BULLETIN

Founded 1872

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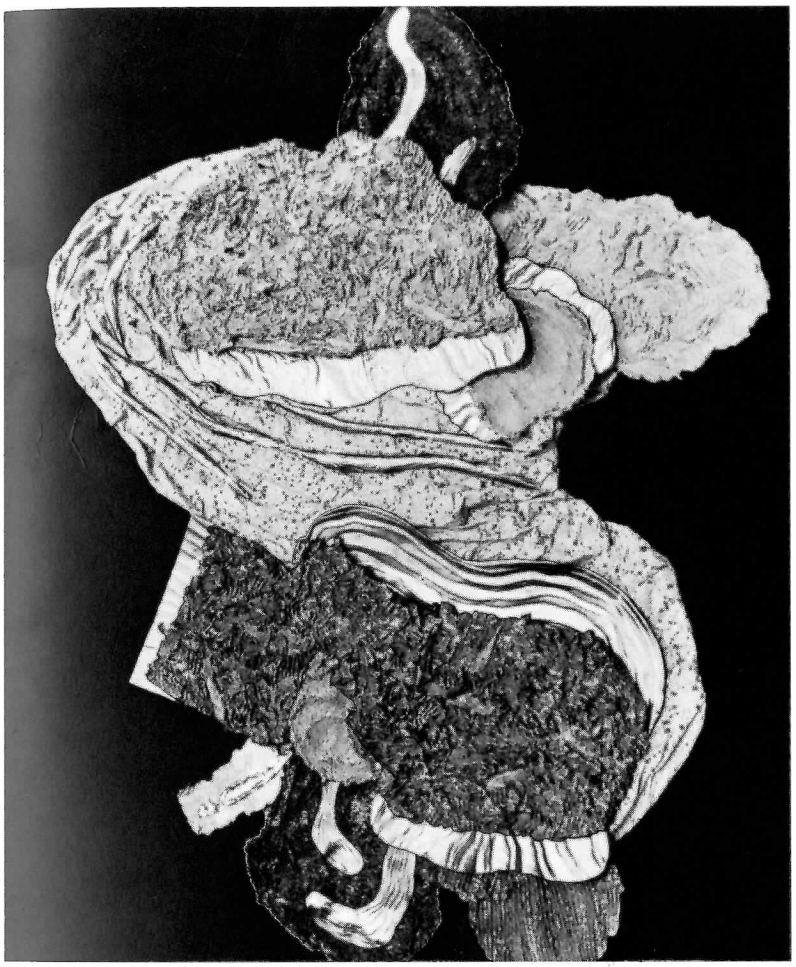

Paper Collage/Sculpture - by Michael Verina - artist

"I have always loved art, but for the first time in my life I am enjoying art." To most people that might not be a profound statement, but considering the fact that I have been involved in art my whole life...it even surprises me!

Armed with a Bachelor of Fine and Professional Art degree and a Bachelor of Science degree in Art Education from Kent State University, Kent, Ohio, my resume reads like that of a true "renaissance" man. I have worked in newspaper, television, art education, theatre, music, nightclub entertainment and most recently, my graphic design studio in Niles, Ohio.

As you get older and the more elements of life you are exposed to, the more your perspective of life changes. I guess if I had not been exposed to so much diverse art in my life, I wouldn't have become the artist I am

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Founded 1872

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BULLETIN

Mahoning County Medical Society
Volume 60 October1990 No. 7

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The Bulletin is published nine times a year, monthly with the exception of May, July and August by the Mahoning County Medical Society, 5104 Market Street, Youngstown, Ohio 44512.
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The AIDS and I

Two years ago at the Ohio State Medical Association annual meeting, the House of Delegates debated several resolutions that dealt with AIDS. The final draft was the basis for the lobbying effort by OSMA for the General Assembly regarding definitive AIDS legislation.

There was considerable debate about confidentiality, informed consent and notification of contacts in individuals testing positive. The Public Health groups won their point regarding anonymous testing. The argument centered on encouraging voluntary testing, followed by possible counselling. However, if the individual never returned or refused counselling, nothing could be done about identification, treatment or notifying contacts. This was a major stumbling block for many of the delegates. Opinions ran from encouraging voluntary testing to the sanguine concept of letting the individuals (IV drug users, homosexuals, prostitutes) contaminate each other and die out.

"I believe more input is needed from the practicing physicians on the front lines of medicine in regard to the testing issue."

Another consideration involved testing of healthcare personnel to protect patients and testing patients to protect healthcare personnel. Surprisingly, to me, there was resistance to both concepts. These were regarded as voluntary activities or tests to be performed only after involved informed consent. These were the basis for the current law as being set forth in the *Bulletin* by Neil Altman, Health Commissioner, Youngstown.

I am disturbed by some of the results of these policies. One physician told me that he did not want to be tested because if he were positive, patients might stop coming to him. This has significance in the recent reports of Dr. Acer, the Florida dentist who died of AIDS and reportedly infected a patient even while following all the CDC guidelines. Are our patients being adequately protected? Is our main concern for the welfare of the patient or the economic protection of the healthcare worker? Similarly, I would like to know whether or not my surgical patient is HIV positive. We are told that we should approach all patients as if they were infected. In reality this is very difficult, if not impossible, to do.

One of the arguments against universal testing was voiced by a physician who stated that this is the only condition for which people have their houses burned down.

I recall one hospital patient who became nearly hysterical when advised to have AIDS testing. Just the suggestion of testing appeared to be an accusation. However, there is the report of the grandmother with no suggestive history who was positive through her husband who frequented prostitutes.

When I was in training, we routinely tested patients coming into the hospital for syphilis. Is this so much different? Our renewal of privileges at SEHMC includes a question about a recent PPD or chest X-ray. These are insignificant compared to the threat of AIDS.

I believe more input is needed from the practicing physicians on the front lines of medicine in regard to the testing issue. If I am a threat to my patients by virtue of how I practice medicine or of my personal state of health, then I should be removed from areas that cause concern.

What do you think?

James A. Lambert, MD

In The News

Dr. Niranjan N. Patel is the president elect of the newly chartered Ohio Chapter of the American College of International Physicians.

Dr. Colin Campbell has been named president of NEOUCOM. Dr. Campbell who has been the College's provost and dean since 1983, will retain the title of dean.

Caring for Kids

In today's economics, more and more families are without health insurance. Although access to health care for all Americans is a goal of both government and organized medicine, there is still disagreement as to how this should be accomplished.

Although anyone without health insurance presents a problem, the innocent bystanders are often the children. Delaying office visits for early illnesses often results in more costly emergency room visits. This increased cost serves to reinforce the idea that health care is costly and to be avoided unless absolutely necessary. Thus a simple otitis media becomes a perforated tympanic membrane or a strep pharyngitis leads to rheumatic fever. Even though public health centers provide routine vaccines, this is not enough to establish continuity of care, evaluate developmental issues or foster parenting skills.

"Looking through the provider manual for Mahoning County, I am embarrassed that only a handful of primary care providers are listed."

According to a survey by the National Association of Children's Hospitals and Related Institutions, Inc., the majority of the American public polled not only perceive a deficit in children's health care but would be willing to support this issue even if it means an increase in taxes. Add this to the fact that our new surgeon general is a pediatrician, and I think we can look for new programs for children in the near future.

For physicians, this means having to scrutinize new programs, probably more paperwork and possibly changes in reimbursement. This is not necessarily what we want to hear.

In the Mahoning County area, the Caring Program has been in effect for over a year. This program is designed for children of parents who are working but are ineligible for government assistance and who do not receive health care benefits from their employment. These are families with NO health insurance. Blue Cross/Blue Shield has set up a fund and matches donations from the private sector. The funds are made available to families through physician reimbursement. The enrollment is limited by the amount of funds available. This means two things: (1) physicians DO get reimbursed at a rate comparable to private insurance (2) there is a waiting list of families to be enrolled as the funds increase or families drop out.

Looking through the provider manual for Mahoning County, I am embarrassed that only a handful of primary care providers are listed. I would encourage all pediatricians, family physicians and general practitioners, as well as other subspecialty areas dealing with children's health care, to reevaluate the Caring Program and to enroll as a provider. I am sure that we will be seeing other programs directed at children's health in the near future.

Denise L. Bobovnyik, MD

The following applications for membership were approved by Council.

Active:

Thomas E. Albani, Jr. MD
Armand J. Bermudez MD
Eric M. Chevlen MD
Michael G. Saalouke MD

First Year:

Steven Aubel MD
Pradeep Mathur MD
Anthony L. Mehle MD
Ronald Mullis MD

Information pertinent to the applicants should be sent to the Board of Censors by October 26.

The Difficult Role of Decision Making

The patient's right to make decisions about his or her medical treatment is clear. That right grounded in both common law and constitutional right of privacy includes the right to refuse life sustaining treatment, a fact affirmed in the courts and recently supported by presidential commission. Ideally, the patient's right is exercised when the diagnosis and treatment are clear, the physician is skilled and sensitive and the patient is competent and informed. Circumstances usually though are less than ideal.

"But in spite of all legal uncertainties, appropriate and compassionate care must have priority over undue fear for criminal or civil liability."

The patient's right to accept or refuse treatment notwithstanding, the physician has a major role in the decision-making process. He or she has the knowledge, skills and judgement to provide diagnosis and prognosis, to offer treatment choices and to explain their implications and to assume responsibility for recommending a decision with respect to treatment.

The physician's schooling, residency training and professional oath emphasize positive actions to sustain and prolong life. The educational system has only recently given attention to ethical questions surrounding the intentional reduction of medical intervention. Physicians do not easily accept the concept that it may be best to do less, not more, for a patient. The decision to pull back is much more difficult to make than the decision to move ahead with aggressive support. Today's sophisticated and complex medical technology invites physicians to make use of all means at their disposal—a temptation that must be recognized when evaluating how much or how little to do for the patient.

Gene A. Butcher MD

Coupled with the traditional pressures for aggressive treatment is the uncertainty of diagnosis and prognosis which makes difficult the prediction of length and quality of the patient's life with or without treatment. If a physician is not an expert in the particular area of the patient's illness, he or she should obtain consultation with an expert who is. If there is disagreement concerning the diagnosis or prognosis or both, the life sustaining approach must of necessity be continued until reasonable agreement is reached.

However, uncertainty beyond a reasonable point can severely handicap a physician dealing with treatment options in apparently hopeless cases. The rare report of patient survival with a similar condition should not be an overriding reason to continue aggressive treatment. Statistical possibilities should not outweigh the reasonable expectations of outcome that will guide treatment and decisions.

Physicians are strongly influenced by their personal values and unconscious motivations. Although they should not be forced to act against their moral codes, they should guard against being excessively influenced by inner conflicts, tendencies to equate the patient's death with professional failure or unreasonable expectations.

Fear of legal liability often interferes with the ability to make the best choice for a patient. Assessment of legal risk is sometimes made by lawyers whose primary objective is to maximize liability, whether real or imagined. Unfortunately, this may be done at the expense of humane treatment and may go against the express wishes of the patient and the family. A 1983 case in California involving murder charges against two physicians who withdrew life support from a comatose patient created a climate of significant apprehension in the medical community. Fortunately the charges were dismissed by the Court of Appeals. Treatment of a dying patient always takes place in the context of changing law and changing social policy. But in spite of all legal uncertainties, appropriate and compassionate care must have priority over undue fear for criminal or civil liability.

A more recently significant influence on the physician's link to thinking is

consideration to the monetary cost to society and the use of scarce treatment resources in the care of the hopelessly ill. In the past, cost was rarely an important factor in decision making. Today when our society wrestles with the soaring cost of health care, the physician is subject to the insistent demands of restraint which cannot be ignored. The patient's welfare must obviously remain paramount, but financial ruin of the patient's family, as well as the drain on resources for the treatment of other patients who are not hopelessly ill, must be weighed in the decision-making process. The art of decision making has become extremely complex and no longer are decisions made simply for the benefit of the patient alone. For myself, however, I know who I want my physician to think about first. □

Mahoning County Medical Society Auxiliary

AMA-ERF Holiday Sharing Card Project

It is time to once again think of sending holiday greeting cards. To remember your friends in the Mahoning County Medical Society during the holidays, the auxiliary is sponsoring a holiday sharing card. This fund raising project is for the American Medical Association Education and Research Foundation (AMA-ERF). Cara Lee has designed a beautiful holiday greeting card which will be sent to each society member and spouse. An enclosure card listing the names of all those who make a donation will be included. We hope you will choose to have your name as part of this list.

By supporting this project you will enjoy the following advantages:

1. *Your AMA-ERF donation is Tax Deductible.*
2. *The holiday sharing card involves no labor on your part. (The committee does all the work.)*
3. *Your special holiday wishes will be conveyed to the members of the Mahoning County Medical Society and Auxiliary.*
4. *Your donation is an investment in the future of good health care in this country.*
5. *You will be performing a service to the auxiliary by helping us to help others.*

Here is the simple procedure to follow: Send me your tax deductible check for as much as you wish. Do it now, before the Christmas rush begins. Please make checks payable to AMA-ERF. The holiday sharing cards will be in the mail by December 10th. Remember, this is a charitable cause and one to which we have a deep commitment. Please be generous and let me hear from you by November 26, 1990.

Sincerely,
Cynthia Hayek, AMA-ERF Chairperson

Mahoning County Medical Society Auxiliary
AMA-ERF Holiday Sharing Card Project

Name(s) to be listed on the card: _____

School to receive contribution: _____

Fund to receive contribution: (check one)
_____ Medical School Excellence Fund
_____ Medical Student Assistance Fund

Signature _____ Date _____

Please make your check payable to **AMA-ERF** and mail with this form to:
Cynthia Hayek, 5840 Everett East Road, Hubbard, Ohio 44425

The Informed Consent Doctrine

"...it need be remembered, however, that the practice of medicine is an art that employs science; it is not science, itself."

One wag referred to the doctrine of informed consent as simply another application of the "flasher principle," one contemplating full disclosure of everything. Facetious comments aside, however, a more precise understanding of the notion is basic both to good patient-physician relations and to the avoidance of medical malpractice.

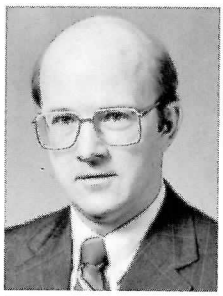
It has been observed that in years gone by physicians sometimes took a more paternalistic view of their client's ability to comprehend their medical condition and evaluate possible treatments. Sometimes, as a result, the doctor avoided revealing all possible nuances of a diagnosis or conceivable consequences of treatment. While this may have been acceptable or at least understandable practice a hundred years ago in simpler times when much of the populace had minimal education, in recent times, the common law and Ohio Revised Code holds the physician to a more rigorous standard, particularly when invasive treatment is contemplated. This is called the doctrine of **informed consent**.

The doctrine is well summarized in a short passage from the case of Schloendorff v. Society of New York Hospital . In his opinion the renowned Justice Cardozo writes, "every human being of adult years and sound mind has a right to determine what shall be done with his own body." What Justice Cardozo was intimating and what the doctrine of informed consent demands is that the physician disclose, for instance, the nature of the surgery he intends to perform, and the possible consequences of the procedure, including its benefits and potential risks. After all, it is the prerogative of the patient, not the physician, to determine for himself what course of action is best for him. Without being properly informed, a patient cannot make an intelligent decision concerning whether the desired result is worth the risk of the procedure. Therefore, if the consent obtained is not informed consent, such consent as was given by the patient to the procedure may be deemed invalid. And from such an unhappy situation liability may flow.

It is, thus, good and has become standard practice to obtain a written consent prior to a surgical procedure. In Ohio "a written consent to surgical or medical procedures is presumed to be valid and effective if it meets the three following conditions: (A) It sets forth in general terms the nature and purpose of the procedures and what they are expected to accomplish, together with reasonably known risks, and, except in emergency situations, the names of the physicians who will perform the intended procedures. (B) The person making the consent acknowledges that such disclosures have been made and that all questions asked about the procedures have been answered in a satisfactory manner. (C) The consent is signed by the patient for whom the procedure is to be performed, or if the patient lacks legal capacity to consent for any reason (including, but not limited to, incompetence, infancy, or the influence of alcohol, hallucinogens, or drugs), by a person who has legal authority to consent on behalf of the patient in such circumstances." (Ohio Jurisprudence 3rd)

It is important to note that the informed consent doctrine is not absolute. In emergency situations consent may be implied. For instance, where a patient consents to an operation and during the course of the procedure there are complications that threaten his life requiring immediate action, and it is impracticable to obtain his consent, the surgeon may take necessary actions. In a life and death situation it is rightly presumed that the patient would have agreed to the procedure.

Emergency situations, however, must be differentiated from situations in which physicians act beyond the scope of consent given by the patient. Any surgeon acting beyond the scope of his authority might



Nils P. Johnson Jr., JD
Attorney Johnson is a partner in the Canfield law firm of Johnson and Johnson. He is a contributor to several publications, including Ohio Magazine.

find himself subject to a lawsuit. Such was the circumstance in an early twentieth century case from Minnesota. In Mohr v. Williams, the defendant, an ear specialist, was consulted by plaintiff concerning her right ear. She consented to an operation on that ear. During the course of that operation, the defendant discovered that the plaintiff's left ear was the more diseased of the two, even though the plaintiff had not complained about her left ear. Without reviving the plaintiff the defendant performed the procedure on the left ear. The plaintiff sued the doctor alleging assault and battery. The doctor contended in part, that his action did not amount to an assault and battery because the plaintiff's left ear was in fact diseased and the operation would eventually be necessary.

The court ruled that even though the doctor performed the procedure without negligence, his actions were wrongful and unlawful. In this case there was not an emergency situation that required immediate attention. The patient had the right to be informed that her other ear was diseased and then, based upon this knowledge, determine whether she wanted to have the second operation.

As in all successful relationships, that of doctor-patient requires good communication between the parties. The goal of both is to get the patient on the road back to recovery. In this regard, it need be remembered, however, that the practice of medicine is an art that employs science; it is not science, itself. Medical treatment does not guarantee restored health as an inevitable result. Patients need to be reminded of this—they need to know the "downside" so they have the knowledge necessary to make informed judgments. The doctrine of informed consent, by requiring that physicians make full disclosure of all salient information, promotes well-informed patient decisions and at the same time insulates physicians from the claims of patients who occasionally do not achieved a hoped-for result. □

Flu Shots Recommended as an Effective Public Health Measure

For older Mahoning County residents and anyone in poor health, influenza and pneumococcal infections may result in more than a mild case of the flu. In fact, the public health impact of influenza is dramatic: Influenza accounted for more than 10,000 excess deaths in the United States during each of the 19 epidemics that occurred in this country from 1957 to 1986.[1] However, because it has been demonstrated that influenza vaccine is up to 75 percent effective in preventing complications and death from influenza among high-risk older persons residing in institutions, it is probable that much of the burden of illness and death in the general population is avoidable.[2]

Influenza vaccine is recommended annually for persons over 65 years of age and those with chronic illnesses, including heart disease, respiratory disorders, HIV infection and chronic metabolic disease. Residents of nursing homes and persons who have extensive contact with high-risk persons, such as health care workers, are also encouraged to receive immunization. [3]

The Ohio Department of Health and the Mahoning County Health Department recommend administering influenza immunizations in late October and throughout the month of November in anticipation of the peak in the flu season from late December through March. Although numbers of flu shots administered by physicians in Mahoning County in recent years are not available, results of the Center for Disease Control's Vaccine Demonstration Project survey in several areas of the country indicate that more than 60 percent of persons immunized receive their flu shots from their personal physicians.[4] The Mahoning County and Youngstown Health Departments together administered more than 2,000 flu shots to older persons in 1989. If these numbers represent 40 percent of all persons immunized, it is clear that public and private providers together are reaching a substantial percentage of Mahoning County's older residents but are far from attaining the nation's objective of 60 percent coverage of persons over 65.

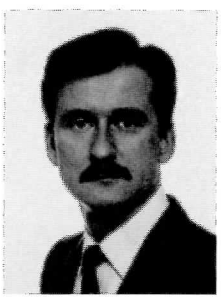
As a consequence, the Mahoning County Health Department is urging providers to offer or recommend immunization to their high-risk patients this fall. The Health Department will again this year conduct a flu shot campaign, with clinic sites in most townships and villages of the County. In an effort to assure access to this preventive health service for the uninsured, we will charge only a nominal fee for the service. Clinic schedules will be published in October once the Ohio Department of Health assures us of an adequate supply of the 1990-1991 vaccine protective against the Type A/Taiwan, Type A/Shanghai and Type B/Yamagata strains of influenza. Physicians who do not plan to offer flu shots in their offices are encouraged to refer their patients to a Health Department clinic near them. □

[1]ACIP. Prevention and control of influenza: part I, vaccines. MMWR 1989; 38:297-8,303-11.

[2]Patriarca PA, Weber JA, Parker RA, et al. Efficacy of influenza vaccine in nursing homes: reduction of illness and complications during an influenza A (H3N2) epidemic. JAMA 1985; 253:1136-9.

[3]ACIP. Adult immunization: recommendations of the Immunization Practices Advisory Committee (ACIP). MMWR 1984; 33 (no. 15).

[4]CDC. Influenza vaccination coverage levels in selected sites - United States, 1989. MMWR 1990; 39:159-167.



Matthew A. Stefanak, M.P.H.
Health Commissioner

Society Meeting

The program topics for the September 18, 1990 meeting were the federation of medicine and an election update. Our first guest speaker was Dr. John Lee Clowe, a family practitioner from New York state and the current speaker of the AMA's House of Delegates. He discussed the AMA's policy-making procedures, some of the association's past achievements and some issues now facing organized medicine.

Dr. Clowe noted that, in 1970, 80 percent of physicians belonged to the AMA. Today 43 percent of physicians are members. More than half of the members are under age 44, and turnover in the House of Delegates is about 33 percent each year. Dr. Clowe expressed concern that association members were becoming less actively involved in their county societies. He attributed the decline to the rise in group practices, suggesting doctors were working longer hours and had less flexible schedules.

He stressed that AMA policy formulation began with the individual physician who presented ideas at the county and state levels. He credited the AMA's student section for promoting the resolution to ban smoking on airline flights. He cited other past achievements, including a comprehensive AIDS policy, an adolescent health care campaign and a drive for alcohol labeling.

Last year, the AMA responded to more than 200 requests from the U.S. Congress for input on health issues, and the association often testified before congressional committees.

Dr. Clowe then discussed some current medical issues, including CLIA '88. The AMA has strenuously opposed several restrictions the act would impose on over 100,000 physicians nationwide. The AMA is now preparing a response to some of the act's provisions.

In response to demands for a federal health care system modeled after the Canadian system, the AMA has developed Health Access America, a 16-point program designed to meet the needs of the 13 percent of Americans or 33 million people who lack access to adequate health care. The program includes a proposal that Medicaid become federalized with nationally standardized eligibility requirements and benefits.

Dr. Clowe concluded by stating that the AMA was opposed to the Canadian model because of the system's numerous problems, including lengthy delays for certain surgical procedures. The AMA, said Dr. Clowe, wanted to maintain the methodology of treatment that was currently the best in the world.

The next speaker was Dr. Joseph Sudimack, Jr., president-elect of the Ohio State Medical Association. His comments focused on the positive aspects of practicing medicine today and the OSMA's efforts to promote the best in American medicine at the state level.

Dr. Sudimack cited polls that showed most Americans were pleased with their personal physicians and medical services. Most people rated their medical care as high quality and felt they had reliable access to physicians and advanced technology.

Dr. Sudimack said the United States had the world's best medical education system and noted American doctors still acted as patient advocates. He then described the OSMA's role in the quest for better medicine. He noted that the OSMA comprised about 20,000 members across Ohio. This year, the association vigorously monitored more than 200 health care bills introduced in the Ohio legislature.

During this past legislative session, the OSMA successfully opposed universal health care legislation. Instead, the OSMA supported an alternate model based on the AMA's Health Access America plan. The OSMA is asking physicians to join its Public Information Force to articulate the problems of universal health care to the public.

In other OSMA activity at the statehouse, the OSMA obtained a small increase in Medicaid reimbursement despite proposals for cut backs. The OSMA staved off legislation for mandated Medicaid assignment. In addition, the OSMA played a key role in formulating comprehensive AIDS

legislation and helped enact legislation for a durable power of attorney for health care decisions.

The association has also been active in Washington, D.C., trying to resolve problems with Medicare claims payments. Dr. Sudimack stressed that active political involvement by physicians across the state was critical to the OSMA's success.

He noted the many benefits available to OSMA members, including an ombudsmen program for timely and fair reimbursement and seminars on practice management. Last year, the OSMA's legal staff answered more than 3,000 inquiries from physicians. Dr. Sudimack also listed the many publications the OSMA made available to keep doctors informed about the practice of medicine.

Emphasizing the OSMA's commitment to improve health care conditions in Ohio, Dr. Sudimack cited Project Open, now serving the elderly in 20 Ohio counties. Another OSMA committee is examining the problems of the homeless.

He asked the physicians present to spread the good news to further the OSMA's goal of actively involving every physician in Ohio in the preservation and improvement of the world's best medical care.

The last speaker on the program was John Van Doorn, the chief lobbyist for the OSMA. He discussed some of the health care issues the OSMA faced in the state house this session and stressed the importance of the upcoming November 6 elections.

In addition to the legal issues previously mentioned, Van Doorn discussed other problems the OSMA confronted this session. The law regarding spiritual treatment was changed to eliminate an exemption from prosecution for religious reasons when medical treatment was denied to children. The OSMA successfully opposed proposals that would have allowed optometrists to prescribe therapeutic drugs and physical therapists to practice independently. Van Doorn noted that a 1987 medical liability law supported by the OSMA had significantly reduced the number of frivolous lawsuits filed against physicians.

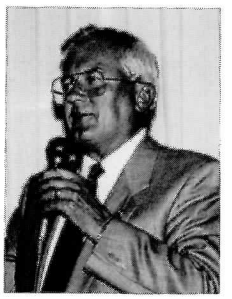
The chief lobbyist emphasized the special impact of several statewide elections. The party that wins control of the state reapportionment board will redraw Ohio's legislative districts. The board will include the governor, the state auditor, and the secretary of state. All three positions are up for election.

In October, OMPAC, the Ohio Medical Political Action Committee, will mail to every physician in Ohio a detailed report on the candidates' health care positions. Van Doorn reminded physicians to do two things to influence politics: (1) vote (2) belong to OMPAC. He stressed that the $125 annual membership fee was well-spent to support the friends of medicine.

Minutes - Society Meeting Sept. 18, 1990

Dr. Brian Gordon, president-elect presided at the business meeting in the absence of president Dr. James Lambert. Applications presented were: Nonresident membership, Z. Nicholas Zakov, MD; Emeritus membership, Henry Ellison, MD; Gene Fry, MD; and Jack Schreiber, MD. The applications will be voted on at the November meeting. Members of the nominating committee appointed by council are Drs. James Lambert, president; Karl Wieneke, immediate past president; Michael A. Frangopoulos, Joseph Gregori, Reed Hoffmaster and Charles McGowen. Seven medical school students were granted loans of a $1,000 each under the Foundation Loan Program. Dr. John Guju served as chairman of the committee.

Dr. John Lee Clowe



Dr. Joseph Sudimack, Jr.

John Van Doorn

MCMS Has Something to Crow About...

Canfield Fair '90

"Ask the Doctor" was a very popular booth at the Canfield Fair again this year. Staffed by members of the Mahoning County Medical Society, the booth gave fair goers an opportunity to ask medical questions of physicians, and people asked all kinds of questions. The booth was staffed 12 hours a day throughout the five day fair.

Using plastic models, charts, and actual tissue obtained from hospital pathologists, the physicians were able to answer questions about diseases of the lungs, the stomach, and the appendix.

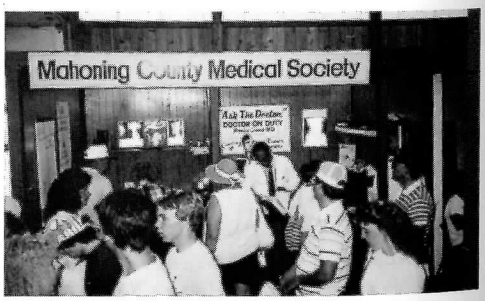
The *Living Will* was another topic of considerable interest, and sample copies of the *Durable Power of Attorney* forms were discussed and distributed.

Nearly 500,000 people came to the Canfield Fair, and estimates suggest that perhaps one third of those fair goers visited the Medical and Health Building. The Medical Society has sponsored the entire building since 1946, when the first exhibits were housed in a tent.

Again this year, Dr. Jack Schreiber served as chairman with Dr. Fred Freidrich serving as co-chairman. Both doctors have served in the same capacities for the past 20 years.

In addition to the "Ask the Doctor" booth, the Medical Society also displayed a vintage doctor's office equipped with antique instruments, some of which date from the late 1800s.

The following physicians staffed the Medical Society exhibit this year: Thomas E. Albani, MD; Kenneth Cowens, MD; Linda Cuculic, MD; David DeMarco, MD; Robert R. Fisher, MD; Gene Fry, MD; Joseph Gregori, MD; E.V. Sevilla, MD; Robert Sinsheimer, MD; Howard Slemons, DO; Robert Udell, DO; Luis E. Villaplana, MD; Bruce Willner, DO. □



Consortium, Collaboration, Cooperation

These words have characterized the Northeastern Ohio Universities College of Medicine (NEOUCOM), which includes the basic medical sciences campus in Rootstown, three major state universities and 17 community hospitals.

As the only medical school in Ohio offering the benefits of a consortium, these institutions combine to create a progressive and challenging undergraduate medical education program.

NEOUCOM also provides assistance to the hospitals with graduate medical education programs and with continuing medical education programs for physicians. In addition, NEOUCOM works closely with the School of Biomedical Sciences at Kent State University and the Institute for Biomedical Engineering Research at The University of Akron in preparing graduate students for advanced degrees.

A new project, the Clinical and Basic Sciences Collaborative Research Facility, will further emphasize the consortium approach by providing a regional resource for research, drawing basic and clinical scientists and educators together for scientific investigation and educational pursuits.

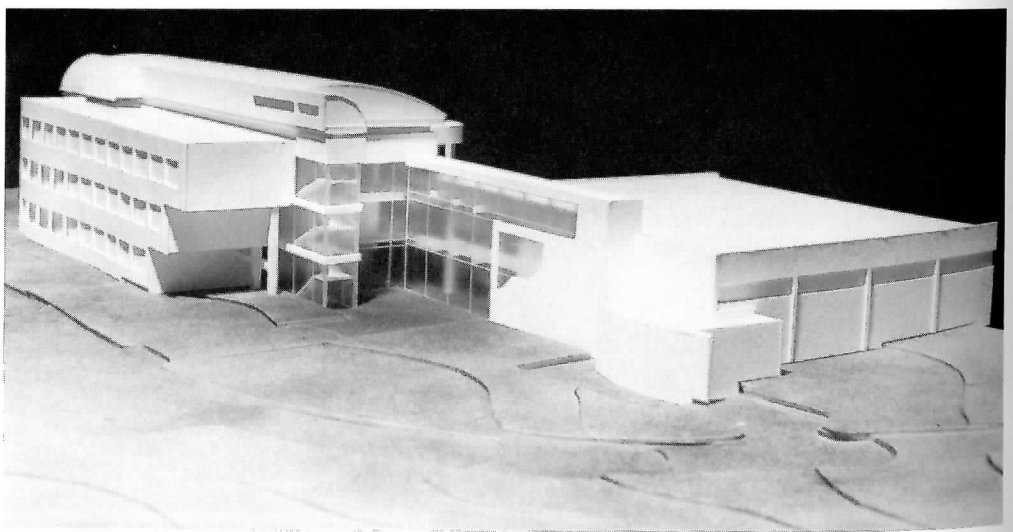
Construction of the 38,500-square-foot facility is expected to begin next summer. The building, designed by van Dijk, Johnson and Partners of Cleveland, will include research laboratories, program offices and conference space for collaborative research projects by the College's faculty.

The three-level structure, which will adjoin existing research facilities, will serve as a center to bring scientists together to work on research problems. The research to be conducted may include tissue culture, drug interactions, virology, DNA synthesis, biopolymers, and biomedical applications of liquid crystals.

Laboratories in the research facility will be adaptable to multiple research approaches and projects through the use of multiple-purpose laboratory suites and open areas for the discussion of research ideas and approaches. The building will provide an atmosphere conducive to research, academic creativity and the discussion of ideas.

The $6.8 million facility received state funding in the late 1980s due in large part to the broad level of support from area legislators. Construction is expected to take 12 months. □

Richard Lewis
Vice Provost for Administration and Public Affairs



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Get involved in the electoral process

All physicians, as leaders of their communities and of society, have several obligations The first is to be registered to vote — and to be sure that their families and associates also are registered. The second is to make sure to take time to vote Nov. 6, or by absentee ballot if necessary.

Finally, they must take it upon themselves to become well-informed citizens, aware of the candidates and their points of view, to determine which will represent them most effectively, and share this information with family, colleagues, friends, and patients when appropriate. A well informed electorate will, over time, keep the nation on the democratic course on which it began.

American Medical News, September 28, 1990.

50 Years Ago — October 1940

President Robert Poling said "Preparation for war is a stern reality". He appointed F.W. McNamara chairman of a new committee on medical preparedness, with Ralph Morrall, L.G. Coe, James Herald, A.E. Brant and Charles H. Warnock as committee members.

Sidney L. Davidow became a new member. Barkley Brandmiller and Jean Elizabeth Richards were newlyweds. Dr. and Mrs. Morris Neidus and the Saul Tamarkins each announced the arrival of baby daughters.

40 Years Ago — October 1950

The women's Auxiliary was busy getting the doctors to get out and vote in the November elections. President Gordon Nelson was concerned because so many were not even registered to vote. Morris Rosenblum was preparing for Diabetes Week in November, and Dr. Howard Root was scheduled to come here from Boston as principal speaker.

30 Years Ago — October 1960

President Fred Schlecht wrote: "Irresponsible charges of unneeded treatment and similar unwarranted attacks on doctors implant an element of doubt and distrust in the lay public...We believe most sincerely that our people would be greatly the losers if our professional freedom should be lost."

Editor Jack Schreiber wrote: "There is in our midst a fine university...could not the Medical Society, working with the University, evolve a series of...courses designed for the doctor?" Out ot this line of thinking there developed a fine medical school.

New members that month were: H.J.W. Marcella; Armin V. Banez; Raul A. Hernandez; Morton Kalker; P.N. Pappas and John Tullai.

Robert R. Fisher, MD

20 Years Ago — October 1970

The "university in our midst" was working hard on Jack Schreiber's suggestion for physician education, and was actively working on plans for a new medical school, with Youngstown State, Kent State and Akron University all actively competing for this plum.

Diabetes week was coming up again in November, and chairman for the event was Sanford Gaylord, with committee members: Herman Ipp, Milton Yarmy, "Jake" Stechschulte, and Charles McGowan.

Leonard Caccamo was appointed Director of Medical Education for St. Elizabeth Hosptial. Sam Squicquero continued as the Medical Director, and Ed Kessler continued in the position of Director of Education in Internal Medicine.

10 Years Ago — October 1980

Six members of the Mahoning County Medical Society were named to committees of the OSMA: Dr. William Sovik was named chairman of the Health Manpower Committee; C.E. Pichette was also named to this committee; Dr. Robert Bruchs was a member of the Committee on Maternal and Neonatal Health; Dr. David Levy was named to the Committee on Prisons and Jails; Dr. Michael Vuksta was a member of the Joint Advisory Committee on Sports Medicine; and Dr. J.J. Anderson was appointed to the Committee on State Legislation.

Dr. John Melnick became the second member of MCMS to be dubbed a Knight of Malta when he was knighted on October 11 at the Old Holy Tinity Serbian Orthodox Church. Dr. Richard Murray was knighted by the order in 1977.

New members that month were: B.N. Krishnasetty, M.D., and Chatrchai Watanakunakorn. □

MCMS – 567 members and counting!

Abdu, Rashid A.
Abdul-Malak, Michael E.
Afrooz, Nader
Agnesi, Nicholas F.
Agnone, John H.
Ahn, Hi M.
Aiello, Ronald
Albarran, Consuelo
Albarran-Sot, Ramiro
Alexander, Louis P.
Allen, Herman L.
Alnahhas, Mohamad H.
Altier, John K.
Altman, George L.
Ambrose, Joseph P.
Amedia, Chester A.
Amin, Mohammed
Amorn, Ying
Amsterdam, James T.
Anderson, John J.
Angtuaco, Ernesto V.
Ansevin, Carl F.
Ariza, Cesar A.
Ariza, Guaroa D.
Aromatorio, George J.
Awad, Mounir
Azarvan, Asad
Babyak, John W.
Bacani, Roberto A.
Badjatia, Narendra K.
Bailey, Rebecca S.
Bajnok, Thomas A.
Bal, Surjit K.
Bal, Tejinder S.
Ballas, Steven L.
Banez, Armin V.
Barolsky, Stephen M.
Barrett, Thomas F.
Barringer, Mary Ellen
Bartels, William T.
Barton, George R.
Barudi, Mustafa
Basile, Simon A.
Baumblatt, Glenn J.
Becker, John R.
Belinky, Nathan D.
Bennett, Hugh N.
Bernat, Donald R.
Berny, James J.
Beynon, David E.
Bhatti, Masud R.
Biscardi, Augustine P.
Bitonte, A G.
Bleacher, John H.
Blecher, Aron
Bleggi, Albert M.
Bloomberg, Louis
Blum, Leonard A.
Bobovnyik, Denise L.
Boehm, Gregory X.
Boening, Ulrich H.
Bogen, Gregg L.
Boniface, Raymond J.
Boniface, Raymond S.
Boniface, Thomas S.
Boulis, Gust
Boutros, Rafik
Brandmiller, Barclay M.
Breesmen, William T.
Brine, Louis P.
Brocker, Robert J.
Brocker, Robert J.
Brody, Edwin R.
Brown, David B.
Brown, Robt A.
Bruchs, Robert V.
Brucoli, B P.
Brucoli, John N.
Buckley, John J.
Buckley, John J.
Buntin, Charles S.
Burick, Wayne P.
Butterworth, Jane F.
Caccamo, Leonard P.
Camp, Kenneth E.
Campbell, Tom E.
Campolito, Joseph J.
Carbonell, Fernando
Carter, Kimbroe J.
Cater, Maryann N.
Cestone, Patrick B.
Chevlen, Irving H.
Chiasson, Simon W.
Chiu Jr, Yau-Too
Chung, Danny
Cinelli, Albert B.
Cleary, Wm J.
Cohen, Terry L.
Colella, Joseph A.
Colla, Ralph W.
Conti, John S.
Conti, Martin E.
Cortina, John J.
Cossette, Rene
Costarella, Adam E.
Couch, Frances G.
Crain, Thomas C.
Crans, Charles A.
Crawford, William L.
Cropp, Alan J.
Crosby, Thomas W.
Cubbison, Theodore R.
Cuculic, Linda L.
Cuddapah, Subbarayud
Cuttica, Robert J.
D'Apolito, James P.
Dallis, Demetrios J.
Dasu, Madhavarao S.
Davidow, Sidney L.
Davies, George H.
Dayal, Bimleshwar
De Cicco, Gabriel E.
De Marco, David G.
De Mario, Charles L.
De Pizzo, Nicholas P.
Delfs-Ewing, Genevieve
Depiore, James J.
Deppisch, Ludwig M.
Deramo, Anthony T.
Detesco, Andrew A.
Detesco, Thomas N.
Dewar, James C.
Di Domenico, Aniceto
Dickstein, Emil S.
Dietz, George H.
Dockry, Donald R.
Dombczewsky, Ilarion N.
Domingo, Narciso C.
Drucker, Morris H.
Dubos, Stephen P.
Dunch, David J.
Dunlea, Frederick W.
Dziadzka, Annelies R.
Ebie, Earl R.
Edwards, Alan E.
El Dabh, Cherine H.
El Hayek, Mounir
El-Hayek, Antoine
El-Hayek, Salim
El-Mahdy, Amr H.
Elfeky, Hamed A.
Ellis Jr, George G.
Ellison, Henry S.
Enyeart, James J.
Ervin, James F.
Farhat, Georges A.
Fasline, Ronald J.
Fernandez, Roderick R.
Finley, James L.
Firdaus, Tahir
Firestone, Bertram I.
Fisher, Robert E.
Fisher, Robert R.
Fogarty, Thomas P.
Fok, Maria M.
Franco, Alejandro A.
Frangopoulos, Michael A.
Friedrich, Fredrick A.
Fry, Gene D.
Fulks, James H.
Gaal, James G.
Galose, Michael C.
Gantt, Nancy L.
Garcia, Armand
Garcia, Pablo
Garg, Anand G.
Garg, Sudershan K.
Garritano, Daniel M.
Garritano, Nicholas J.
Garritano, Nicholas M.
Gasser, Louis J.
Gaylord, Sanford F.
Geiger, Douglas D.
Gelbman, Frank
Gentile, Richard D.
Geordan, Angelo W.
Georgopoulos, George A.
German, Norton I.
Gestosani, Antonio T.
Ghani, Abdul
Gianetti, John P.
Giber, Philip B.
Gillanders, William R.
Gillette, Robert D.
Gilliland, Robert L.
Ginde, Yeshawant V.
Goldberg, Samuel D.
Goldcamp, John S.
Goldsmith, Douglas M.
Gomori, Gregory M.
Gonzalez, Joseph I.
Gooch, Denise R.
Gordon, Brian S.
Grajo, Galterius
Gregg, Lester 0.
Gregori, Joseph S.
Grossman, Steven D.
Gubieda, Efrem
Guju, John G.
Guthikonda, Murali
Guttikonda, Prasad B.
Habib, Shawki N.
Hafiz, Abdul
Haire, Craig M.
Hamlisch, Robert E.
Handel, Daniel W.
Handwork, Lawrence W.
Harding, Ralph E.
Harikrishnan, Sundaram
Hartwig, Randall J.
Hassel, Harold J.
Hayat, Shaukat
Hayek, Benjamin M.
Hazelbaker, Norma J.
Heaver, Robert J.
Hernandez, Raul A.
Hill, James R.
Hixson, Clayton A.
Hnat, Michael
Ho, Paul W.
Hoffman, David A.
Hoffmaster, Alfred R.
Holden, Henry
Hong, Joungsen
Houser, William L.
Houston, Robert R.
Hovanic, Kenneth J.
Hritzo, Robert J.
Htwe, Myint
Huang, Pang-Hsiun
Hucek, Roger J.
Husain, Sadiq S.
Hwang, Hyon S.
Hyland, John A.
Iqbal, Khalid
Iqbal, Riffat P.
Jackson, Raymond W.
Jackson, Richard A.
Jacques, Louis J.
Jaffer, Nazim A.
Jakubek, John R.
Jenkins, Robert L.
Jung, Yiechul
Juvancic, Richard W.
Kachmer, Michael A.
Kadivar, Ted F.
Kalavsky, Steven M.
Karmindro, Musli
Kasamias, Athanasios
Katz, Bertram
Katz, William
Kessler, Edward
Ketcham, Michael L.
Keyes, Sidney C.
Khanna, Hira L.
Kile, Dale L.
Kim, Jung M.
Kiskaddon, Robt M.
Klahr, Betty J.
Kline, James M.
Kline, Sarah B.
Klodell, Carl B.
Knight, Chris A.
Ko, Chi S.
Kocab, Frank J.
Koenig, Freddy H.
Kohli, Chander M.
Kollipara, Roop K.
Kollipara, Venkata S.
Kornhauser, Edgar E.
Kramer, Howard X.
Krishnan, Eledath U.
Krishnan, Rani P.
Krishnasetty, B N.
Krupko, Marie B.
Krupko, Paul E.
Kuklinca, Arlington G.
Kunin, Kalman C.
Kuppler, Keith H.
Kurz, Frederick G.
Kvale, James N.
La Manna, John R.

La Manna Jr, John R.
Lagoutaris, Demetrios E.
Laird, Arthur T.
Lakhani, Prabhudas R.
Lambert, James A.
Lamprich, Fred M.
Latorre, Humberto A.
Laufman, Daniel L.
Lee, Chong M.
Lee, Dong S.
Lee, Jae J.
Lenhart, Milton J.
Leonelli, James E.
Lepore, Vincent D.
Levy, David H.
Lewis, Douglas D.
Lim, Bee M.
Limbert, Dean J.
Lin, Fun-Cheng
Lipari, Adele M.
Lipton, Bruce L.
Litam, Patrick P.
Lobritz, Richard W.
Loeser, William D.
Lopez Gonzal, Jose
Lopez-Gonzal, Raul
Lowry, Marshall E.
Lunne, Denis R.
Lupse, Raymond S.
Lyras, Louis S.
Mahar, Paul J.
Mahar, Paul J.
Malik, Nadeem N.
Mannschreck, Dannen D.
Marcella, Hendrik J.
Marriott, John T.
Martin, William T.
Massullo, Edmund A.
Mc Connell, Robert B.
Mc Cullough, Michael R.
Mc Donough, John J.
Mc Elroy, William D.
Mc Gowen, Charles H.
Mc Neal, Elmore R.
Mehta, Jeet
Melnick, John C.
Melnick, Lester R.
Memo, Richard A.
Mendel, Isadore
Mersol, Joseph
Metcalf, De Forest W.
Michaels, Richard A.
Might, James E.
Mihok, Gerald A.
Mikolich, John R.
Mikolich, Lynn M.
Miladore, Michael J.
Miller, Frances A.
Miller, Madeline D.
Miller, Patricia A.
Miller, Rollis R.
Minotti, Armand L.
Mirasol, Arturo P.
Mishr, Suman K.
Moldovan, Jeffrey M.
Molisky, Jon A.
Molloy, Catherine
Monroe, Rickie K.
Moore, James P.
Moskalik, William
Mostov, Perry
Murray, Richard D.
Nagina, Violet C.
Nagpaul, Amarjeet S.
Nagpaul, Gurbilash
Naples, Sandy P.
Nard, James A.
Nash, Larry K.
Nenadic, Ivan
Nepomuceno, Jennifer P.
Nicoloff, Nicola B.
Nigam, Gopal J.
Noll, John
Novak, Glenn J.
Nyan, Isabella B.
Oh, Kong T.
Ondash, Stephen W.
Osman, Richard L.
Padgitt, Kathleen S.
Palmer, William G.
Pannozzo, Anthony N.
Pappas, Nicholas A.
Paraliticci, Raul E.
Park, Young K.
Parris, Herbert A.
Parry, Robert W.
Pass, Lawrence M.
Patel, Niranjan N.
Patrick, James A.
Peabody, Cary S.
Peachman, Frederick A.
Pearson, Patricia A.
Pedraza, Raul E.
Perni, Swarajya L.
Perni, Veeraiah C.
Person, Donald L.
Petraglia, Samuel F.
Phillips, Alexander K.
Pichette, Charles E.
Pichette, David E.
Pipoly, Daniel J.
Piroli, Robert J.
Politi, Jacques
Politis, John
Prasad, Karipineni R.
Prasad, Kolli M.
Price, William A.
Pugh, George B.
Qadri, Alam M.
Queen, Herbert L.
Quirk, William M.
Rabinowitz, Asher Z.
Raghavan, Vydralinga G.
Ragosta, Kevin G.
Rappoport, Arthur E.
Rashid, Abdur
Raval, Vikram
Ravi, Bhargava
Raza, Hashim
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Reed, Lewis K.
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Rosso, David M.
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Ruiz, Juan A.
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Saalouke, Zein
Sabado, Ernesto F.
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Salcedo, Stephen
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Sarantopoulos, Costas A.
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Scheetz, Raymond J.
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Schreiber, Jack
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Selim, Suzan L.
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Seth, Satish K.
Sethi, Usha
Sethi, Vinod K.
Sevachko, Gerald S.
Sevilla, Escarlito U.
Shah, Chandrakan S.
Shah, Jyotinda P.
Sharma, Mohan L.
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Shorr, Henry L.
Shorten, Edward A.
Siffring, Corydon W.
Singh, Parduman
Singh, Tejdeep
Sinsheimer, Robert J.
Siripong, Pannee
Skinner III, Homer L.
Slusher, Lloyd E.
Smart, Charles E.
Smith, Brian A.
Smith, Douglas J.
Sofranec, James R.
Soges, Laurence J.
Soleimani, Parvis K.
Soleimanpour, Mehdi
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Sripan, Teerasit
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Stertzbach, Charles W.
Stigliano, Randy
Stover, Jeffrey T.
Strickland, Susan K.
Sutherland, William P.
Svenson, Eric W.
Tabrizi, Hassan
Tallam, Janardan R.
Tandatnick, Joseph W.
Thomas, Edward M.
Tiberio, Frank C.
Tochtenhagen, Samuel E.
Toliver, James E.
Torok, William R.
Trace, Ian E.
Turner, John J.
Turocy, Francis M.
Ucchino, Marc S.
Udell, Robert C.
Uram, Marc
Valero, Gustavo
Van Rees, Douglas
Vanek, Vincent W.
Vassilaros, Leonidas G.
Vaturi, Shani
Venglarcik, John S.
Villaplana, Jose A.
Wagner, Chas F.
Wales, Craig C.
Waltner, Charles
Walton, Ralph G.
Wang, Hai-Shiuh
Warner, Milo N.
Warnock, Robert G.
Watanakunakorn, Chatrchai
Weaver, Michael A.
Wegener, Michael E.
Wegner, Kurt J.
Weinberg, Adon S.
Weinberg, Janet L.
Weiss, Paul W.
Weiss, Sanford R.
Werbner, Isydore
Werning, John B.
Wetzel, Robert H.
Whaley, Lawrence A.
White Jr, C C.
Whittaker, Arthur V.
Wieneke, Karl F.
Wieneke, Karl F.
Wilson, Keith A.
Woods, Larry A.
Wright, Paul A.
Wrigley, Harold M.
Yarmy, Milton M.
Yaseen, Mohammad
York, John C.
Young, Gary A.
Youssef, Adel I.
Yumang, Servillano Y.
Zafirides, Panos P.
Zakov, Zvetan N.
Zegar, Ahmad F.
Zeinomar, Mohammed M.
Zervos, Skevos M.
Zlotnick, Samuel
Zoss, Samuel R.

Brief Summary.
Consult the package literature for prescribing information.
Indication: Lower respiratory infections, including pneumonia, caused by *Streptococcus pneumoniae, Haemophilus influenzae,* and *Streptococcus pyogenes* (group A β-hemolytic streptococci).
Contraindication: Known allergy to cephalosporins.
Warnings: CECLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY. POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS.

Administer cautiously to allergic patients.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis.
Precautions:
• Discontinue Ceclor in the event of allergic reactions to it.
• Prolonged use may result in overgrowth of nonsusceptible organisms.
• Positive direct Coombs' tests have been reported during treatment with cephalosporins.
• Ceclor should be administered with caution in the presence of markedly impaired renal function. Although dosage adjustments in moderate to severe renal impairment are usually not required, careful clinical observation and laboratory studies should be made.
• Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
• Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients.
Adverse Reactions: (percentage of patients)

Therapy-related adverse reactions are uncommon. Those reported include:
• Hypersensitivity reactions have been reported in about 1.5% of patients and include morbilliform eruptions (1 in 100). Pruritus, urticaria, and positive Coombs' tests each occur in less than 1 in 200 patients. Cases of **serum-sickness-like** reactions have been reported with the use of Ceclor. These are characterized by findings of erythema multiforme, rashes, and other skin manifestations accompanied by arthritis/arthralgia, with or without fever, and differ from classic serum sickness in that there is infrequently associated lymphadenopathy and proteinuria, no circulating immune complexes, and no evidence to date of sequelae of the reaction. While further investigation is ongoing, **serum-sickness-like** reactions appear to be due to hypersensitivity and more often occur during or following a second (or subsequent) course of therapy with Ceclor. Such reactions have been reported more frequently in children than in adults with an overall occurrence ranging from 1 in 200 (0.5%) in one focused trial to 2 in 8,346 (0.024%) in overall clinical trials (with an incidence in children in clinical trials of 0.055%) to 1 in 38,000 (0.003%) in spontaneous event reports. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy; occasionally these reactions have resulted in hospitalization, usually of short duration (median hospitalization = two to three days, based on postmarketing surveillance studies). In those requiring hospitalization, the symptoms have ranged from mild to severe at the time of admission with more of the severe reactions occurring in children. Antihistamines and glucocorticoids appear to enhance resolution of the signs and symptoms. No serious sequelae have been reported.
• Stevens-Johnson syndrome, toxic epidermal necrolysis, and anaphylaxis have been reported rarely. Anaphylaxis may be more common in patients with a history of penicillin allergy.
• Gastrointestinal (mostly diarrhea): 2.5%
• Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
• As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.
• Rarely, reversible hyperactivity, nervousness, insomnia, confusion, hypertonia, dizziness, and somnolence have been reported.
• Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1% and, rarely, thrombocytopenia and reversible interstitial nephritis.

Abnormalities in laboratory results of uncertain etiology.
• Slight elevations in hepatic enzymes.
• Transient lymphocytosis, leukopenia, and, rarely, hemolytic anemia and reversible neutropenia.
• Rare reports of increased prothrombin time with or without clinical bleeding in patients receiving Ceclor and Coumadin concomitantly.
• Abnormal urinalysis; elevations in BUN or serum creatinine.
• Positive direct Coombs' test.
• False-positive tests for urinary glucose with Benedict's or Fehling's solution and Clinitest® tablets but not with Tes-Tape® (glucose enzymatic test strip, Lilly).

PA 8791 AMP [021490LRI]

Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285.

Eli Lilly Industries, Inc
Carolina, Puerto Rico 00630
A Subsidiary of Eli Lilly and Company
Indianapolis, Indiana 46285

Paper Collage/Sculpture - by Michael Verina, artist

continued from cover

today. Just like the potter who shapes a pot out of a lump of clay, life's experiences at every turn, shape us into the vessel we are...what spills out depends on what was put in! I have never regretted any of my art experiences...even the worst ones...they have all taught me so much. That is also why I am excited about my current artwork - paper collages and sculptures.

The constant factor in all of my art throughout the years has been *"texture"*. I have always loved the look and feel of different textures and the play of one against the other. Paper, metal and fabric give me three wonderful, distinct mediums I can texture and enhance further. I try to stretch their texture to the limit and so far I have just scratched the surface of these marvelous mediums. Soft against hard, shiny next to dull finishes, detailed pattern work (another form of texture) set against a simple background, creates this back and forth motion that I find very exciting. Look at the piece illustrated and I think you can see what I mean.

I am a very spontaneous artist. My art loses a lot of its original excitement when I have to dwell or rework the art too much. With my paper collages and sculptures every different placement of the metal, fabric and paper gives me a totally different look. Some sections of my collages call for detailed metal work and depending on the color of paper and fabric, I have copper, aluminum and brass to choose from. The person, place and occasion I am making my artwork for helps me decide on what textures to incorporate into the design. Sometimes the piece itself demands a certain look. I enjoy this back and forth motion and feeling of the "unknown" until I finish a piece. It's exciting from the very beginning to the very end. And this excitement continues after the artwork is hung. I can look at different pieces of my work and point out very exciting pieces - art that really moves - and art that contains a very subtle element of excitement. I can look at my artwork many times and find something different about it that I hadn't noticed before. One reason is the play of textures that also bring into the picture light and shadow, but it is also the different types of elements I incorporate into the artwork itself. For example I use glass, stones, shells, feathers, beads, irrdescent papers and plastics, fabric, metal, wood, and any textured item I find interesting.

When I am working on a commissioned piece of artwork, I like to sit with the client and talk to him/her about what they like and I'm not only talking about art here. The questions I ask give me a good indication of what I can create for the client — it makes the piece more personal. Color also plays a very important role in the creation of a personal piece of artwork. When a client wants a certain piece for a particular room, I go over the existing colors present in the room...matching the colors to a color swatch book that contains just about every color that exists. One little spot of color can be just the right shade to exaggerate as an accent color. I like my artwork to compliment a room — not dominate a room, unless that is the intention.

Working in paper, metal and fabric as a medium has proven to be a very challenging as well as rewarding endeavor. I tuly believe that I have finally found my nitch in the art world...and I love it!

Many of Michael Verina's art works are on display at The Frame Depot Gallery in Niles, Ohio.

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