

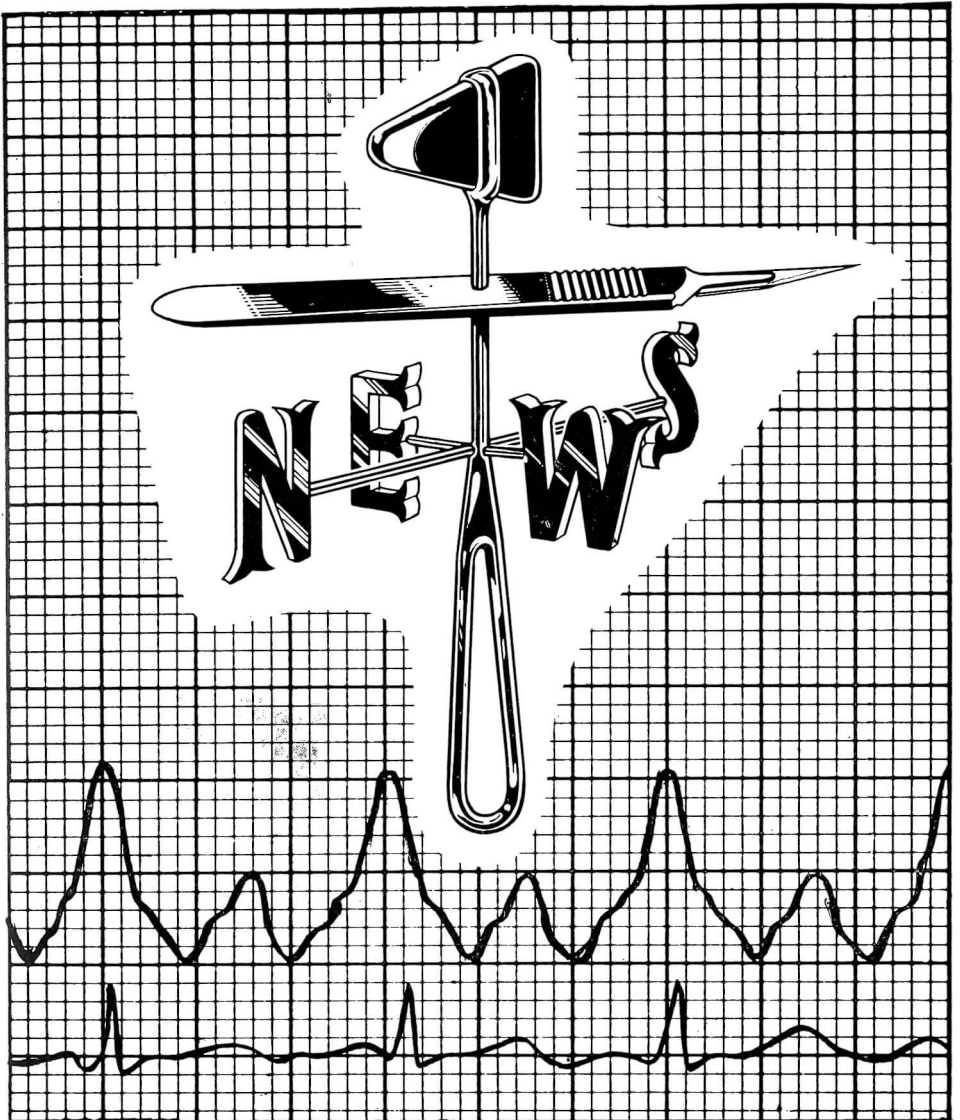
# BULLETIN

of the  
MAHONING COUNTY  
MEDICAL SOCIETY

Volume XXXVI

Number Eight

AUGUST, 1966







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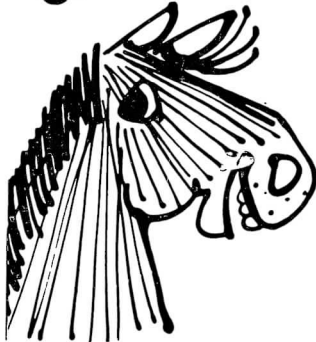
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## *From the Desk of the President*

### **AUTOCRACY OR DEMOCRACY?**

Many changes are currently transpiring within the field of medicine. Although Medicare has commanded our attention, the fear of further expansion of this program makes us apprehensive. Another change is occurring which might cause us to ponder its benefits and shortcomings. This is a change which is dividing our ranks and destroying our own unity.

Reorganization of hospital staffs are being made. Responsibilities are being changed. Autocracy is replacing democracy. Such changes may be expedient and efficient, but I question if they represent an improvement.

Accreditation requirements, the need for quality house staff, represents a true justification for the reassignment of some responsibilities. Proper utilization is imparative. These facts can not be denied. Under guise of these improvements, programs have been devised, rules have been laid down, which benefit certain groups of physicians to the exclusion of others. The fact remains that the hospital facilities were not built for the benefit of a few patients and a few physicians, but rather the entire medical staff and their patients.

The patient should be the prime concern. Facilities and professional personnel must be available to all practitioners for the care of all patients. Although teaching accreditation is important, so is community service. Each staff physician has an equal interest, an equal responsibility, and therefore an equal right to its facilities. The hospital is his patients' hospital as well as those of select groups.

We have carried the banner to preserve individual rights and opportunity. We have opposed autocracy. Let us not lose the privilege of democracy within our own ranks.

—F. A. Resch, M.D.  
President

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

**Volume XXXVI****August, 1966****Number 8**

Published for and by the Members of the Mahoning County Medical Society

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William R. Torok, M.D.

**Editorial****"HARASSMENT"**

We all expect some harassment from various sources in the present upheaval in medicine; but I must say I was surprised that the Government would attack the College of Pathologists as their first public act of harassment. I wonder if they have not committed a colossal blunder in their first choice to attack.

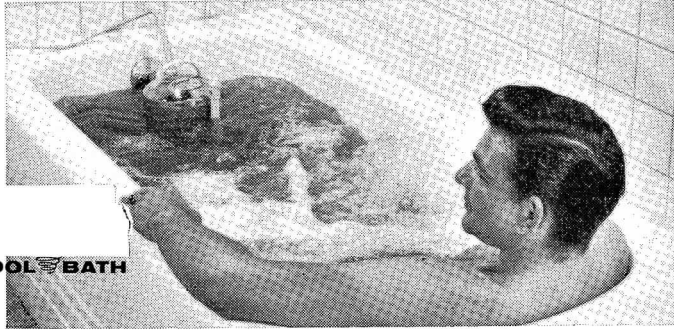
We who work with the Pathologists daily, know that they set the standards; and their College works to raise the standards. Remember the articles of the past few years about sink tests, poor equipment, untrained personnel, etc.? These were not in the laboratories supervised by the Members of the College of Pathologists. It is therefore surprising that they are being picked out and attacked on the basis of keeping prices up.

It would be nice if automation could lower the price of laboratory work. But we are thousands of technicians short. I do not think the machines can replace this shortage. The technicians that we have are going to require more remuneration for the increased burden of work that they are asked to do. Costs are going to rise, no matter how the Government tries to control them.

It occurs to me that considerable effort is being made to discredit the standards and ethics of the professionalism of our calling. This is a first giant step in full view of the public. We cannot allow this to go unheeded.

I would urge our membership to give all possible aid to our colleagues, the Pathologists, and not allow their good name to be tarnished. They are the doctors "Doctors." We need their guidance. We accept their standards. We trust their integrity. We should let the public know of our confidence and trust in this branch of medicine.

—R. L. Jenkins, M.D.  
Editor



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## MEDICAL CONTROVERSY

I have been a stout advocate for the individual responsibility program and, in the short contact that I have had with the program, I believe that it is feasible in most of the situations that we meet; but, like any good general rule, there seems to be some exceptions. I believe the people who have only absorbed this program in part will not be troubled too much with exceptions because they will apply it selectively to those parts of their practice for which they think it is best suited. But for the physician who is adhering to this program 100% right down the line there are not only problems for the physician but there are problems for the patient and for some of the institutions with whom the patients and physicians must deal.

Several have been brought to my attention and I believe they require comment not only in this article but I believe it will require discussion in the September meeting or subsequent meetings of the Medical Society this fall.

I must say I was a little surprised that the surgeons have embraced this program because for so many years the surgeons worked quite diligently with insurance companies to promote assignments of the insurance benefits to the surgeon. Yet they have the feeling that medicine would be better if the third parties could be removed from the doctor patient relationships. General practitioners and internists as a rule, while they have received some remuneration from third parties, have not had too much of a problem with assignments in the past and it is only the medicare law that really brought the problem of assignment to everybody's attention.

I believe a strict adherence to the individual responsibility program is going to involve some knotty problems for all of us and I wonder if the individual physician should decide for himself as to what exceptions to the rule he might make, if he makes any, or if the Medical Society in open debate might come to some exceptions which are readily agreeable to all the participating physicians.

In this article I could not deal with all the possibilities. The personal ones I have had recently involved the Bureau of Vocational Rehabilitation. As you know I am the Medical Consultant for this Bureau and its work and function is rather dear to my heart, I have on occasion defended the Bureau vigorously, because it is the only government bureau that I know of that tries to spend government money to actually put people to work and pay their own way. At the present time I just can't think of a better way for a government to act. I believe that the whole matter of getting away from third parties is for the very reason that government and insurance companies usually do not act in this way.

A great many of the agencies which we deal with are governed by statutes which cannot readily be changed and I would like to use the Vocational Rehabilitation Bureau as an example. The average disabled patient that is referred to us is usually in fairly severe financial straits. In order to relieve the client, as the patient is called in the Bureau, from further worry about finances our initial diagnostic and counseling studies have been carefully explained to the client that they will be at no cost to the client. This

in the past has established a good counselor relationship because the client felt at long last he was going to get some needed help with no strings attached

The physicians in Mahoning County have been supporting the Bureau for many years and have been giving us very adequate exams for what actually were very small fees. And the complaints about the fee structures and the processing of medical paperwork, etc., in the past has caused practically no complaints. We in the Bureau always felt that we had a very good medical image.

Since the inception of the individual responsibility program we have had a few clients that were somewhat bewildered by the fact that the bureau sent them to a doctor to be examined and then the doctor very carefully explained his part in the individual responsibility program and informed them that he felt they were responsible for the fees for the examination. In this instance it has caused us some confusion. We have asked for clarification from the Bureau's Columbus offices as to how this matter might be handled and they tell me that by statute the only way that they could handle it would be to have the patient pay the bill and then submit a receipt to the Bureau that the bill has been paid. The Bureau then could issue a voucher and pay the patient directly.

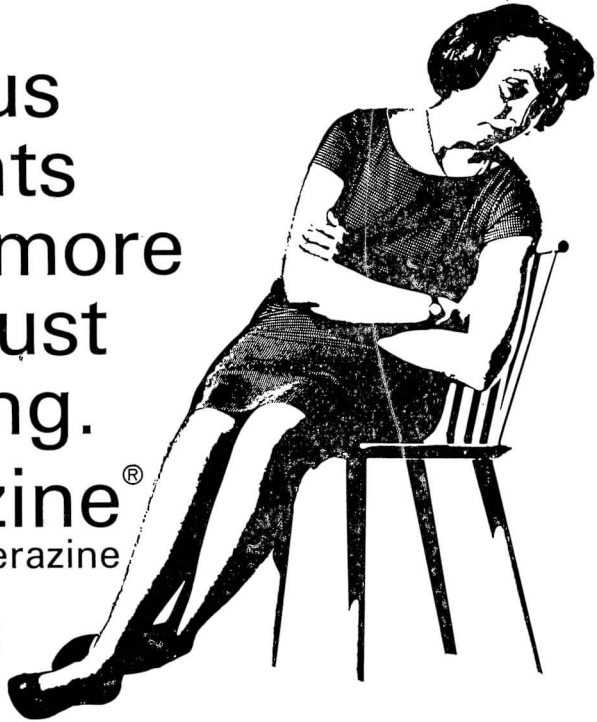
If the usual and customary fee which the physician charged in this instance fell within the fee schedule of the Bureau this would offer no problem because by statute then the Bureau could pay the full amount to the patient as reimbursement. Our difficulty is that a good many of these people have no ready cash to make payment in the first place; and they are a little bewildered by the fact that they have been told that this exam would be of no cost to them and then find out that it is.

Obviously this is an area that will require some kind of compromise and arbitration to allow the Bureau to perform the very excellent service that it always has and wants to continue to perform in the future. There are many other instances which some of you may be more familiar with than I. The ones that I can think of involve insurance exams and industrial commission exams or other examinations where the patient is not necessarily sick but is trying to qualify for a privilege or compensation of some type which he has no control over but is forced to be examined as a condition of the award that he will receive.

Since this is a column to stimulate thought and discussion, I in no way would impose a solution at this time because there may be no one solution. This problem may have multiple solutions. It may have to be decided by each physician according to his desires and convictions about this matter. The fact that so many physicians are in favor of this program including myself and the equally real fact that this program was not initiated to punish or harm patients in anyway, leads to the conclusion that the problem must be discussed in a non-emotional fashion with full consideration of the many facets of the problem and with full knowledge of whatever our stand may lead to in the future.

—R. L. Jenkins, M.D.

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## MEDICARE MUSINGS

The first major area of conflict in the new Medicare Law is that of certification and re-certification for admission of patients to the hospital.

Many hospitals in this country are now preparing new procedures for admitting patients to the hospital under Medicare. Either as separate forms or as newly adopted changes in the patient's chart, is the requirement that doctors certify the medical necessity of the patient's admission.

It is now known that the American Hospital Association, in a letter to its member hospitals, has urged the adoption of a standardized form upon which the physician states "*I certify this admission is medically necessary.*" Since the American Hospital Association can only recommend, the proposed form is only a suggestion and not required under the law.

The House of Delegates of the American Medical Association adopted as official policy on October 3, 1965, that "The current practices and customary procedures with respect to certification to hospital admissions and care shall be continued under Public Law 89-97." This means, of course, that a physician orders a bed for his patient, enters the provisional diagnosis upon the chart, and writes an adequate admission note, plus orders for the patient's care. When he signs the patient's chart this information becomes official. This has been the customary procedure in the past and upon this procedure Blue Cross and other insurance carriers have paid claims. It is upon this standard and customary procedure which the American Medical Association has based its policy.

During the Medicare Seminar in Chicago June 25th, I asked the question "Would the current practice and customary procedure of a provisional diagnosis and the signature of the physician be the *only* method of certification under Medicare?" The answer by James Ensign of Blue Cross and Melvin Blumenthal, General Counsel of Social Security was an unqualified "Yes."

Any attempt by any hospital to change the customary admitting procedures should be viewed with much concern. Some hospital administrators mistakenly believe that hospital services will not be paid by the insurance carrier unless this statement of medical necessity is made by the physician on a separate form.

All physicians in Mahoning County and elsewhere are strongly urged *not to sign* any form or any new change in their patient's record indicating that it is "medically necessary" for that patient to be in the hospital.

The problem of certification and re-certification is a matter of principle. What is decided now at the inception of the Medicare program may well be what will determine whether or not the Federal Government, or indeed, hospital administration, has the right to impose all kinds of unnecessary and time-consuming forms upon the physician in the future.

—Jack Schreiber, M.D.

---

## DIAGNOSIS

Taking part in the Medical Society's "Diagnosis" radio program during the month of July were:

July 12: Food Poisoning—Dr. Sidney Franklin, Dr. J. R. Gillis, and George Canatsey, Ph.D.

July 19: Heat Exhaustion and Stroke—Drs. G. E. DeCicco, John J. McDonough.

July 26: Hospital Emergency Service—Drs. P. G. Giber, F. W. Morrison.

All programs are heard over WFMJ at 8:05 p.m. each Tuesday. They are recorded at 9:15 a.m. of the same day. Any physician interested in presenting a topic on "Diagnosis" should contact the Medical Society office or Dr. McDonough, chairman.



*In Memoriam*

**ELMER H. NAGEL, M.D.**

1886 - 1966

Dr. Elmer H. Nagel had a unique distinction. He was the only member of the Mahoning County Medical Society in recent years to occupy the president's office for more than one term. As president-elect in 1943, it was necessary for him to fill-out the term of Dr. W. H. Evans, who was then in service. In 1944, he presided for his own term. He was proud that he had been able to serve his medical society for two years in time of need.

When Dr. Nagel died at the age of 79 on July 7th, he departed a life that had been devoted to service to others. It began on a farm in Defiance, where he did his share of farm chores in a family of 10 children. Between grade school and high school, he farmed for seven years. Later he taught school two years, attended Defiance College and received his medical degree at Ohio State University.

Then began a life of service to his patients as he opened his office on Poland Ave. This was interrupted for a time of service to his country during World War I as an army lieutenant.

He entered public service with his appointment as acting coroner in 1942. He also was a member of Selective Service Board No. 7. At St. Elizabeth Hospital, he served as vice chief of staff. He was on the executive committee of the Mahoning County Chapter of the National Foundation.

His many friends were happy for the several distinctions accorded to him during the past few months. He was honored for fifty years of service as a physician at the medical alumni reunion of the Ohio State University College of Medicine in April. Then, less than a month before his death, he was guest or honor at a fifty-year celebration and open house held at the home of his son, William.

Dr. Nagel had a full life of devotion to duty, doing the work he loved. His presence will be missed at medical society meetings, at his hospital, and by all his patients and colleagues. He left a tradition of pride in service. It is up to others to carry on.

---

**DR. DECKER IS MEDICAL DIRECTOR**

New Medical Director of Youngstown Hospital Association, as of August 1, is Dr. Barry Decker, former Director of Medical Education at the Richmond Memorial Hospital in Richmond, Va.

Dr. Decker attended Columbia College and New York University College of Medicine. After an internship at Bellevue Hospital and service in the U. S. Air Force, he was a fellow in internal medicine at Mayo Clinic and the graduate school of the University of Minnesota. Dr. Decker taught medicine and rheumatology at the Medical College of Virginia and practiced in Richmond before joining the Richmond Memorial staff.

His wife is the former Wanita Blintz, and they have two sons.

---

**PAROCHIAL SCHOOL PHYSICIAN**

Physicians are reminded that anyone interested in being considered for appointment to the office of Parochial School Physician by the Youngstown Board of Health should submit his name at this time. The Medical Society office is collecting the names and will transmit them this month to the Board.

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## VISITING NURSES ASSOCIATION TO FOLLOW UP ON DRAFT REJECTEES

The Youngstown Department of Health has joined with the Ohio Department of Health, United States Public Health Service, and other local health departments throughout the country in a new program to assist individuals who are rejected for medical reasons by Selective Service or Armed Forces enlistment.

This program fills a long-felt need for special service to a large number of young men being rejected for military service because of failure to meet medical standards. There has been great concern because about half of the young men called for military duty have failed pre-induction examinations and about half who failed were disqualified for medical reasons.

Under the new program, the Ohio Department of Health has placed nurse-interviewers at the three Ohio Armed Forces Examining and Entrance Stations in Cleveland, Columbus, and Cincinnati. Counseling and advice to the rejectees starts at these stations with agreement of the rejectees. Interviews are confidential and medical information is released only with authorization of the individuals.

When medical care or corrective procedures are indicated, the individual is referred to the appropriate medical resources in his home community. Details are forwarded from the Health Referral Service at the state level to the Youngstown Health Department. The Board of Health of Youngstown has authorized the Visiting Nurses Association to work directly with the Ohio Department of Health in this health referral service. Follow-up contact is made with the rejectee at home to assist him in obtaining the medical aid he needs. This will start with the individual's personal physician wherever possible. If the rejectee needs financial help, he is advised about agencies that offer such help.

Pilot studies have indicated that a large percentage of rejectees had remediable conditions, but were not aware either of the conditions or the remedies. Congress acted to provide grants through the United States Public Health Service to state and local health departments to establish the new Health Referral Service.

The ultimate aim of the Health Referral Service is to obtain medical help for all medically disqualified young men who have been rejected from military service and to ascertain through follow-up whether these young men are continuing medical care.

When an individual has been referred to the Visiting Nurses Association by the state level our contact personnel will advise the physician of the diagnosis made by the Armed Forces medical examiner. They will ask for follow-up information at a later date to ascertain whether appointments with the physician are kept, whether he felt care was indicated, and whether the individual referred received or continues to receive care for these conditions.

—W. H. Bunn, Jr., M.D.

Chairman, VNA Advisory Committee

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## FROM THE BULLETIN THIRTY YEARS AGO—AUGUST 1936

It was a rainy summer thirty years ago. The reunion and golf party of Youngstown Hospital Internes was rained out and had to move indoors at the Youngstown Country Club. The annual picnic and golf day of the Medical Society had to be postponed until September. The former internes from St. Elizabeth's Hospital evidently lived right for their reunion at the Squaw Creek Country Club was unspoiled. E. J. Wenaas won the golf prize with F. W. McNamara a close second. J. M. Ranz won the honors in trap shooting. It was a special celebration that year to commemorate the twenty-fifth Jubilee of the Hospital.

In line with the anniversary celebration, the Bulletin printed a leading article giving the history of the founding and development of St. Elizabeth's Hospital. Some excerpts would be appropriate here:

Monsignor Mears in 1909 appointed a committee of laymen and clergy to solicit funds for the new hospital. By 1911 enough money had been raised to buy the Fitch property on Belmont Ave. consisting of a large lot with three frame houses. Remodeling of the buildings was started in August and the new institution opened its doors to receive patients in December, 1911. That was fast work. The largest building was capable of accommodating 30 patients, the second building was used as a home for the Sisters and the third provided quarters for employes and the hospital laundry. Sister Genevieve was named the first Superintendent and proved to be a capable executive with a genius for organization.

In a month the hospital was taxed to its capacity and it became necessary to buy an adjacent property with two more buildings, one for a nurses home and one to house 25 more patients. These facilities soon became inadequate and two years later a public campaign raised more than \$1,000,000 to build a new brick hospital of six stories which is now the old north wing of the present hospital. It was opened in 1915.

Dr. R. E. Whelan was the first chief of staff and became the grand old man of St. Elizabeth's, devoting his life to the service of his fellow men and the Hospital he loved. Dr. C. D. Hauser succeeded him when his health failed but up to his last days Dr. Whelan could be seen in his wheel chair attending operations and supervising the work on the wards.

The rapid growth of the hospital soon necessitated expansion. The Stambaugh mansion across the street was acquired for a nurses home in 1927 and two years later the "A" unit was finished so that at the time of the Jubilee year the capacity of the hospital was raised to 300 patients. It was the last word in equipment for hospital care of the sick with all the adjunct services of X-ray, emergency rooms, physiotherapy, record keeping and a modern medical library.

## TWENTY YEARS AGO—AUGUST 1946

The summer of 1946 found things booming both in business and medical practice. The new hospitalization insurance had the hospitals crowded, with beds at a premium and waiting lists to contend with. A new situation of scarcity of nurses had arisen so that private duty nurses were hard to find and it was a problem to supply existing wards with personnel.

Preparations were under way for a big medical exhibit at the Canfield Fair. Dr. Skipp was desperate because there were only six volunteers to man the exhibit.

## TEN YEARS AGO—AUGUST 1956

President DeCicco attended the open house ceremonies at St. Elizabeth's Hospital incident to the opening of the new wing.

Dr. Robert Wiltzie opened an office for the practice of pediatrics in the new Wickliffe Medical Center. Kurt Wegner opened his office for the practice of pediatrics and pediatric cardiology in association with Sidney Davidow.

Simon Chiasson and Kalmin C. Kunin were certified by the American Board of Obstetrics and Gynecology.

New members featured that month were: James R. Sofranec, Jack Malkoff and Raymond S. Boniface.

—J. L. F.

## WALES BESTS RUSSIANS

The above headline in the Vindicator informed Dr. C. C. Wales that his son, Ross, won the 100-meter butterfly swim event in the Five Nations meeting in Moscow. Ross, who attends Princeton University, turned in his best time ever of 57.8 seconds to beat the favored Russians in his specialty.

Eighteen year old Ross was a member of the American swim team, headed by Olympic gold medalist Don Schollander, which swept six of eight events for an 11-6 victory over the Soviet Union in the two day meet held in mid-July. Ross will be a sophomore next fall.

### August 17

S. W. Ondash

### August 18

F. Gelbman

### August 19

W. T. Breesmen

J. J. Campolito

S. C. Keyes

J. R. LaManna

### August 20

O. M. Lawton

### August 22

R. J. Hritzo

### August 23

W. D. Loeser

### August 25

A. W. Miglets

R. J. Jarvis

### August 26

C. K. Walter

### August 27

W. R. Torok



Get Your Annual Check-up

### August 28

E. T. Saadi

### August 29

J. M. Basile

### August 30

D. R. Dockry

### August 31

L. J. Gasser

### September 1

B. Taylor

### September 3

D. E. Beynon

### September 4

M. Krupko

E. Kessler

### September 5

W. H. Bennett

F. G. Schlecht

A. V. Whittaker

V. A. Neel

### September 6

H. Holden

E. H. Jones, Jr.

### September 9

C. E. Pichette

### September 10

L. G. Coe

A. K. Phillips

### September 12

R. Tarnopolsky

### September 14

M. B. Goldstein

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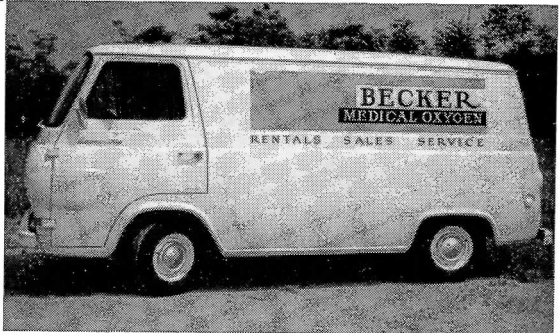
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## BULLETIN BOARD

Wedding Bells are ringing—Dr. Robert Warnock and Miss Janet Stephens, R.N., a graduate of Christ Hospital, Cincy, were recently married. Dr. Bernard Schneider and Miss Helen Lovas, R.N., a graduate of Youngstown Hospital are also newlyweds. Miss Nancy Brown, daughter of Dr. and Mrs. Ben Brown was married to Armin L. Schadt on July 2. On August 27 wedding bells will ring for Fredrick Allan Altdoerffer, the son of Dr. and Mrs. J. Allan Altdoerffer and Miss Rebecca Jean Mullane. Miss Mullane is Dr. Barclay Brandmiller's niece.

Dr. and Mrs. Robert Fisher have moved to their new home on Windsor Rd. and Dr. and Mrs. Raymond Hall have moved to their new home on Wildfern Drive. Drs. Ulrich Boening and L. H. Getty are recent patients in South Unit.

—G. E. DeCicco, M.D.  
Reporter

### LOCAL STUDENT WINS OSMA SCHOLARSHIP

A Mahoning County student, Lawson C. Smart, Boardman, was awarded one of the two \$2,000 medical scholarships annually presented by the Ohio State Medical Association. Harold L. Mast of Smithville received the other award.

Mr. Smart, 22, completed his pre-medical studies this year at Mount Union College, Alliance, and will enter the University of Pittsburgh Medical School in September.

The winning applicants were selected in competition judged on the basis of character, integrity, intelligence, mature personality, interest in community life, leadership and scholastic ability. The scholarship winners will receive \$500 for each year of their medical studies.

Lawson's father, Lawson G. Smart, a chemistry teacher at South High School, was one-time medical service representative for Abbott Laboratories in this area.

In announcing the awards, Dr. Lawrence C. Meredith, president of the Ohio State Medical Association, stated that this September there will be eight students in medical college who have received awards from the Association. This year marked the eighteenth annual awarding of the scholarships.

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## BLUE CROSS TO COVER 365 DAYS

The Health Insurance Committee, Dr. C. K. Walter, chairman, has voted to improve the Blue Cross plan held by the Mahoning County Medical Society group to the point where it will cover 365 days in the hospital instead of the current 120 days. The cost of the new coverage is minimal—Nine cents per month, or \$1.08 for single coverage, and eighteen cents per month, or \$2.16 for family coverage.

The decision to make the change came too late to be included in the July billing, so another billing will be sent out soon. The bill will come through the Medical Society office. Watch for it.

## COME TO THE FAIR

The Canfield Fair Committee, headed by Dr. C. K. Walter, issues a formal invitation to all members of the medical society to visit the medical health tent at the Fair, which opens on Sept. 1 and closes on Labor Day.

In addition to outstanding exhibits by the Medical Society, the Auxiliary, and the American Academy of General Practice, members will be interested in the hospital exhibit (this year's exhibit will be produced by the Youngstown Hospital Association) and the specialized exhibits of seventeen volunteer health agencies.

Members who have never seen the medical health tent will be impressed with the amount of work that goes into presenting the health display, both from the standpoint of organization (which begins in the early months of each year) and of plain physical labor which keeps the committee working into the wee hours to get exhibits into place. The Medical Society office virtually closes down for the Fair to enable the executive secretary to move to the fairgrounds several days prior to the Fair opening. More than 700 persons will have worked in the medical health tent before the closing day.

## HEALTH DEPARTMENT BULLETIN

JUNE, 1966

	Resident		Non-Resident		Total
	M.	F.	M.	F.	
Births .....	84	84	110	120	402
Deaths .....	85	59	77	50	271
Infant Deaths .....	6	4	4	1	15

JUNE, 1965

Births .....	124	119	164	122	528
Deaths .....	90	57	73	45	265
Infant Deaths .....	3	2	2	1	8

### COMMUNICABLE DISEASE

	June, 1966	June, 1965
Infectious Hepatitis .....	0	1
Rheumatic Fever .....	1	1
Tuberculosis .....	6	5
Syphilis .....	24	14
Gonorrhea .....	19	29

### VENEREAL DISEASE

	Male	Female	
New Cases			
Syphilis .....	3	1	
Gonorrhea .....	10	3	
Total Cases			17
Total visits (patients) .....			106

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



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ism. As with any preparation containing antihistamines and sympathomimetics, overdosage may produce excessive depression or stimulation of the central nervous system.

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