

BULLETIN

of the
**MAHONING COUNTY
MEDICAL SOCIETY**

Volume XLV

JUNE, 1975

Number 5



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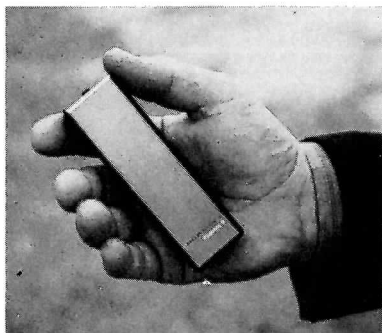
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Warnings: Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired. Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia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

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

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

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Mahoning County Medical Society Meetings - 1975

January	March	May	September	November	December
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	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	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	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	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	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

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From the Desk of the President



When I started my internship 15 years ago, most of the surgery was done by those who also treated pneumonia, diabetes, heart disease and delivered babies—the family physician. When things went wrong or became hopeless, he consoled, held hands with the afflicted or the family and even went to funerals. He gave himself when all else failed. Board certification in specialties was a rarity. The surgical complications were many and the mortality was in proportion. Sulfa, penicillin, streptomycin and chloromycetin were the main stay in antibiotics and when all failed in open wounds one could turn to maggots!

There were no intensive care units and no super-specialists. Patients with stroke were provided with a bed, a bed pan and a prayer. Polio deformities were still a common sight. Coronary victims were given long bed-rest, anti-coagulants and little hope. Aortic aneurysms simply ruptured.

But doctors continued to do their best and the patients understood. There was no malpractice problem, no government control and no harassment. Premiums for surgical malpractice coverage were less than \$100 per year. As a result the doctor focused his attention on his work and his patients and made gradual progress which resulted in the medical advances of today.

Now we do not have to worry about polio. We have more potent antibiotics than we can use. We have intensive care units with the most sophisticated monitoring systems. The physicians have become specialists and super-specialists with lengthy training and impressive credentials. The common complications with their high mortality of 15 years ago are now rare and in some cases non-existent. The stroke victims and those with coronary diseases are given hope and in most instances restoration. Limbs are saved and those who were condemned 15 years ago by their disease, now at least have a fighting chance.

But somehow all is not well. There seems to be a missing link between the physician and his patient. True, the polls say that physicians are trusted more than any other profession etc., etc. but the fact remains that the trusted soul must pay at least forty times what he paid in malpractice premiums 15 years ago. He must defend his image and his freedom to practice medicine. He is constantly under fear of being sued. He is forced to practice expensive defensive medicine and regards every patient as a potential court adversary. Some physicians have ceased to work when they could no longer obtain the necessary protection against this threat.

(Continued on Page 97)



BULLETIN

of the Mahoning County Medical Society

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JUNE, 1975



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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 Earnest Perry, M.D.

EDITOR EMERITUS James L. Fisher, M.D.

ASSOCIATE EDITOR J. C. Melnick, M.D.

Editorial

BEWARE TROJANS BEARING GIFTS

I read a news article several weeks ago pertaining to professional liability insurance, a topic which today is ever present in most medical circles. In this particular article the Commissioner of Insurance for the State of Ohio proposed a plan that was designed to give relief to the physician and at the same time protect the rights of the patient and lawyer.

His plan would develop a new structure of fees for lawyers, thus discarding the contingency fees; claims would be submitted to an arbitration board to check the validity of each claim, and he would also propose a limit on the amount of settlement.

These all sound fitting and proper and I was getting the impression that someone really wanted to do something constructive to help ease this unfortunate situation that faces the medical profession at this time.

My optimism was short lived, however, for he further proposed that every physician be relicensed every (3) three years and have a minimum of one-hundred and fifty (150) hours of continuing education courses during that time. Note carefully that the proposal states "relicensed every three years" not "renewal of license" every three years.

The purpose of this proposal is to "weed out" the incompetent doctors, and thereby lower the incidence of malpractice lawsuits, so states Commissioner Jump. The Commissioner, however, has overlooked one vital statistic; in the field of surgery, a nationwide survey reveals that most lawsuits are against Board Certified Surgeons. The small minority of incompetent physicians usually have an unmatched rapport with their patients, and cover most mistakes with a hearty slap on the back and the old "God's Will" routine, and usually are not sued anyway.

I regard this part of the Commissioner's plan as discriminatory, unacceptable and probably designed to further gain control over the private practice of medicine.

It is absurd to think that a physician needs to take a written examination every (3) three years in order to be competent to take care of patients. In my experience most examination material in the field of medicine contains very little material that a physician encounters in his daily practice, anyway. I found this to be true even when I took my surgical board examination.

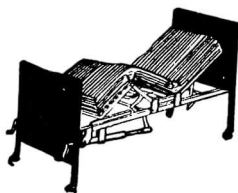
There probably are some individuals who sincerely want to help doctors resolve this issue. However, we must "Beware of Trojans Bearing Gifts."

—Earnest Perry, M.D.
Editor

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FROM THE DESK OF THE PRESIDENT

(Continued from Page 94)

I know that the causes which have led to this state are many but a fundamental cause is the absence of those old strong bonds which the old physician had with his patients. Perhaps we have overcompensated with our technical advances and neglected that human aspect of medicine which transcends technology and "norms". The physician of yesteryear gave much of it.

The tranquility of the last decade in medicine brought the technical advances of today. I wonder what the chaos of today will bring to the decade ahead.

—Rashid Abdu, M.D.
President

In Memoriam

ROBERT G. MOSSMAN, M.D.

1885 - 1975

Dr. Robert G. Mossman, Internist, died of a heart attack on Thursday, May 1. He was 89.

Dr. Mossman was born in Greenville, and was a direct descendant of John Mossman, founder of Mossmantown, Mercer County, Pa., and of Lt. John Williamson, a Revolutionary War officer who wintered with George Washington at Valley Forge. A second cousin of Dr. Mossman was Alfred Landon, Kansas presidential candidate in 1936.

Dr. Mossman attended Greenville schools, Thiel College Preparatory School and was a graduate of Allegheny College. He received his medical degree at the University of Pennsylvania in 1909. After serving an internship at Western Pennsylvania Hospital in Pittsburgh, he came to Youngstown and worked in the office of Dr. Carlos Booth. He took a residency at St. Elizabeth Hospital.

He became chief surgeon for Sharon Steel Co., until enlisting in the U. S. Army during World War I. He was assigned to the Army General Hospital in the Bronx and later to Army Hospital No. 3, a reconstruction hospital for war casualties who had lost a limb. He resumed surgical practice in Youngstown in 1919, later going into association with his brother, Dr. B. Edwin Mossman. Their father was a general practitioner in Greenville prior to his death in 1926.

Dr. Mossman was a former city health commissioner. He was chief of medical service at Youngstown Hospital Association from 1934 to 1945. During World War II he was chairman of Selective Service Board No. 3. He was a member of Delta Tau Delta, the American Geriatrics Society, American Cancer and Heart Associations, Western Star Lodge 21, Greenville Lodge of BPOE, American Legion Post 15, Association of Military Surgeons, Barton C. Hearst Society of Pennsylvania, Pennsylvania Society of Sons of Revolution, Ohio Society of Sons of American Revolution and the Rockwell Springs Trout Club.

Dr. Mossman enjoyed fishing and maintained a lodge at Washagami Lake, Ontario.

He received his 50-year pin from the Ohio State Medical Association in 1959.

Dr. Mossman contributed much to medicine in Mahoning County. He was a direct link to physician pioneers through his association with Dr. Booth. In the true spirit of medicine, he was still caring for some of his older patients until the time of his death. Dr. Mossman will be sorely missed and long remembered by the medical community and his patients.

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June 30

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July 1

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July 2

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I. Mendel

July 5

F. A. Miller

July 6

M. M. Kendall
M. L. Fok
G. A. Butcher

July 9

G. L. Altman
S. A. Myers
J. R. LaManna, Jr.

July 11

L. M. Pass

July 13

D. W. Metcalf
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MCMS HONORS 58 TOP SCHOLARS



(TOP) Dr. Wegner presents certificates as Dr. Barton reads names. Dr. and Mrs. Abdu present pins. (RIGHT) Dr. Kurt Wegner, speaker, with Dr. Robert Barton, chairman.

Fifty-eight senior students from twenty-five area high schools were honored at the ninth annual Scholarship Dinner on April 17 at Ramada Inn.

Dr. Kurt Wegner, speaking on the subject, "Noblesse Oblige," told the young people that they had achieved a status of excellence that had put them into the position of being of service to mankind. Following his talk, Dr. Wegner presented a certificate to each student enrolling the student in the Medical Society's Roster of Scholars.



Dr. and Mrs. Abdu presented a gold pin, emblematic of the honor to each student. The students were called forward by Dr. Robert Barton, chairman for the Scholarship Dinner, who conducted the evening's program.

Doctors and their wives greeted the young people upon their arrival and sat with them at dinner. Among the students honored were Karen Szauter, daughter of Dr. and Mrs. Szauter, and Diana Belsan, daughter of Rev. and Mrs. Belsan. Mrs. Belsan is secretary at the Medical Society office.

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(TOP) Dr. and Mrs. Craig Wales, Dr. and Mrs. Costas Sarantopoulos, Dr. and Mrs. George Altman, Dr. and Mrs. Martin Conti. (MIDDLE) Dr. and Mrs. Robert Rich, Dr. and Mrs. Sidney Keyes, Dr. and Mrs. H. S. Banninga, Dr. and Mrs. S. S. Husain. (BOTTOM) Dr. and Mrs. Mohamed Masry, Dr. and Mrs. Armand Garcia, Dr. and Mrs. Richard Jarvis, and Mr. and Mrs. Bob McGivern.

A group of Youngstown physicians and their wives took advantage of the opportunity to watch time trials for the Indianapolis "500" on Sunday, May 11, prior to a conducted tour of the Eli Lilly plant on Monday and Tuesday. Arrangements for the trip were made by Bob McGivern, Eli Lilly representative, who has organized a number of similar tours in the past.

APPLICATIONS APPROVED

The following applications were approved at the April 8th meeting of the Council of the Mahoning County Medical Society. Each applicant will become a member of the Medical Society 15 days after publication in the *Bulletin*, unless objection is filed in writing with the secretary before that time.

ACTIVE: Carlos Cerrezuela, M.D.
Nora Natividad, M.D.

ASSOCIATE: Ali Faghani Azimpoor, M.D.
William L. Crawford, M.D.
Alam M. Qadri, M.D.
Ragu R. Sambandham, M.D.

COLONOSCOPY AT ST. ELIZABETH HOSPITAL

The Department of Endoscopy at St. Elizabeth Hospital, Dr. S. Gaylord, M.D., Director, has announced the acquisition of a fiberoptic colonoscope with full photographic and biopsy capability. The instrument is inserted rectally and the entire colon can be directly viewed.

At the present time only diagnostic colonoscopy will be performed by Dr. S. Gaylord and Dr. J. Gregori. Polypectomy is contemplated for the near future. The colonoscopy will be done both as an out patient procedure and an in patient procedure. The acquisition of an OM-1 Olympus camera has greatly facilitated color photography of the colon.

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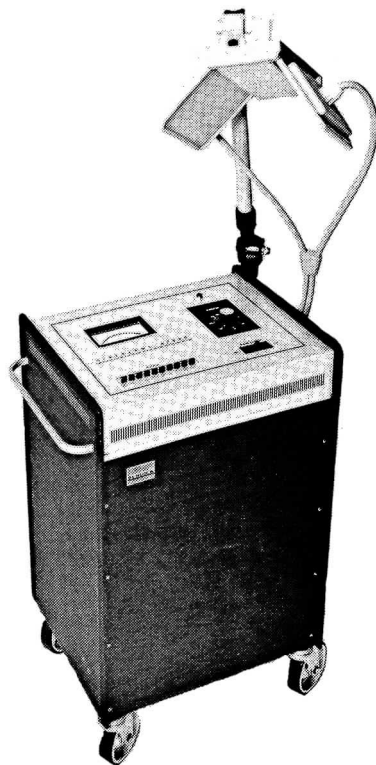
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MCMS COMMENDS ITS DELEGATION

The work done by the Mahoning County Medical Society delegates at the 1975 House of Delegates meeting of the OSMA, May 11-14 in Columbus, received a vote of appreciation and commendation at the May 20th meeting of the Society.

At that meeting, Dr. Anderson, as chief delegate, gave a comprehensive report of activities, both behind the scenes and final results, that took place in the caucus rooms and on the floor of the House.

Delegates and alternates attending the annual meeting with Dr. Anderson were Drs. C. E. Pichette, Jack Schreiber, J. C. Melnick, J. W. Tandatnick, W. E. Sovik, Rashid Abdu and William Moskalik.

At the final meeting of the House, Dr. Pichette was re-elected Councilor of the Sixth District for a two-year term. Dr. Schreiber was re-elected Alternate Delegate to the American Medical Association for a two-year term.

The resolution receiving the most attention in terms of man-hours was undoubtedly the emergency resolution submitted by the Sixth District which essentially called for removing any consideration of changing the Medical Practice Act and reregistration of physicians from H.B. 682, the so-called "Malpractice" bill in the Ohio legislature. Although the matter was contested to the final moment by Mahoning delegates on the floor of the House, the battle was eventually lost and H.B. 682 will continue to contain in it a provision that Ohio physicians will be compelled to show evidence of 150 hours of continuing medical education over a three year period as a requirement for reregistration with the Ohio Medical Board. Dr. Anderson presented a comprehensive explanation of pros and cons of the disputed resolution at the May 20th meeting.

Although there were several resolutions introduced on the subject of PSRO, the resulting combined resolution passed by the House did not make any essential change in last year's stand, which advised members not to involve themselves in implementation of PSRO.

Mahoning's resolution to make membership in OSMA voluntary did not pass, but delegates felt that it served the purpose of bringing to the attention of the House the dissatisfaction of the Mahoning County Medical Society with certain OSMA actions that appeared to be contrary to the will of the House of Delegates.

In other business, a Twelfth Councilor District was formed, removing the counties of Portage and Summit from the Sixth Councilor District.

New president of the Ohio State Medical Association is Dr. Maurice Lieber, Canton. Newly elected president-elect is Dr. George N. Bates, Toledo.

CHOFFIN WILL TRAIN MEDICAL ASSISTANTS

Choffin Career Center, 200 E. Wood St., has announced a program for in-service training of the Medical Assistant. This is the second such program to be offered at the school.

Training will consist of a course in Administrative Procedures and Clinical Procedures in September, and Laboratory Procedures and a Testing course in January. Each of the four courses meets for three hours a night, one night a week, for ten weeks. The cost is \$22.00 a course plus textbooks. Each class is limited to the first 20 applicants.

For further information, phone Choffin Career Center, 743-2187.

HOSPITALIZATION PAYMENT DUE

Doctor, have you made your payment to the Blue Cross - Blue Shield Group? Due date is July 1st. Final date for payment is July 15th. Don't risk being without coverage. Be sure the medical society office has your check when the group payment is completed on July 15th.

EAST HIGH STUDENT WINS MEDICAL AWARDS



Mrs. Gilliland presents bonds to Iris Rozenblad.

For the first time in Science Fair competition, both the Medical Society award and the Woman's Auxiliary award went to the same person. Iris Rozenblad, an East High School senior, won the Medical Society's award for the best project related to medicine and the Auxiliary's award for the best project related to medicine by a girl.

Presentation of the bonds of \$50 and \$25 were made by Mrs. Angela Gilliland, president of the Auxiliary. Miss Rozenblad's award-winning project was entitled "Ovariectomy on a Rat." The Science Fair was held at East High School on April 26th with Mrs. Cathy Pelanda, biology teacher at East in charge of the annual competition.

Miss Rozenblad was one of the scholars honored by the Mahoning County Medical Society at the Scholarship Dinner on April 17th. She is interested in studying medicine.

NEW CRITERIA FOR TB REPORTING

The Ohio Dept. of Health has revised the criteria for counting and report of tuberculosis cases as recommended by the U. S. Public Health Service and outlined in the 13th edition of Diagnostic Standards and Classification of TB, published by the American Lung Assn. Cases to be counted by official agencies and submitted to the Ohio Dept. of Health are clinically significant cases with positive bacteriology (culture) or treatment with a least two anti-tuberculosis drugs. This includes persons who have had disease in the past and now have disease again with a positive culture.

Case reports should indicate the following:

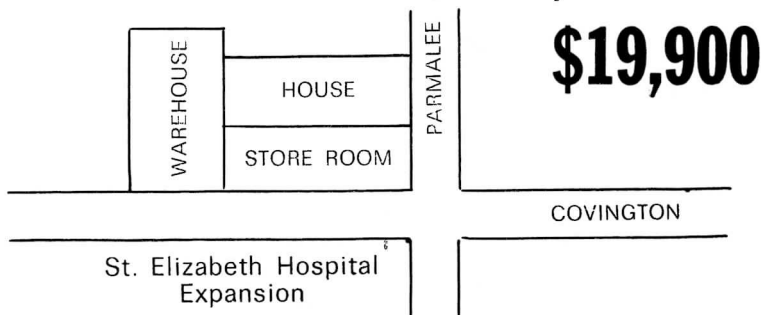
1. Pulmonary TB or Non-Pulmonary TB (specify site)
2. Culture results (positive, negative or not done)
3. Type and dosage of drugs.

Terminology referring to "activity" and "extent" of disease will no longer be required on the case reports submitted to the Ohio Dept. of Health. For further information, write: Tuberculosis Unit, Ohio Dept. of Health, P.O. Box 118, Columbus, Ohio 43216. Phone (614) 466-2381.

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PROCEEDINGS OF COUNCIL**May 6, 1975**

The regular meeting of the council of the Mahoning County Medical Society was held on Tuesday, May 6, 1975, at the Youngstown Club.

Dr. Abdu introduced Mr. Edward J. Hulme, Executive Director of the local Bicentennial Commission, who explained the purpose and planned activities of the Commission. The Bicentennial Celebration will officially begin at the Canfield Fair this year. Among plans are a historical book on Youngstown and a monument to the founding of Youngstown to be placed at Spring Common.

Dr. Pichette, Sixth District Councilor, discussed the Bill now before the Ohio legislature (H. B. 682) concerning the professional liability insurance crisis.

An emergency resolution regarding H. B. 682, being proposed by the Sixth Councilor District, was discussed. The resolution, to be introduced at the opening session of the OSMA House of Delegates, approved H. B. 682 in general, but opposed the section that called for relicensure of physicians under changes in the Medical Practice Act. Council approved the resolution and suggested minor changes to make the wording more definite.

A letter was read from the Youngstown Health Department requesting Mahoning County Medical Society help in generating applications for the position of Health Commissioner. Dr. Abdu reported that we have written to the AMA and will follow through to try to secure applicants.

A letter from McGuffey Centre, informing the Medical Society of their Multi-Phasic Health Screening Program, was read and filed for information.

A letter was read from Donn F. Covert, M.D., Administrator Medical Director of Hillside Hospital regarding a proposed intermediate care rehabilitation facility for Alcoholism at that hospital. Since this is a Trumbull County Hospital, the letter was filed for information.

A letter was read from Anesthesia Associates of Mansfield, Inc. asking that we contact our legislators in support of H. B. 682. Council requested that a copy of our emergency resolution be sent to Anesthesia Associates.

Dr. Barton, Public Relations Director, reported on a successful Scholarship Dinner. He reported that our Science Fair bond award was won by Iris Rozenblad of East High School for her project, Ovariectomy on a Rat.

Dr. Sovik, member of OMI Board, reported on the recent meeting of Ohio Medical Indemnity Board in Columbus.

Dr. Anderson, head delegate, reported on the Sixth District Caucus at Congress Lake. At that meeting, Dr. Pichette was elected to be nominated for Sixth District Councilor. Dr. Schreiber will be supported for the office of Delegate to the AMA.

Dr. Abdu suggested that council consider summer meetings. The motion was made by Dr. Pichette, and properly seconded, that council continue to meet through the summer. Motion was passed.

Meeting was adjourned.

Howard Rempes
Executive Secretary

AUXILIARY AIDS NEW MEDICAL SCHOOL

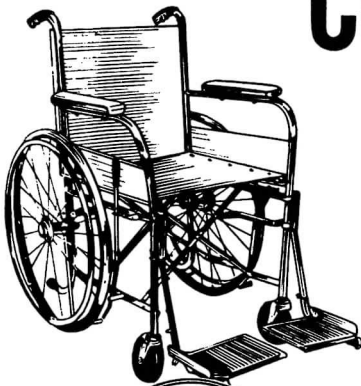
A gift of \$1,600 to begin a student loan fund for the Northeastern Ohio Universities Medical School was made in April by the Woman's Auxiliary of the Mahoning County Medical Society. The gift is the first for medical students at the new school.

The presentation was made by Mrs. Robert Gilliland, president, and Mrs. Arthur Whittaker, chairman of the AMA-ERF committee. It was accepted by Dr. John Coffelt, president of Youngstown State University and Dr. Robert Liebelt, dean of the medical school.

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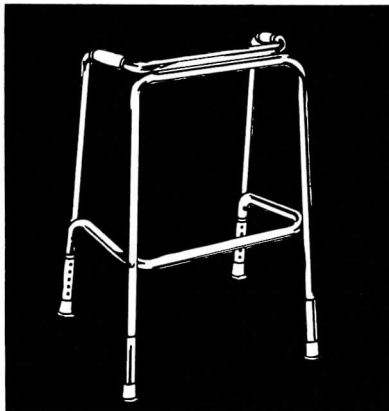
A MEASURE OF THE TRUST PEOPLE HAVE IN PEOPLES

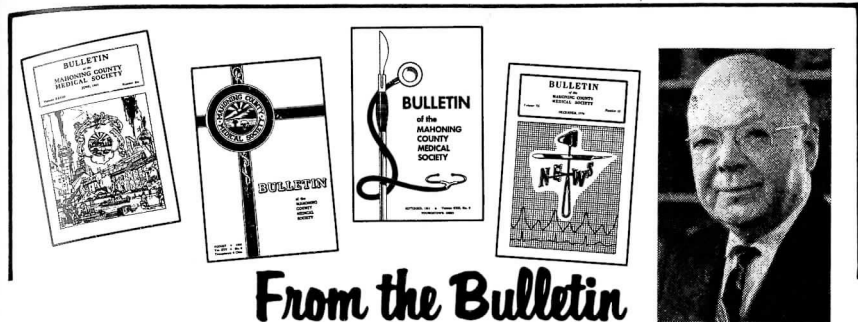
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FOR RENTAL OR FOR SALE AT OR THRU
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You can rent 'em—rent 'em to try and then buy
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From the Bulletin

FORTY YEARS AGO — JUNE, 1935

"Hap" Hathhorn's Public Health Committee was conducting an intensive campaign to stamp out diphtheria, smallpox, typhoid fever and cancer. That was a big order.

So far as diphtheria, smallpox and typhoid were concerned, the means were available. It was their job to educate the public. They did very well. Those diseases are now rare and the people were never asked to contribute a dime.

Prohibition was repealed — a sad blow for the bootleggers. It looked like the Mahoning Canal was a sure thing.

THIRTY YEARS AGO — JUNE, 1945

Speaker that month was Dr. Cole, prominent dermatologist from Cleveland. He said that with intensive treatment (arsenic and bismuth) early syphilis could be cured in a year. Penicillin was experimental but gave promise. It had to be given every 3 hours I.M. or I.V. and relapses occurred even after as much as 900,000 units.

Prevention of rabies was being urged by quarantine and anti-rabic inoculations of dogs. There was some concern expressed over the appearance of cases of trichinosis from black market meat.

Dr. J. N. McCann was appointed to the State Board of Medical Licensure. Alcoholics anonymous celebrated the fifth anniversary of its founding.

Captain L. S. Shensa and Major P. R. McConnell were home on leave. Captain Sam Tamarkin was promoted to Major and Lt. Sam Schwebel to Lt. Commander. Capt. Larry Weller was sweating out the war in Texas. Schellhase and DeCicco were heard from in the Philippines.

You could buy a rayon slack suit at McKelvey's for \$10.25 but couldn't find a white shirt anywhere.

TWENTY YEARS AGO — JUNE, 1955

C. A. Gustafson was elected Councilor of the Sixth District. W. M. Skipp was Delegate to the A.M.A. S. W. Ondash was a member of the Board of Directors of the Ohio Surgical Association. Francis Kravec was Secretary of the Ohio Chapter of American College of Chest Physicians.

Mrs. W. H. Evans was President-Elect of Woman's Auxiliary to the Ohio State Medical Association. Mrs. Craig Wales was Director for the Sixth District and President of the Mahoning County group. Mrs. Ivan Smith was President-elect.

New members that month were Joseph V. Newsome, John Guju, H. A. Brinks and Ben C. Berg.

Morris Rosenblum and James E. Mitchell won the doubles handball championship at the Y.M.C.A.

TEN YEARS AGO — JUNE, 1965

Speaker was Irwin W. Bean, M.D. of Regina, Canada, who spoke on "What Really Happened in Saskatchewan." He urged American physicians to

be united and to learn from the Saskatchewan experience of "inexorable progression of government's role in medical care."

Delegates to OSMA meeting were Drs. G. E. DeCicco, S. F. Gaylord, J. V. Newsome and L. P. Caccamo. Mahoning County's controversial resolution was amended, but passed, the resolved of which read "That the Ohio State Medical Association emphasize to all physicians that they are free to decline to participate in the system of medical care established by H. R. 6675 (Medicare) or any similar legislation and that they are urged to maintain their professional principles, to continue to care for their patients as before, even without pay, but not to participate in any system of medical care that would lend itself to a deterioration in the quality of that care."

Dr. Caccamo was president of the Heart Association of Eastern Ohio. He was also vice president, and Dr. Gaylord was secretary and treasurer of the Ohio Society of Internal Medicine. Dr. John A. Rogers was re-elected president of the Ohio Heart Association. Dr. Hugh Bennett and Dr. Caccamo were re-elected to the Board of Trustees. Dr. William H. Bunn, Jr., was elected a delegate.

—J. L. F.

AUXILIARY HOLDS INTERNATIONAL LUNCHEON



LEFT: Kathleen Stotler, Elizabeth Jung, Bea Chaves and Mary Ann Soares.
RIGHT: Janice Whittaker, Elsa Cerresuela, Lela Correador and Aruna Raghaven.

It took place back in April, and we most certainly would have reported it in the *May Bulletin*, if there had been a *May Bulletin*, but it doesn't matter, because they're still talking about it - - about the Auxiliary's International Luncheon, held at the home of Dr. and Mrs. John Stotler on Wednesday, April 16th. With so many members preparing dishes from their native countries, it was a smorgasbord to end all smorgasbords.

Following luncheon, a demonstration of silk screening for needlepoint was given by Sarah Strouss. Many members wore clothing in the style of their own countries. Some of them, along with committee members, are pictured above.

AUXILIARY CONTRIBUTES TO HOSPITAL PROJECT

Establishment of a St. Jude Children's Research Hospital affiliate at St. Elizabeth Hospital was given a boost by the Auxiliary of the Mahoning County Medical Society in the way of a gift of \$2,500. Each year the Auxiliary raises money from various projects and contributes it to aid hospitals or other medical organizations. The presentation was made by Mrs. Gilliland, president, and Mrs. Dietz, Community Projects Chairman.

Disruptive anxiety usually meets its match here.

- Often effective when reassurance and counseling are insufficient.
- Three dosage strengths to meet most therapeutic needs.

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

Indications: Relief of anxiety and tension occurring alone or accompanying various disease states.

Contraindications: Patients with known hypersensitivity to the drug.

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 to 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.

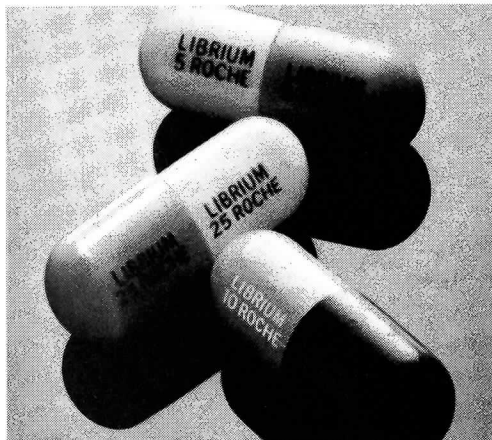
Precautions:

ORAL: In the elderly and debilitated and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six.

INJECTABLE: Keep patients under observation, preferably in bed, up to three hours after initial injection; forbid ambulatory patients to operate vehicle following injection; do not administer to patients in shock or comatose states; use reduced dosage (usually 25 to 50 mg) for the elderly or debilitated and for children age twelve or older.

ORAL AND INJECTABLE: Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating compounds 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 and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: 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, making periodic blood counts and liver function tests ad-



visible during protracted therapy.

With the injectable form, isolated instances of hypotension, tachycardia and blurred vision have been reported; also hypotension associated with spinal anesthesia, and pain following I.M. injection.

Usual Daily Dosage: Individualize for maximum beneficial effects. *Oral: Adults:* Mild and moderate anxiety and tension, 5 or 10 mg *t.i.d.* or *q.i.d.*; severe states, 20 or 25 mg *t.i.d.* or *q.i.d.* *Geriatric patients:* 5 mg *b.i.d.* to *q.i.d.* (See Precautions.)

For Parenteral Administration: Should be individualized according to diagnosis and response. While 300 mg may be given during a 6-hour period, do not exceed this dose in any 24-hour period. To control acute conditions rapidly, the usual initial adult dose is 50 to 100 mg I.M. or I.V. Subsequent treatment, if necessary, may be given orally. (See Precautions.)

Supplied:

Oral: Librium® (chlordiazepoxide HCl) *Capsules*—5 mg, 10 mg, 25 mg—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 50, available singly and in trays of 10.

Libritabs® (chlordiazepoxide) *Tablets*—5 mg, 10 mg and 25 mg—bottles of 100 and 500.

Injectable: Librium® (chlordiazepoxide HCl) *Ampuls*—Duplex package consisting of a 5-ml dry-filled ampul containing 100 mg chlordiazepoxide HCl in dry crystalline form, and a 2-ml ampul of Special Intramuscular Diluent (for I.M. administration). Before preparing solution for I.M. or I.V. administration, please consult package insert for instructions on preparation and administration of solutions. Boxes of 10.



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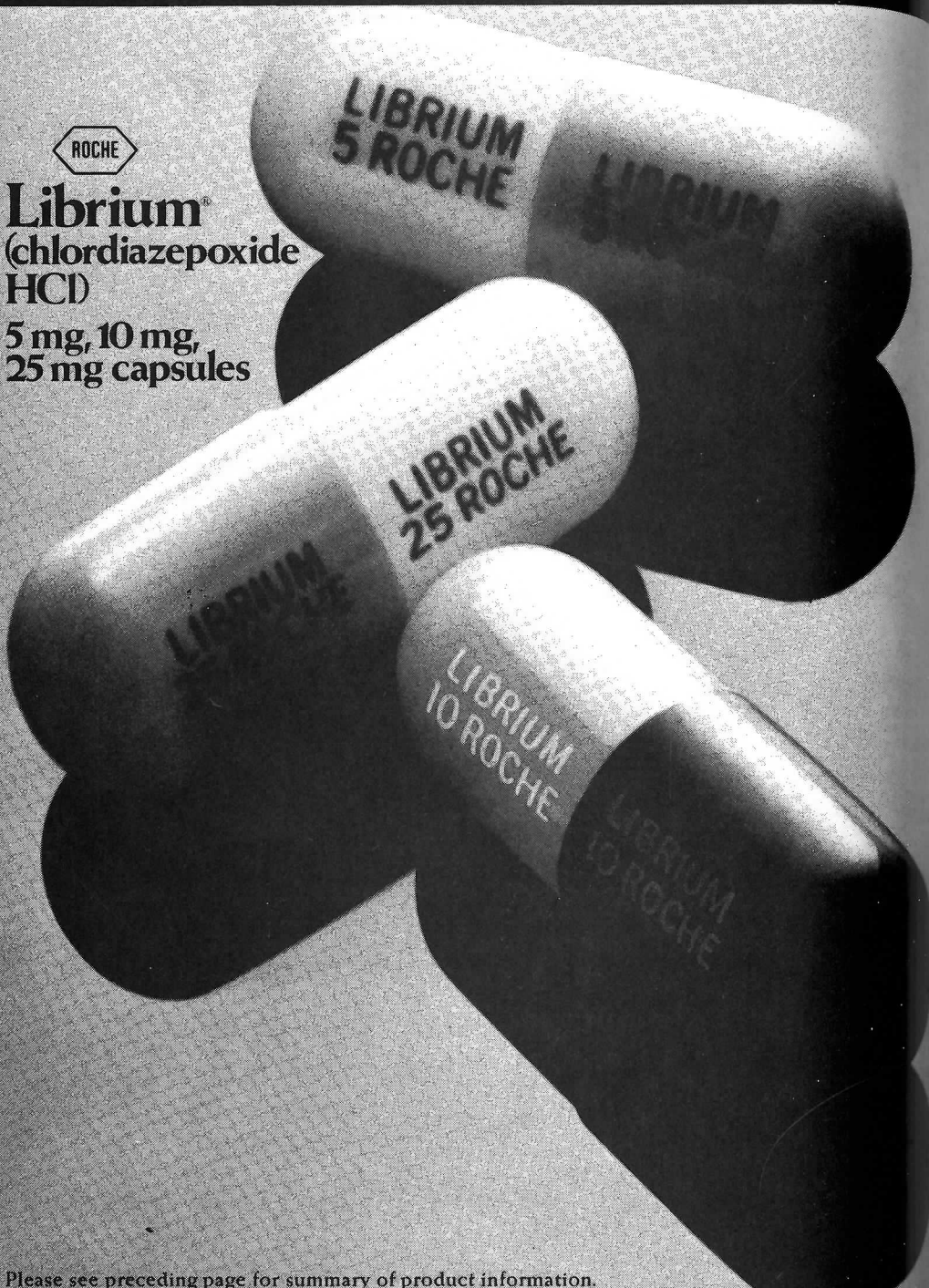
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Please see preceding page for summary of product information.