

“Touching”

*Words that are shared
in communion of minds
become greater than each,
encompass, expand.*

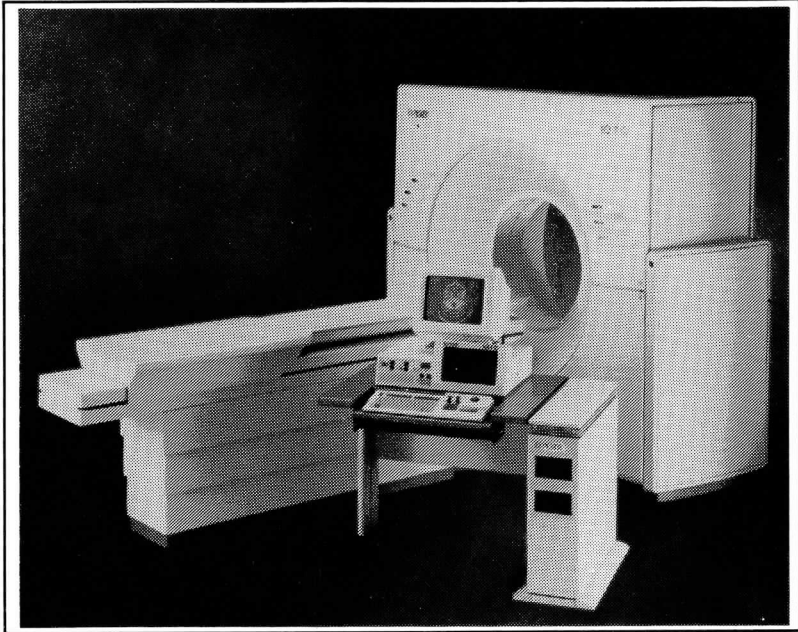
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erases facades,
crossing the barriers
melding the fragments.*

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BULLETIN

Mahoning County Medical Society

Volume 62 Sept./Oct. 1992 No. 5

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SOCIETY MEETINGS

January 21, 1992

March 19, 1992

May 21, 1992

September 15, 1992

November 17, 1992

December 15, 1992

The *Bulletin* is published six times a year by the Mahoning County Medical Society, 5104 Market Street, Youngstown, Ohio 44512.

Phone (216) 788-4700.

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TOUGH, SMART AND YOURS

medical
economics
SEPTEMBER 4, 1992

Successfully defending a brain-damaged baby case is the courtroom equivalent of pitching a no-hitter. Because the "sympathy factor" can add millions to a jury's award, many insurance carriers would rather settle than fight.

Not so the P.I.E Mutual Insurance Co. of Cleveland, Ohio, and the 4-year-old law firm—Jacobson, Maynard, Tuschman & Kalur—that does all its defense work. In 21 brain-damaged baby cases it has defended for the insurance company, its record is remarkable. In 11, the last a hung jury. In 1988, its overall record stood 31 wins, 5 losses—all malpractice cases.

There's more to those numbers than luck. "The overall legal skill" adds JMT&K founding partner Aaron Jacobson, who was one of Ohio's leading state tort lawyers before he, Larry E. Rogers, Herbert S. Bell, M.D., and 70 other Cleveland doctors formed P.I.E in 1975.

"It's the concept behind the firm that makes it work. Physicians specialty panels review every lawsuit to decide whether the defendant deviated significantly from the standard of care. If he did, we pay. If he didn't, we defend. Makes no difference whether it's a \$2,000 or \$5 million case. We label it No pay. That policy has resulted in a lot of cases being dropped. Perhaps more important, it's

DON'T YOU WISH THESE DEFENSE LAWYERS WERE YOURS?

This big, multistate firm rarely loses a case. But it's more than luck, or even legal skill, that's behind its enviable record.

By Howard Eisenberg

discouraged the filing of many other cases. Plaintiff attorneys have learned that we're fair negotiators when our check is in the vault, but won't back down when he's right."

That approach pays off. "According to the most recent report I've seen from the General Accounting Office," says Larry Rogers, P.I.E. president and CEO, "in 1988 about 51 percent of medical-malpractice claims were closed without payment. Through 1989, we've closed an average of 78 percent of our cases without a dime changing hands. And it's my understanding that, without including defense costs, St. Paul Fire and Marine Insurance Co.'s 1988 average gross payout for cases closed in Ohio with payment was \$52,500. Our comparable figure was about \$10,000 below

that. That's partly why we can sell an OHIO specialist in that state that ranks among the most litigious—\$1.2 million in coverage for just \$20,400."

The unique marriage of P.I.E. and JMT&K has been so successful that the carrier has expanded into five other states: Missouri, and West Virginia, Indiana, Kentucky, Maryland, and Ohio. Where P.I.E. goes, there goes JMT&K, with nine branch offices to date. The firm has 40 trial attorneys, and may well be the nation's largest devoted exclusively to medical-malpractice defense.

Could the insurer-defender symbiosis, if duplicated by other doctor companies, make a significant contribution to reducing malpractice litigation nationwide? An up-close look at



The winning firm's four founders at Cleveland's 9th Circuit Court of Appeals from left, Jerome S. Kalur, Aaron Jacobson, Larry E. Bell, and Herbert Maynard.

how JMT&K operates may help to answer that question.

Every lawyer develops a medical specialty

"Our firm's lawyers read more medical books than law books," says P.I.E. Vice President Gerard C. Chapman, himself a veteran defense attorney. Robert Maynard explains: "New cases are discussed at our weekly staff meetings, so that every lawyer is familiar with every case. But we assign cases to our attorneys according to medical specialty. They're well-versed in their fields, so they don't have to re-invent the wheel with each case."

Last year, the firm's OHIO specialist, attorney Jerome S. Kalur, who had won 16 consecutive brain-damaged baby cases, faced one of his toughest challenges when he defended a GP

whom attempted a malpractice delivery that ended in a Cesarean section and a severely brain-injured baby. Recall Kalur: "I didn't think the doctor had caused the damage, but our position was weakened by the fact that he didn't have malpractice privileges. Based on that departure from the standard of care, our doctor panel voted to settle, and, since the hospital was also involved, a combined sum of \$1.5 million was offered. Plaintiffs turned us down flat."

"I wanted to depose the doctor, so I'd be sure of the mother's care during her hospitalization, but the attorney for the plaintiff baby insisted it would violate the mother's privacy to depose her. That privilege would terminate automatically when her medical

records were introduced at the trial end of the plaintiff's case. Meanwhile, I was in the no-win position of having to tell the jury. It couldn't have been the malpractice, without offering them another reasonable brain-damage theory."

Fortunately, the plaintiffs rejected their case on a Friday afternoon, giving JMT&K time for a weekend rally. "Twenty minutes later," says Kalur, "I was in the hospital pathologist's office with an x-ray printout to view the mother's placental slides. Microscopic staining had been done, and Kalur had a hunch that fetal distress had begun long before the fur-

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Crossing the Barriers

I was asked to write my comments in relationship to the fact that September has been designated as "Women in Medicine" month. There obviously have been a tremendous number of changes relevant to women practicing in the field of medicine. In 1880, only a handful of American medical schools accepted women as regular students. Therefore, women's medical colleges were formed in order to provide clinical training for women graduates. In 1900, women physicians numbered between 4 and 5 percent of the total number of doctors practicing in the United States. Interestingly, this figure remained at that level for about the next 60 to 70 years. In 1921, 92 percent of hospitals available for internship training refused to train women no matter where they ranked in their school classes. Today, women medical school graduates can pursue their training in any hospital which is approved for postgraduate training. There are now in medicine women who serve as role models. Some of these role models include Antonia Novello, MD, the U.S. Surgeon General; Bernadine Healy, MD, the first woman director of the National Institutes of Health; Gail Wilensky, PhD, a former administrator of HCFA; and Ruth Kirshstein, MD, who is currently acting director of the NIH office of Research in Women's Health.

The total number of women physicians more than doubled between 1970 and 1980. By 1990, the number had reached 104,000 or 16.9 percent of all physicians. By the year 2010, it is projected that 30 percent of all physicians will be women. On an average in the 1990-1991 year, women comprised almost 38 percent of the students enrolled in American medical schools. Twenty years earlier, which coincides with the year I started school, they only represented 9 percent of medical students. The five female students in my class who had

children represented a first for the extremely conservative University of Louisville. Although my great-great-grandfather had been one of the co-founders of the school, I suspect he would have been distinctly startled to realize that one of his female descendants would be a member of one of the medical student groups. In this decade, women represent about 29 percent of all residents. Two thirds of them are in training in five specialties: internal medicine, pediatrics, obstetrics-gynecology, family practice, and psychiatry.

As I reviewed materials to prepare this article, I realized that the number and scope of articles dealing with women physicians have increased rather exponentially in the past 2-3 years. Studies have been done on the basis of patient preferences for the sex of their physician, stereotypic interpretations of what the doctor should and should not be, and why medicine is chosen as a career by both men and women. I had an ideal situation in that I had a delightful female senior medical student on rotation with me, and I thought it would be interesting to share a little bit of our backgrounds with you. This is indeed a contrast of the stages in which each of us began to pursue our medical careers.

In the late 1950s, I was originally working on a double major in college in applied violin and creative writing. Through the 1960s, I rather rapidly produced five children in 7-1/2 years, continued to play my violin in a professional symphony, wrote poetry and short stories, and became increasingly interested in the field of medicine through a 3-year lay patient counseling course at a local hospital. The three volunteers in my group formed the first training program in which we pursued courses from the graduate schools at the University of Iowa and one-on-one physician-volunteer training under the di-

"...a good physician could be just that, regardless of gender or race."



Jane F. Butterworth, MD

rection of the hospital chaplain. I discovered much later that this formed the basis of a book published by the chaplain regarding our studies. It was the basis for the next 10-15 years of similar training programs which developed in hospitals across the country.

When I found myself the single parent of five children under the age of 8 years in 1968, it was necessary to redefine the direction of my education. When I began my premedical studies, I completed the entire pre-requisite list in 2 years and two summers. When I went to apply to the University of Louisville, which was extremely conservative, I was first met with extreme surprise that I had even thought about applying. However, everyone was at least socially gracious and gave me the opportunity to express my reasons for wishing to become a physician. I did complete the regulation 4 years of medical school, a year of internship in transitional studies, a year and a half of radiology, and 4 years of physical medicine. During that time I never felt ostracized by my classmates or any harassment by my professors. However, I was definitely a non-traditional 6 year student. I think I expected to be accepted and, therefore, would have been startled at anything less. I do know that the experiences of my fellow female classmates were not as smooth, and on a number of occasions, they would talk with distress about what they perceived as sexual harassment and definite repressive attitudes.

Lisa Ann Bennett, on the other hand, an attractive and articulate young black female, chose at the age of five to become a physician. She had an extremely stormy prekindergarten history of severe allergies and pneumonia which took her frequently to local physicians and as far away as the

Cleveland Clinic. She still has very vivid memories about how patient all of the physicians were in explaining to her what she wished to know, as well as answering her parents' questions. She was fascinated with the anatomic pictures on the walls and felt that all of the doctors treated her as a person. Her mother was diagnosed with breast cancer when Lisa was 14. She died when Lisa was a 17 year old junior in high school. Rather than dissuading her from pursuing medicine as a career choice, her mother's untimely death reinforced Lisa's decision, and she was selected for the 6 year NEOUCOM program. She felt that her home experiences had helped her to see and better understand the impact on the family affected by serious illness.

When she began her first year in this 6 year program at Kent State, 50 percent of her fellow students were female, but she was the only person who fell in the "minority category." This is a very strict definition educationally. She had grown up in a predominantly Caucasian neighborhood and attended school as the only black, but because she had never known any other setting, her acceptance had grown with her increasing years, and she had been extremely popular. She has very happy memories of being a cheerleader in high school. When she reached the three year level, she was for the first time ever confronted with a sense of separateness. She described this as feeling both isolated and ignored. She said she never stopped wanting to be a doctor, but she found no female role models either in or out of the school setting to help her sort through some of her emotional responses. However, after some time out for related, but non-medical school work, she reaffirmed her own personal commitment and returned and continued to

pursue her career goals. She related that among the most helpful of people was a professor at Rootstown who had been able to survive the Dachau concentration camp by hanging onto his own personal goals and motivations for himself, and not for where those goals placed him among the people around him. In retrospect, Lisa feels that a number of her fellow students may have felt isolated and ignored but did not have a specific reason on which they could base that feeling.

Lisa said once she reached the hospital floors she had a number of interesting experiences. She felt she was accepted by her classmates by this stage as a fellow student striving to learn everything possible. However, hospital staff would frequently say, "Oh you're the nurse," or the patients asked, "Are you here to take my tray?" However, with a chuckle, she relates that those same patients were as apt to ask her male classmates similar menial job type questions. Also the male nurses had an equally difficult time in trying to establish who they were and what their specific job was supposed to be in the minds of the patients. She said this gave her a slightly better perspective of where she herself might be placed in this confusing hierarchy.

In year three, Lisa met her fiancé whom she plans to marry in May. He is a teacher and they have had a number of discussions about differences in roles and expectations and individual and combined goals. She feels they have worked out the best possible level of these issues at this stage. She has been advised by many people that having children in residency is not only a burden on her but perhaps on her fellow residents, and this is something that she will have to consider strongly as she goes along.

As Lisa and I sat and discussed our specific experiences, they seemed very similar even though separated by 20 years. We also wrote out what we felt were the characteristics of a good physician. By the time

we got through writing them down (teacher, counselor, caregiver, encourager, planner, adviser, confidant, listener, decision maker, comforter, etc.), we felt very strongly that these applied to either a man or a woman and that a good physician could be just that, regardless of gender or race. We decided that each physician comes from a very disparate background, and that these descriptions represent "people and intellectual" skills which have no boundaries. Each physician brings the amalgam of their background to their studies and training and practice in the field of medicine. We also felt that perhaps the isolation felt by Lisa early in her medical school years may well be experienced by more students than is recognized and may be good training for the essential isolation that comes to each of us practicing medicine when at various times we must make difficult decisions with little or no assistance.

I would like to share with you a poem that I wrote when I was in residency in the 1970s. I think that it spoke well for my feelings at that particular time, and I remember them as being related to a very rewarding experience medically. However, I think the words also relate well to the sharing that I hope will come of experiences and growth and goals between men and women in the practice of medicine in the years to come. □

"Touching"

*Words that are shared
in communion of minds
become greater than each,
encompass, expand.*

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crossing the barriers
melding the fragments.*

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Women in Medicine – Past, Present and Future

This month we salute the women who serve with us as physicians dedicated to the health of the public. In the Mahoning County Medical Society, several capable women have worked diligently and assumed leadership roles. Dr. Jane Butterworth is serving as our Society's first woman president. Drs. Denise Bobovnyik and Catherine Molloy serve on our Society's governing Council, and Dr. Bobovnyik has enjoyed a very successful year as chairperson of the Young Physicians Committee.

Women have been entering medical schools in ever growing numbers for several decades now. So it is easy to forget just how far women have had to travel to get where they are in our profession.

Although the nineteenth century ushered in many scientific advancements, including general anesthesia, antiseptic surgery and aspirin, it was also a time when women overcame enormous opposition and obtained medical education and training. By the end of the century, over 7,000 women physicians were practicing in the United States.

In 1868, when many state and local medical societies refused to accept women members, the AMA endorsed women's entrance into the profession and granted them membership in the national organization. On a local level, the Mahoning County Medical Society, founded in November 1872, was less than a year old when it accepted Dr. Helen Betts as the Society's first female member. One of the country's pioneer women doctors, Dr. Betts was Youngstown's first woman physician.

Today, women comprise nearly 40 percent of the students entering medical schools, and they are routinely accepted as interns and members of the medical staff at any U.S. hospital.

Continuing the precedent it set in the last century, the AMA established the

Women in Medicine Advisory Panel to work as an advocate in AMA policy decisions of particular interest to women in medicine. Two Ohio physicians have served on this highly regarded panel—Dr. Claire V. Wolfe, who is now OSMA's tenth district Councilor, and Dr. Victoria Ruff, who has been appointed to the AMA's Council on Ethical and Judicial Affairs. Organized medicine's willingness to recognize the leadership skills of its women members at the highest levels has resulted in Dr. Nancy Dickey's election to the Board of Trustees of the AMA.

What makes women's perspectives different and valuable? While controversy exists about gender-related qualities, it should be pointed out that women generally assume many basic life responsibilities. These experiences help women develop a practical viewpoint, one grounded in the realities of life.

Arnold Relman, M.D., editor-in-chief of the *New England Journal of Medicine*, wrote in 1989 that "A changing younger profession, more broadly representative of American society, with more moderate income expectations and a greater commitment to the primary care specialties, will be in a better position to meet the needs for health care in the next century." The advent of women in medicine is helping to create that future.

We need more women in medical societies. We need the balance of their dedication and involvement in professional activities. We need their perspectives—as both physicians and as women in medicine—to further the development of health care policy and the medical profession. It is time for women to become an integral part of the mainstream medical community. □



Chris A. Knight, MD

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NEOUCOM Women in Medicine Program

Susie Smith, star athlete in college, is about to graduate at the top of her class from one of the best medical schools in the country.

Her dream is to become an orthopaedic surgeon at the hospital where players from the city's major league sports teams are treated.

Can Susie accomplish her dream? Maybe.

Women in medicine, much like the rest of society, are part of a world of change, opportunity, and for many, optimism.

Physicians and medical students at the Northeastern Ohio Universities College of Medicine (NEOUCOM) agree that great strides have been made by women in the field of medicine, although some say the changes have been slow in coming and that much more needs to be accomplished.

The Women in Medicine Program at NEOUCOM attempts to address the issues facing women, specifically in the field of medicine, although generally reflective of issues, concerns, and problems throughout society.

Specifically, the Women in Medicine Program, directed by a female physician, is charged with:

- designing and implementing programs aimed at aiding women medical students;
- establishing networks with practicing women physicians to serve as role models for medical students; and
- serving as a liaison with other Women in Medicine programs and with the Association of American Medical Colleges.

Janice Spalding, MD, Class of 1987, assistant professor of Clinical Family Medicine, is the new director of the NEOUCOM Women in Medicine Program. Dr. Spalding is the assistant director of the Family Prac-

tice Residency Program, Barberton Citizens Hospital. She assumed the position of director of the NEOUCOM Women in Medicine Program from Roberta Hripko, MD,

Class of 1981, who left northeast Ohio in February.

A snapshot of both physicians' careers helps illustrate many of the issues facing women in medicine.



Janice Spalding, MD

Both women, though interested in medicine, initially were directed toward teaching, generally considered a female profession.

Upon applying and being accepted to NEOUCOM, they faced lifestyle questions somewhat unique to female medical students.

"My high school guidance counselor told me that I could have a personal life or a professional life as a physician, but that I couldn't have both," Dr. Hripko said. Dr. Hripko married Bruce Lockhart just prior to leaving northeast Ohio. She has joined a pediatric practice in Milford, Connecticut.

"It's always been the woman's responsibility in this society to be the caretaker of the home and the children. But many physicians (men and women) have learned that there are different ways to practice medicine as opposed to being married to medicine," Dr. Hripko said.

For Dr. Spalding, who applied to NEOUCOM on her son's seventh birthday, lifestyle challenges were a particular concern. After teaching for several years, Dr. Spalding found herself still interested in medicine.

"For two years I thought long and hard

about going to medical school. I was really happy in my 20s and 30s, but I knew I needed to do something more. I didn't want to be at 40 where I was at 30, and I couldn't imagine anything better in life than to understand the human body."

Dr. Spalding admits however that the time, commitment and pressure of medical school were more demanding than she had expected. Her reassurance came when thinking about her daughter, who was then in kindergarten.

"I'd think about what I was bringing home to my children. I have a memory of my daughter in kindergarten examining a human skull. I knew that if I was going to be a good mother for my daughter, I would have to show her how to be fulfilled and not expect her to fulfill my lost dreams," Dr. Spalding said.

Dr. Spalding decided to enter family practice because she enjoys taking care of people and helping people; it also meant having more time to spend with her family.

Family practice, in fact, is one of the fields many women enter. Other residencies which female medical students seem to prefer include pediatrics, obstetrics/gynecology, and psychiatry.

Dr. Hripko, a pediatrician, said, "I chose pediatrics because that's what I like, not because I was supposed to."

But both women agree that female professional role models are the key to encouraging women to go into the more traditionally male-dominated specialties including surgery and orthopaedics.

"Doors have typically been closed to women in various subspecialties because of stereotypes that women are too weak or not able to do certain kinds of things," Dr. Hripko said. "That kind of thinking, whether overt or covert, is erroneous.

"We also need to let women know that there is a place for them in teaching, in research and in administration," Dr. Hripko said.

The Feminist Majority Foundation publication, "Empowering Women in Medicine,"

states that for the year 1989-1990, the number of women entering medical school rose to more than 36 percent; that same year, women made up only 21 percent of medical school faculty.

"The issue is role models," said Dr. Spalding, who hopes to create a network for women in medicine on the NEOUCOM clinical campuses. The network will also help female medical students deal with other issues facing women including lifestyle choices and matters of sexual discrimination or harassment.

Both Dr. Hripko and Dr. Spalding agree that women medical students need to choose the field they desire, not what may be expected of them, or as Dr. Spalding said, "to be a trailblazer and not a follower."

Spalding hopes to continue the quarterly Women in Medicine programs, open to males and females, dealing with these issues that face all future physicians.

"I don't want the Women in Medicine Program to be perceived as something feminist," she said. "The best way to get along is for men and women to work together and to appreciate each other's qualities for the good of everyone." □

The following applications for membership were approved by Council:

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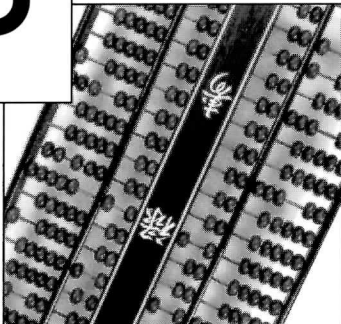
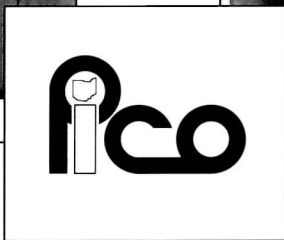
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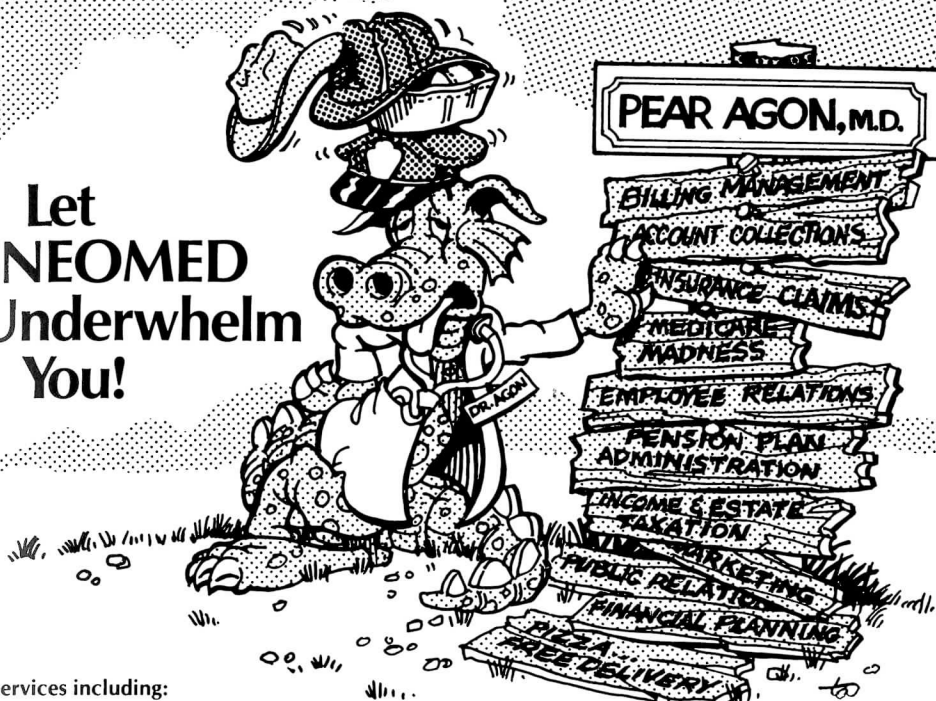


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Auxiliary Prepares for an Exciting Year

Auxiliary Board members attended a day long training program to prepare for the 1992-93 year. The Auxiliary joined with the Youngstown Junior League to present the program which featured training in motivational and communications skills. This year's board members are Rose Mary Memo, president; Mary Walton, vice-president; Donna Hayat, president-elect; Paulette Panozzo, recording secretary; Debbie Wilson, corresponding secretary; and Linda Evan, treasurer.

On September 15, the Auxiliary hosted its annual New Members Luncheon at Stambaugh Auditorium. "Take a New Look" was the program theme whereby the president asked auxiliary members to take another look at this year's projects and find the place where they would feel most comfortable contributing to the program's success. Seven prospective new members attended the luncheon as special guests of the Auxiliary. Attending were Lorie Duran, Mary Claire Fildes, Terri Lynn Lesnaski, Donna Nord, Karla Toliver, Susan Traikoff, and Kathleen Yap.

In November, the Auxiliary is sponsoring a training workshop in the Myers-Briggs Personality Inventory. The workshop will

help members assess their motivation and communication skills.

This year, the Auxiliary will participate in the campaign of the Tri-county Coalition for Organ Donation Education. Volunteer speakers will make presentations to civic organizations and area high school students.

The Auxiliary has nominated past President Phyllis Rich as a candidate for the YWCA's Women of the Year Award. Phyllis is an active community volunteer.

Following are a calendar of events for 1992-1993:

- Nov. 4 Fashion Show**
- Nov. 12 Myers-Briggs Training**
- Dec. 12 Mother-Daughter Holiday Brunch**
- Jan. Health Day**
- Feb. 25 Guest Day**
- March International Dinner**
- April Joint Meeting**
- May 2 Sumptuous Setting '93**
- May Installation Luncheon**

As the above calendar indicates, a year of worthwhile activities is already unfolding. □

OSMA Legislative Update

Having passed both the Ohio House and the Ohio Senate, House Bill 478, the major health care reform bill, is now being reviewed by a six member joint House-Senate conference committee.

In meeting with the conferees, the OSMA was informed that mandatory Medicare assignment will pass, but with a financial means test that limits the applicability of the ban on balance billing to Medicare patients who earn less than 600 percent of the federal poverty level (the 1991 FPL for a single person is \$6,620; 600 percent of the 1991 FPL is \$39,720). These conferees have not yet decided whether to include single hospital billing, but if it is included in the final bill, the OSMA has been assured

that single hospital billing will be voluntary and will include safeguards for physicians against coercive hospital arrangements.

The major issue delaying passage of HB 478 is funding. Conferees agree that this bill will expand access to care to Ohio's 335,000 uninsured children who are not now eligible for Medicaid. The cost of that expanded care is \$121 million. There is no money available in the state budget to pay for this care, so conferees are trying to find "non-controversial" means of funding this care. State legislators view HB 478 as an insurance reform bill which, depending upon the outcome of the child care proposal, could offer some expanded access to care for children.

BOARDMAN X-RAY

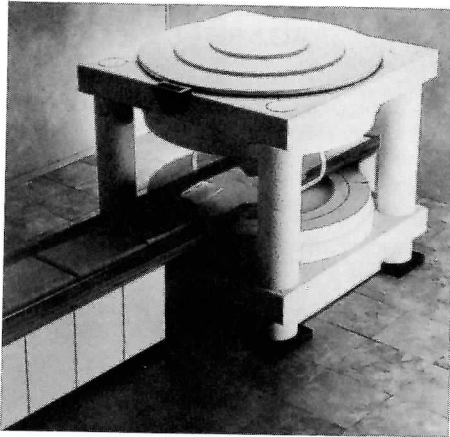
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Quality Care

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A skilled nursing facility provides 24-hour nursing service to chronically ill or rehabilitating residents. Registered nurses, licensed practical nurses, and certified nursing assistants provide the services prescribed by the resident's physician.

Emphasis is on medical nursing care with restorative, physical, occupational, and other therapies provided as well. Residents in a skilled facility are eligible to participate in the Medicare, Medicaid, and self-pay programs.

Q. When is The Greenbriar scheduled to open?

A. With the cooperation of the weather, the projected opening date of The Greenbriar is scheduled for the fall of 1992.

Q. Where is The Greenbriar located?

A. The Greenbriar is located at 8064 South Avenue, Boardman, Ohio 44512.

Q. How can I be assured of quality care at The Greenbriar?

A. The Greenbriar is a part of Northwestern Service Corporation, a long-term care corporation with 23 years in the profession. Northwestern Service Corporation, also known as "Quality Care" centers, insists on the most highly motivated and best trained people in the industry.

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Q. How can I receive more information on The Greenbriar?

A. To receive more information on The Greenbriar, including how to place your name on a waiting list, please call 744-7353.



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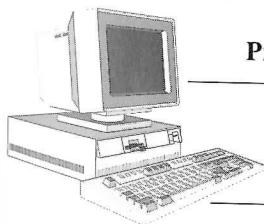
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MCMS Women in Medicine

This month, our Society proudly salutes its 33 dedicated and resourceful women members who work diligently to provide quality health care to all Mahoning County residents.

The varied specialties practiced by these women physicians show that women

have certainly come a long way in medicine since Dr. Helen Betts first joined our Society in 1873. Our Society and medicine is richer for the uniquely talented women physicians practicing in Mahoning County.

Each physician is pictured with a brief description of her medical specialty.



Hi M. Ahn, MD
Neonatology/Pediatrics



Consuelo Albarran, MD
Diagnostic Radiology & Ultrasound



Rebecca Bailey, MD
Pulmonary/Critical Care



Surjit Bal, MD
Pathology



Denise Bobovnyik, MD
Family Practice



Jane Butterworth, MD
Physical Medicine & Rehabilitation



Frances Couch, MD
Obstetrics & Gynecology



Linda Cuculic, MD
Family Practice



Maria M. Fok, MD
Family Practice



Nancy Gantt, MD
General Surgery & Breast Disease



Norma Hazelbaker, MD
Pediatrics



Riffat Iqbal, MD
Pediatrics



Betty Klahr, MD
Pediatrics/Adolescent Medicine



Roop Kollipara, MD
Allergy/Immunology



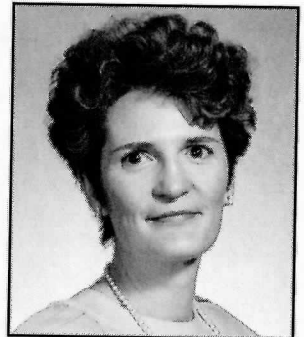
Rani Krishnan, MD
Diagnostic Radiology



Adele Lipari, DO
Diagnostic Radiology



Jenifer Lloyd, DO
Dermatology



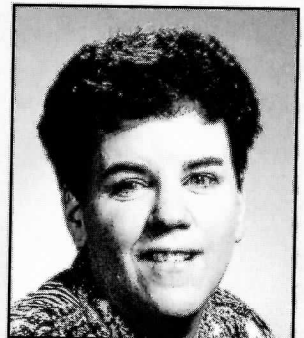
Lynn Mikolich, MD
Physical Medicine & Rehabilitation



Madeline Miller, MD
Anesthesiology
Pediatric/Anesthesiology



Patricia Miller, MD
Internal Medicine



Catherine Molloy, DO
Obstetrics & Gynecology



Violet Nagina, MD
Pediatrics



Gurbilash Nagpaul, MD
Radiation Oncology



Madeleine Ortiz, MD
Pediatrics



Swarajya Perni, MD
Radiology



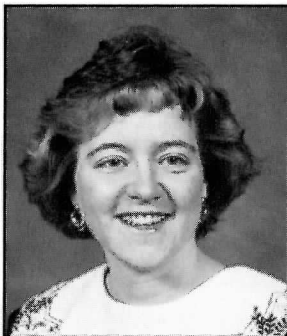
Alice Pomidor, MD
Family Practice & Geriatrics



Suzan Selim, MD
Internal Medicine



Usha Sethi, MD
Obstetrics & Gynecology



Melinda Smith, MD
Obstetrics & Gynecology



Anne M. Stover, MD
Family Practice



Maria Vassilaros, MD
Internal Medicine



Lyn Yakubov, MD
Ophthalmology



Elisabeth Young, MD
Internal Medicine

Holly Ambrose
 Terry Blessing
 Marjorie Bosley
 Vanessa Bowman
 Stoney Bowser
 Amy Brode
 Nancy Brode
 Hyland Burton Jr.
 Cheryl Campolito
 Cele Connelly
 Tom Craven
 Janine De Frank
 Linda DeLuca
 Char DeLucia
 Patty Dietz
 Donald Foley Sr.
 Donald Foley Jr.
 Amy Gilliland
 Judith Henneman
 Tim Huber
 Walter Jackson
 Pat Kane
 Renee Keyser
 Dan Klanica
 CynthiaLeMasters
 Pam Liposky
 Marie Marzano
 Linda Mazzocco
 Ted Melewski
 Jack Metzger
 Trudy Moderalli
 Kevin Murphy
 Greg Musser
 Steve Musser
 Michael Nagy
 Butch Paluga
 Suzanne Paluga
 Gail Pavick
 John Pennel
 Kim Ramsey
 Michael Reardon
 Chriss Raschella
 Helen Reider
 Paul Rella
 Tammy Sabol
 Marge Schlering
 Dave Schulz
 Leni Schulz
 Lonna Schwalm
 Jo R. Sehar
 Rick Smith
 Juliana M. Sofranko
 Delores Suber
 Debbie Toman

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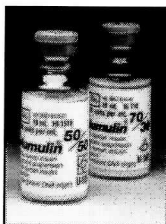
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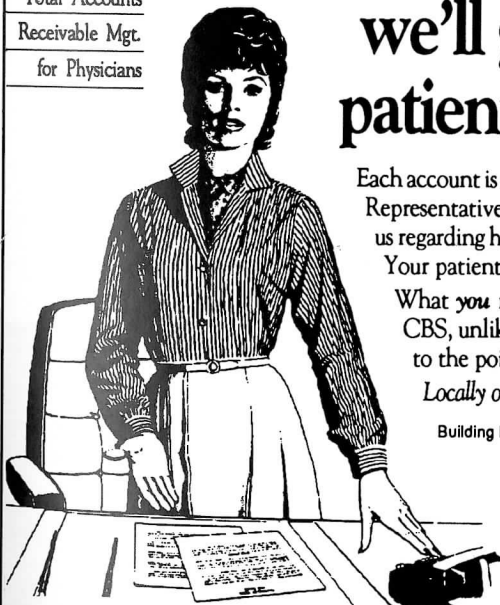
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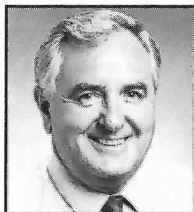
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*Dr. Maruschak is a
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Poland, Ohio.*

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Canfield Fair Round-Up

More than 300,000 people had the opportunity to visit our Society's 42d consecutive medical-health exhibit at the Canfield Fair this September.

Since 1951, the Mahoning County Medical Society has organized the exhibition which includes volunteer health agencies, area hospitals and health professionals. Currently, the building holds 33 exhibitors.

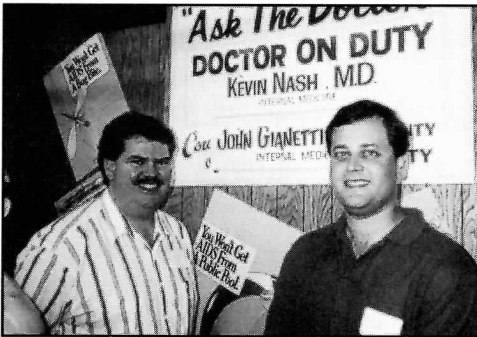
This year our Society presented an informative exhibit on AIDS and again featured the popular "Ask the Doctor" booth where fair goers could have their health-related questions answered by physicians from our Society.

As they have for many years, **Drs. Fred Friedrich** and **Jack Schreiber** served as co-chairmen. The Society thanks them and all the other physicians who contributed valuable time to make our Society's presence at the fair a continuing success

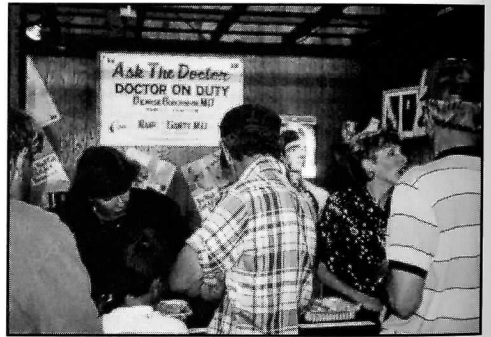
story. The following doctors volunteered their services:

Tom Albani	Jenifer Lloyd
Virginia Banks	Kevin Nash
Denise Bobovnyik	Jay Osborne
Tom Boniface	Robert Piroli
Kenneth Cowens	Jeffrey Resch
Linda Cuculic	Robert Sinsheimer
Michael Devine	Eugene Tareshawty
Esmeralda Espino	Frank Tortorice
Robert Fisher	John Venglarcik
Nancy Gantt	Chatrchai
John Gianetti	Watanakunakorn
Joseph Gregory	Bruce Willner
David Kennedy	Lyn Yakubov
	Elizabeth Young

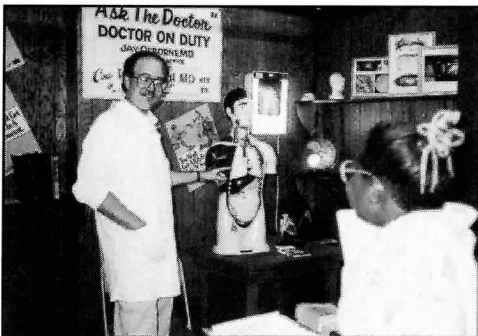
The Society also thanks **Dr. John Melnick**, **Dr. Ludwig Deppisch** and **Ron Fuser**, pathologist assistant at WRCS, for their contributions to the booth's displays.



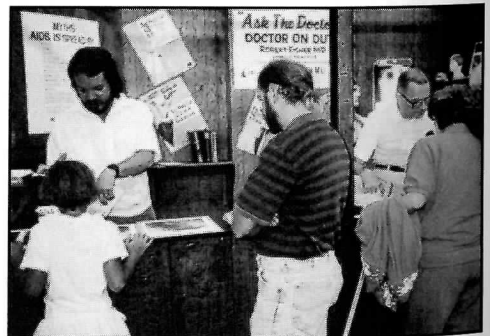
(L to R) Dr. Kevin Nash, Dr. John Gianetti.



(L to R) Dr. Nancy Gantt, Dr. Denise Bobovnyik



Dr. Jay Osborne.



(L to R) Dr. John Venglarcik, Dr. Robert Fisher.

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Christine Kazan, M.S., N.C.C.
Jerry Carter, M.Ed., L.P.C.C., C.C.D.C. III
Betty McLaughlin, M.S., C.C.D.C. III, L.P.C.

Lorie Stipanovich, M.S.
Doc Hager, M.S., N.C.C., L.P.C.

Ralph Walton, M.D., Medical Director

Harvey Kayne, Ph.D., Psychologist

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To the Members of the Mahoning County Medical Society:

On behalf of the Ohio State Medical Association, I would like to commend you for participating in Women in Medicine month.

In the past decade, the woman physician has evolved from being a relative rarity in medicine to become an integral part of the health care system. In fact, I recently read that approximately 40 percent of the first-year medical school students are women, and the number of female applicants to medical schools is rising.

All physicians - male and female - face problems within the health care system, but women physicians face some unique problems. One traditional problem has been the fact that they are under-represented in leadership positions in medicine. Although many people expect this problem to eventually resolve itself as the number of women physicians increases, the Mahoning County Medical Society is to be congratulated for its leadership role in this area. I am certain that Dr. Jane F. Butterworth, your first women president, represents you and the profession of medicine very well.

Again, congratulations in this endeavor.

Sincerely,

*Stanley J. Lucas, MD
President, OSMA*



Women were playing a prominent role in medicine in America at the end of the nineteenth century. This photograph shows several female physicians - possibly pathologists - posed with "The Versalius Club" around 1895 or 1900.

Photograph from the collection of Steve DeGenaro. Steve is a respiratory therapist at Conva Med, Inc., a medical equipment company. His hobby is collecting antique medical photographs, documents, letters and instruments.

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60 Years Ago — Sept./Oct. 1932

The Meander Reservoir and filtration plant were put into operation. At first there were a lot of brown flakes in the water which caused much protest from the consumers, but things have been better ever since. **Morris Rosenblum, Walter Tims** and **Sam Schwebel** opened their offices for the practice of medicine. **William P. Young** became a member of the Society.

50 Years Ago — Sept./Oct. 1942

President **Walter K. Stewart** wrote his last page for the *Bulletin* before leaving for duty with the U.S. Health Service. President-Elect **William H. Evans** was leaving for active duty in the U.S. Navy. **William Skipp** was appointed acting president. Many doctors were leaving for service in the armed forces. In September we said good-bye to **Fred Coombs, Lou Deitchman, Ray Hall, J.B. Kupec, Richard Middleton, William Neidus, Gordon Nelson, John Noll, Harold Reese, Morris Rosenblum, J.M. Russell, J.L. Scarnecchia, M.M. Szucs** and **Sam Tamarkin**. In October, another group left: **Joseph Colla, L.W. Weller, M.B. Goldstein, and R.E. Odom**. Those left behind also served, as poliomyelitis was spreading across the country.

40 Years Ago — Sept./Oct. 1952

The new health exhibit at the Canfield Fair attracted 63,000 visitors. **Dr. M.M. Szucs** was chairman, and the exhibit was such a success that it became an annual event. **David Levy** was president of the Academy of General Practice; **James Smeltzer** opened his office for the practice of internal medicine. New members that month were **Patrick Cestone, Harry Smith, Frank Morrison** and **Robert Perry**.

30 Years Ago — Sept./Oct. 1962

Guy Lombardo and his Royal Canadians played for 900 guests at the St. Elizabeth's

Charity Ball at the Idora Park Ballroom. The Ohio Chapter of the American College of Surgeons met here at the Ohio Hotel for a two day meeting. **Stephen Ondash** was chairman. Participants were **Gordon Nelson, John McDonough, Oscar Turner, William Flynn** and **J.K. Herald**. **Arthur Rappoport** addressed the Association of Chemical Pathologists of Great Britain on "Planning and Design of Hospital Laboratories." **Sidney Keyes** and **Harold Chevlen** moved into their new Keylen Building on Gypsy Lane.

20 Years Ago — Sept./Oct. 1972

The Canfield Fair now had a new Medical building to replace the tent. This was the Centennial Year for the Medical Society, and President **Henry Holden** had arranged for a big celebration to be held in the Powers Auditorium (the former Warner Theater) on November 4. Editor **John Melnick** had spent the year detailing the highlights of the history of the Mahoning County Medical Society in his monthly editorials. **Dr. Howard E. Mathay** passed away in September at the age of 67. New members were **Narcisco Domingo, Norma Hazelbaker, Chandler Kohli, Nicholas Pappas** and **V.G. Raghavan**.

10 Years Ago — Sept./Oct. 1982

President **Robert Kiskaddon** thought he had solved the problem of scheduling staff meetings. He arranged to have YHA and St. E's have their staff meetings simultaneously at Mr. Anthony's, to be followed by dinner and then the Paul Harvey Lecture. It must not have been a great success because nobody ever tried it again. Editor **Richard Juvancic** asked all members to donate to the United Fund. **David Levy** was named Family Physician of the Year by The Ohio Academy of Family Physicians. **Dr. U.A. Melaragno** passed away at the age of 77. □



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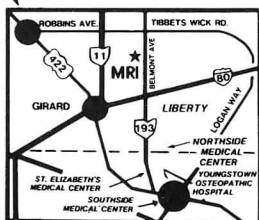
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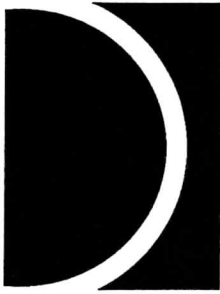
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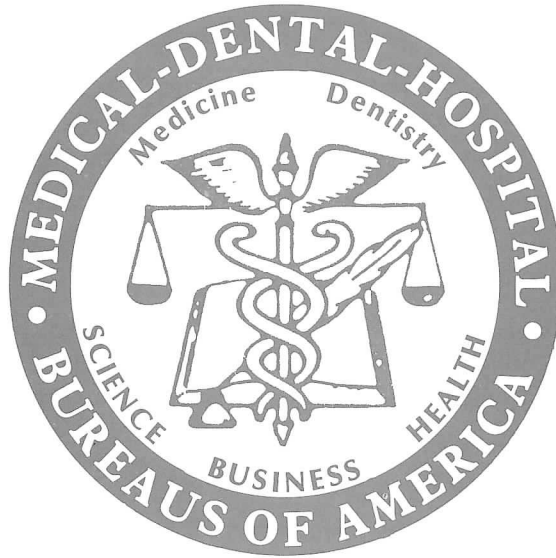


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