angeles. Barclay Brandmiller was at Monterey, the old capital of California. Luke Reed was at Monroe, California. E. M. Chalker was at Las Vegas, Nevada. Herman Zeve was at Trinidad, B.W.I. Walter Tims was still in England, promoted to major.

McKelvey's store celebrated its 60th Anniversary by launching a project to sell \$300,000 worth of bonds to buy a bomber to be named "The Spirit of Mahoning County".

TWENTY YEARS AGO — OCTOBER 1953

Physicians were concerned about the proposal to include them in Social Security. Disapproval was expressed by the A.M.A. house of delegates, the American Bar Association and the American Dental Association.

President Goodwin reported on a local survey of hospital expense. The report showed that only 16 per cent of the hospital days were paid by the individual. The rest were paid by insurance, workmen's compensation, state or city, and Community Chest.

Editor Reese sounded off about doctors who have their secretaries put through calls to other doctors and make them wait on the line until the caller is ready to talk. He said it was a breach of common courtesy.

At the September meeting a vote was taken to decide whether Wednesday or Thursday afternoon should be the official "afternoon off" for doctors. The vote was 113 to 64 in favor of Thursday.

TEN YEARS AGO — OCTOBER 1963

The Sixth-District Post-Graduate Day was held at Packard Hall in Warren on the twenty third. The program was most attractive and the place was jammed.

There were seventeen outstanding speakers from twelve great medical centers like McGill, Harvard, Jefferson, Michigan, Cleveland, Pittsburgh, Minnesota and Columbus.

Dr. Thomas Lander died last month. He was a prominent family physician doing a great deal of obstetrics. He has been greatly missed.

Leonard Blum, John Buchanan, Pat Kennedy and Harry Zeve were elected to honorary membership.

Seventy thousand persons visited the Health Exhibit at the Canfield Fair. The supervision was done by Harlan McGregor, Clyde Walter, Jack Schreiber, Robert Fisher and Fred Resch.

Harlan and Clyde are no longer with us and no wonder, the way they worked.

New members were: Glen J. Baumblatt, Leonard N. Green, John C. Melnick, Rafael Tarnopolsky, Frank Tiberio and John Werning.

It was a good month. Ninety two members attended our business meeting and that's a quorum. Warren put on a great Post-Graduate Day. We had a cultural program going for doctors at Youngstown University. Six desirable new members were added. The Society gave \$100.00 to the good ship "Hope".

The weather was fine, the fall colors were gorgeous, the fishing was good and the living was easy.

—J. L. F.

DINNER UNDER THE OAKS

It was called "Dinner Under the Oaks," and it was fabulous! No other word can express the picnic supper held by the Woman's Auxiliary for doctors and wives at the Friedrich "farm" on Tippecanoe Rd., Thursday, Sept. 13.

It would be difficult to say which was the most enjoyable part of the evening — the steaks, the great variety of casseroles, or the setting (although it is understood that there have been a few anonymous votes for the beer keg). In short, it was a gourmet's delight set among oak trees and rolling hills on a beautiful late-summer evening.

Sally Hernandez was chairman, assisted by her committee of Camilla Geordan, Jan Szaboky, and Carole Ann Wiltsie, along with the Auxiliary president, Edie Wieneke and all of the Friedrichs, Becky, John and Dr. Fred. Special thanks go to the Chesterton Club for the loan of the huge grille that enabled the battery of amateur chefs to prepare steaks to order for a crowd of 94 persons. A most memorable evening!

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PROCEEDINGS OF COUNCIL**Sept. 11, 1973**

Dr. Abdu reported the results of the malpractice insurance survey which he had conducted. He was commended on his extensive and comprehensive report and will make the results available in printed form to the membership.

A letter was read from Dr. Robert R. Clark, president, MAI, in which he requested the opportunity to speak to a group of physicians in this area and suggested a date. Following discussion, council determined to call a special meeting for October, to be held on Tuesday, Oct. 23, and to invite Dr. Clark and a suitable co-speaker to appear and discuss MAI and related subjects for general information of the membership. This was put into a motion by Dr. Schreiber, seconded and passed.

A letter was read from MASHEN requesting endorsement for their application for a grant from the Robert Wood Johnson Foundation for the purpose of establishing a regional emergency medical communications system. It was noted that the endorsement had been sent on the recommendation of our liaison member, Dr. James Finley.

A letter was read from the AMA forwarding \$281.90 to the Mahoning County Medical Society for collection of 1972 AMA dues.

A letter was read from the AMA offering assistance in planning our organization's response to PSRO.

Drs. Pichette, Tandatnick and Anderson reported on the first meeting of the MVHPA Liaison Committee. The agenda included our request for 49% provider representation, the local HMO and the MASHEN application.

Dr. Dietz, program chairman, reported on plans for the Medical Assistants Dinner and encouraged all doctors to send all of their girls.

Dr. Schreiber, chairman, reported on the Canfield Fair exhibition and medical health building, which he considered to be our best effort to date. He made a plea for medical material to expand the museum.

Dr. Pichette reported on the two-day PSRO Conference, sponsored by the AMA, which he attended in Cleveland, Sept. 7 and 8.

Mr. Rempes reported on the ACME (Association of County Medical Executives) meeting that he attended at Salt Fork on Aug. 20 and 21.

The Nominating Committee was announced by Dr. Pichette and Dr. Holden as including Dr. DeCicco, Dr. Geordan, Dr. Kloedell and Dr. Mahar, Jr.

Dr. Pichette reported that Dr. Olson is being considered as Provost for the new medical school.

Meeting was adjourned.

—Howard Rempes
Executive Secretary

NOMINATING COMMITTEE AT WORK

The Nominating Committee has been named in accordance with the Constitution, and consists of the following: Drs. C. E. Pichette, Henry Holden, C. B. Klodell, P. L. Mahar, Jr., A. W. Geordan and G. E. DeCicco. The committee list was mailed to all members of the Mahoning County Medical Society with the minutes of the September council meeting.

All members are encouraged to offer suggestions for candidates to the above named committee. The committee will meet prior to, and make their recommendations at, the Nov. 20th meeting of the Medical Society. Nominations will be made at the November meeting, and elections will take place at the December meeting.

HAPPY BIRTHDAY



Get your annual check-up • Is it time to renew your driver's license?

Oct. 17

J. Malkoff

Oct. 18

C. A. Sarantopoulos

Oct. 19

L. C. Zeller

Oct. 20

U. A. Melaragno

Oct. 24

H. E. Fusselman

Oct. 25

P. L. Jones

Oct. 28

I. H. Chevlen

M. M. Szucs

Oct. 29

F. K. Inui

Y. P. Sheen

Nov. 2

R. A. Abdu

Nov. 3

D. R. Brody

R. J. Brocker

Nov. 4

K. J. Hovanic

R. A. Hernandez

Nov. 5

V. D. Lepore

Nov. 6

L. O. Gregg

Nov. 9

J. B. Birch

Nov. 10

J. C. Melnick

Nov. 11

H. Schmid

Nov. 15

J. P. Kalfas

J. S. Gregori

R. W. Juvancic

DATES TO REMEMBER

Oct. 23: Special called meeting.
Wives invited. Speakers: Dr. Quinlan and Dr. Clark. Dinner 7:00 p.m.
Youngstown Club.

Oct. 22 thru Nov. 2: Annual Drug
Sample Pick-up by the Auxiliary.

OCTOBER						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

NOVEMBER						
S	M	T	W	T	F	S
		1	2	3		
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Nov. 11 thru Nov. 17: Annual Diabetes Week participation by all doctors' offices.

Nov. 20: Regular November meeting.
Nomination of officers. Dinner 6:30 p.m. Youngstown Club.

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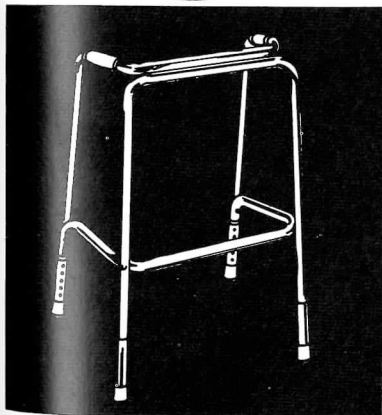
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Contraindications: Pre-existing elevated serum potassium. Hypersensitivity to either component. Continued use in progressive renal or hepatic dysfunction or developing hyperkalemia.

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, agran-

ulocytosis, 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. Anti-hypertensive effects may be enhanced in post-sympathectomy 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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