

BULLETIN

of the
**MAHONING COUNTY
MEDICAL SOCIETY**

Volume XLV

MARCH, 1975

Number 3



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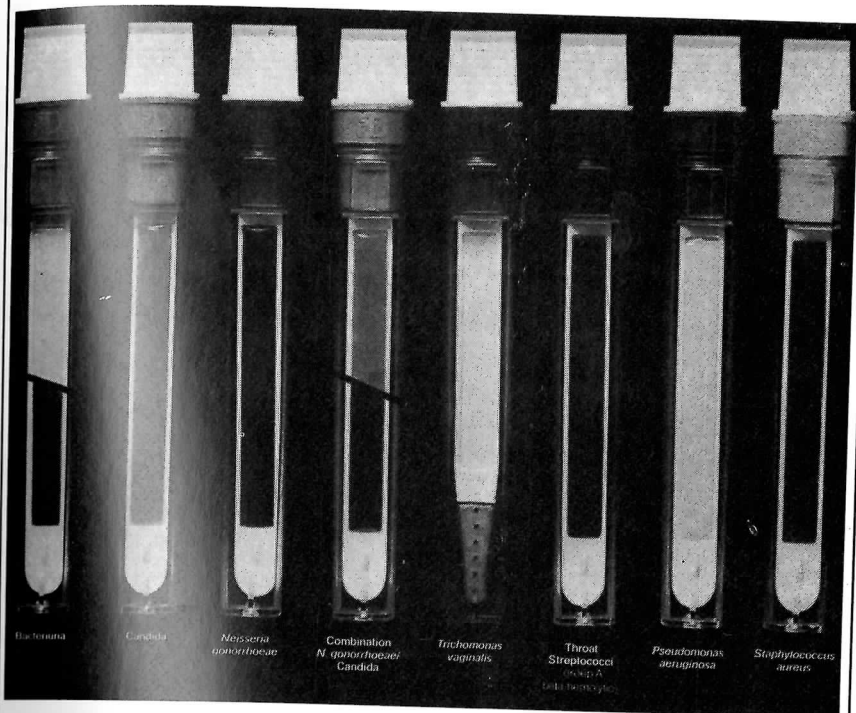
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Precautions: Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout,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

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

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Mahoning County Medical Society Meetings — 1975

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



On January 30, 1975 I attended a meeting in Columbus held at the office of Harry V. Jump, director, Ohio Dept. of Insurance. Several medical society and academy presidents were there in addition to OSMA president James Henry and president-elect Maurice Lieber.

The purpose of the meeting was professional liability insurance. Professional liability insurance has reached a crisis level. Insurance companies either have withdrawn completely from malpractice business or have increased their premiums to exorbitant levels. This high increase and surcharge is another way of withdrawal. Consider the 12 men anesthesia group in Toledo who last year paid \$48,000 in premiums for the group. This year they were asked to pay \$360,000! There is the case of the EENT man who paid \$6,000 last year and is now asked to pay \$25,000 (never been sued!). These are common cases. The minimum increase in premiums over last year means double.

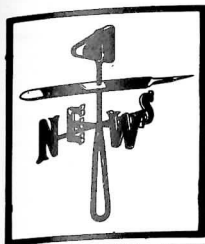
The insurance companies have also set out to charge housestaff similar premiums as for those in private practice.

The State Commissioner, Mr. Jump, and state officials and OSMA are quite concerned and are working diligently to find solutions, immediate and long range. Nothing specific was planned at the meeting but we should know within the next few weeks. Meanwhile, if anyone in Mahoning County has experienced any exorbitant increase in premiums, refused renewal or inability to get insurance, contact Mr. Jump, his deputy, or Jerry Campbell of OSMA, as directed in a previous communication.

It seems the problem of professional liability insurance is probably the gravest that has confronted medicine. Consider the overall effect on the nation. Physicians are forced to practice defensive medicine which adds to the cost in terms of more tests, greater frequency of hospitalization and longer hospital stay. This is happening at a time when we are supposed to control inflation and keep costs down.

In terms of manpower, it forces many an excellent physician to retire years before his time. This in fact has taken place. His patients have a hard time finding another physician. New doctors find it difficult if not impossible to get insured. To practice without insurance is unthinkable. It takes only one fat settlement to place a physician in bankruptcy for life—hardly a reward after 20-25 years of education and training. This is happening at a time when the country is crying for more doctors! But what will that do to the young men and women in high school and colleges who are contemplating medical careers? You can just hear it. "Go to law school, young man!"

(Continued on Page 53)



BULLETIN

of the Mahoning County Medical Society

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MARCH, 1975

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

EDITOR

Earnest Perry, M.D.

ASSOCIATE EDITORS

J. L. Fisher, M.D.

J. C. Melnick, M.D.

Editorial

THREE CHEERS FOR BOSTON

In recent months a lot of news has emanated from Boston, Massachusetts, and most of the time it has been sickening, disgusting and in certain instances almost unbelievable. The recent news of the conviction of Dr. Kenneth C. Edelin joins the growing list of tragic events occurring in the city that has been called the "Cradle of Democracy".

Dr. Edelin of Boston City Hospital was found guilty of manslaughter in permitting or causing the death of a 20-24 week fetus while performing a legal abortion, on demand. I have no intention of trying to convey to you whether abortions are right or wrong; the highest judicial body in our country has ruled that they are legal on demand up to 24 weeks.

The prosecutor in this case has stated that he was not particularly interested in seeing Dr. Edelin punished, rather his primary concern was to make this a test case so that eventually laws will be passed to regulate or abolish abortions on demand. This may be a valid concern of his, and the various right to life organizations which no doubt pressed to bring this case to court; however, it seems to me that another approach could have been taken, such as working for repeal of the law rather than convicting a physician of a crime based on a technicality and conflicting testimony.

Unfortunately, Dr. Edelin was destined for disaster in this case. Suppose, after entering into a contract with his patient to terminate her unwanted pregnancy (which he did when he accepted her as a patient and scheduled her for abortion procedure) at the time of hysterotomy, he made a decision to give all of the life saving measures to this fetus and eventually presented the mother with a viable baby, in this instance he would probably have been guilty of malpractice and its sequelae, because of breach of contract.

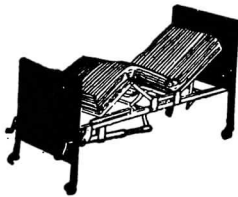
This case will be appealed to the Supreme Court and I certainly hope that this conviction will be overturned. I felt reasonably sure that Dr. Edelin would be found not guilty, but on the other hand I forgot the trial was in Boston.

—Earnest Perry, M.D.
Editor

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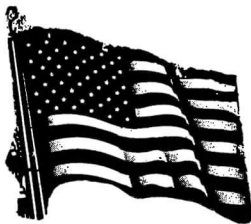
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FROM THE DESK OF THE PRESIDENT

(Continued from Page 50)

Recently President Ford said that if the economy gets "strangulated" because of the oil cartel, he would do something to somebody! Now it seems the medical care of the nation is going to be strangulated. What will Mr. Ford do? What will our patients do? What would we do? Would you rather have a full tank, or an appendectomy when you have acute appendicitis?

—Rashid Abdu, M.D. President

EAR PIERCING A MEDICAL PROCEDURE

Over the past several years, there has been considerable local interest and some controversy over the matter of ear piercing being done by a commercial establishment.

The official stand of the Mahoning County Medical Society is the same as that of the Ohio State Medical Board, the Ohio State Department of Health and the Ohio State Medical Association.

This stand is delineated in the following news release:

"Ear piercing is a surgical procedure that, for the safety and protection of the patient, must be performed under direct medical supervision rather than in a commercial setting, the Ohio State Medical Association and the Ohio Department of Health warned. Otherwise, serious illness, permanent disfigurement, or both, can result.

"William R. Schultz, M.D., President of the Association, and John W. Cashman, M.D., State Health Director, issued a joint statement to warn the public against the dangers involved in having one's ears pierced in a commercial or other non-medical setting.

"The statement advised that, before any person has the procedure, a clear medical history must be taken. This is not done in commercial establishments. The warning emphasized that some individuals, particularly black persons, may develop excessive scar formations (keloids) as a result of the procedure, producing permanent disfigurement.

"Individuals may have blood disorders which could result in severe hemorrhage.

"Under so-called 'department store' conditions, there is a strong likelihood of infections developing. Of particular concern is infectious hepatitis, a disease which produces prolonged disability and, in some instances, death. Also of concern are staphylococcal and streptococcal infections which may produce severe infections and which do not respond well to antibiotics.

"Dr. Cashman and Dr. Schultz advised anyone wanting her ears pierced to have the procedure performed under maximum safety in a physician's office."

The news release was forwarded to the Mahoning County Medical Society by the Ohio State Medical Board and certified as the Board's position on ear piercing.

The existence of a local commercial ear piercing operation has been brought to the attention of Council. Council agreed that any physician is free to do as he chooses, but asked that the official stand of the four medical health organizations in regard to ear piercing be made known to all members.

OLD BULLETINS WANTED

The Mahoning County Medical Society, since the 100-year celebration in 1972, has become history-minded. Dr. John Melnick, chairman of the historical committee, is searching for old issues of *The Bulletin*.

He has over 50% of all *Bulletins* published, and would like to complete a set before the 1976 Bicentennial. He will accept issues bound or unbound. He particularly wants the January, March and May issues of 1948 and the January issue of 1951.

TRUMBULL-MAHONING MEETING HELD



LEFT: Dr. Pichette (left) and Dr. Hecker (right) in discussion with former Councilor, Dr. Westbrook. RIGHT: Dr. Jerry Stanislaw, president of Trumbull County Medical Society, with Dr. Abdu.

More than 100 physicians gathered for a combined meeting of the Trumbull County Medical Society and the Mahoning County Medical Society Wednesday, Feb. 26, at Squaw Creek Country Club.

Featured speakers were Dr. Bert Hecker, who discussed Option III, and Dr. Ed Pichette, who discussed the current peer review situation in the Sixth District and the interest of the OSMA Council in redistricting.

Dr. Rashid Abdu presided over the meeting which was primarily a social gathering—the first such meeting for the two Societies. Special guest was Dr. Ed Westbrook, former Councilor of the Sixth District. Others at the head table were officers of the two associations.

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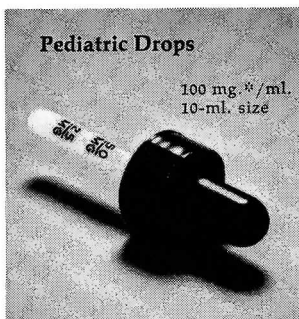
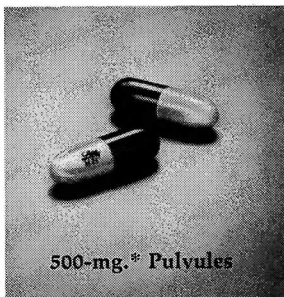
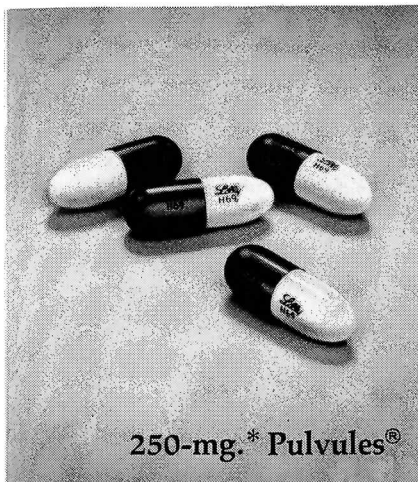
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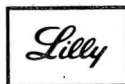
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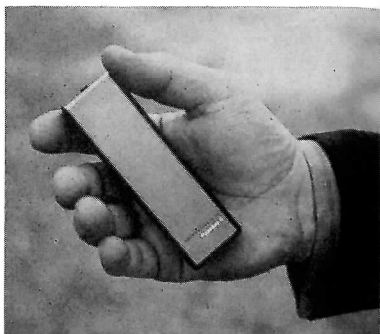
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From the Bulletin

FORTY YEARS AGO — MARCH 1935

"Facts are to the mind as food is to the body" —Edmund Burke.

James L. Fisher was our president. When space permits, his entire president's page should be printed in *The Bulletin*. It is as modern as tomorrow. Claude Norris was editor of the *Bulletin*. His editorial discussed Public Health Reform, and Charter Commission had asked that the Society meet them for a hearing on our views on the subject. As Dr. Earl Brant said, "This is the first time in my 23 years of membership when any important civic body has asked for our opinion on any important matter".

My favorite professor, Dr. R. H. Jaffee, Rush Medical College, addressed us on the subject of "Malignancies of the Lung." The Society took pride in the privilege of hearing this able medical leader. Attendance 99%.

Our speakers' bureau was active. Participants this month were O. J. Walker, W. M. Skipp, R. H. Morrall, S. H. Sedwitz, W. K. Stewart, F. F. Piercy, M. H. Bachman, P. R. McConnell and E. H. Jones.

THIRTY YEARS AGO — MARCH 1945

President W. H. Bunn in his "president's page" discussed the pros and cons of the attitude we should take, relative to the plan for mass chest x-rays surveys of the population. To aid him in our decision, he appointed Drs. Heberding, Baker, Tamarkin, Birch, Main, McCann, Mylott and Reilly.

Our speaker for the monthly meeting at the Youngstown Club was Anton J. Carlson, Ph.D., M.D., Sc.D., L.L.D., from the University of Chicago. His subject "Vitamins." He was another of my favorite professors, an old Viking. I shall never forget, in dog surgery we were supposed to catheterize the ureter, and I had the needle in the sciatic nerve instead of in the ureter. He pulled his glasses to the end of his nose and said to me, "You are a heluva surgeon. I'll drink all the piss you get out of there." He didn't think much more of "Vitamins" than he did of my surgery.

The war was on. The "Honor Roll" required six pages to print—Doctors, interns, Corydon Palmer Dental Society, and hospital nurses.

TWENTY YEARS AGO — MARCH 1955

President Howard Jones of Youngstown College said that the Medical Society has many ties with the college. Little did he think at that time that he would see his college become a State University with a Medical School affiliation.

President Ivan Smith was worried about another World War. The world situation was tense. Congress extended the doctor draft act another two years.

Harry Smith opened his office at 1926 Market St. for the practice of proctology. John Guju opened an office at 249 Lincoln Ave. for the practice of Obstetrics and Gynecology.

Scotts were offering Excello shirts at \$10.00 each. Scott's disappeared from the scene and were succeeded by Powers and Flaughter who also went out of business—victims of the downtown deterioration.

TEN YEARS AGO — MARCH 1965

The Medical Society had plunged into the Medicare fight with 100% support of the AMA's Eldercare program. If every county medical society in the country had fought as well, we would have won that battle. Editor Kurt Wegner said, "It is never too late to pass good legislation, and Eldercare certainly qualifies." President John J. McDonough said "We as doctors see over two million patients a day. Our patients will help us too. Just ask them, please." What went wrong?

Dr. Jack Schreiber was chairman of an Operation Home Town Committee that provided speakers on Medicare. The Women's Auxiliary held three Eldercare parties during the month. Featured entertainers were three young

singers making up the Eldercare Trio. They were Kathy Sofranec, Donna Marie Geise and Diane Babnich. Later they were to entertain the Ohio State Medical Association at a meeting in Columbus. Dr. J. J. Sofranec still remembers the mad dash down Rt. 71 to get them there on time.

Sixty clergymen and physicians attended a Medicine and Religion meeting at St. Elizabeth Hospital auditorium, with Dr. Bill Cleary as the chairman and moderator. Discussants were Rev. George Duritsa, Rev. Gwyn Walters, Dr. F. L. Schellhase, Dr. A. K. Phillips, Dr. G. G. Nelson, Dr. Arnoldus Goudsmit, Dr. F. K. Inui and Dr. Frank Gelbman. The meeting was the third in a series.

Dr. Robert Paul Meader became a new member. Dr. William Moskalik became an intern-resident member.

—C. A. Gustafson

DEPUTY INSURANCE DIRECTOR WILL SPEAK

The one most pressing problem for the medical profession today, that of professional liability insurance and malpractice suits, will be the topic for the regular March meeting of the Mahoning County Medical Society, Tuesday, March 18.

The Medical Society was fortunate in procuring one of the most knowledgeable men in Ohio on this subject, Joseph K. Gilmore, Deputy Director of the Department of Insurance of the State of Ohio. He will be here at the invitation of Dr. Rashid Abdu, who attended a meeting with Mr. Gilmore and other State officials, along with physicians representing all areas of Ohio, on the subject of the current professional liability insurance crisis.

Invitations to the meeting have been issued to all of the county medical societies in the Sixth District (Trumbull, Stark, Summit, Columbiana and Portage) as well as the Corydon Palmer Dental Society and the 10th District Academy of Osteopathic Medicine and Surgery.

The large dining room at the Youngstown Club has been secured for the meeting and a good attendance is anticipated. Dinner will be at 6:30 p.m. with a social hour preceding. Dinner will be \$8.00 per person and reservations may be made at the Medical Society office. The meeting will begin as soon after 7:30 p.m. as possible. All members are urged to attend.

BULLETIN DROPS SUMMER ISSUES

Beginning this year, the *Bulletin* will go on a new publishing schedule. Instead of the usual 12 issues, the *Bulletin* will go to press nine times. There will be no issues for the months of May, July and August. The new schedule was approved by Council at the recommendation of the budget committee. A number of other county medical society magazines suspend publication during the summer months.

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PROCEEDINGS OF COUNCIL

Feb. 11, 1975

The regular meeting of the council of the Mahoning County Medical Society was held on Tuesday, Feb. 11, 1975, at the Youngstown Club.

Dr. Abdu reported the returns to date of the poll in regard to Region Six Peer Review Corporation of Akron. 286 members do not want Region Six Peer Review Corporation to be the PSRO for this area. 3 do want it to be the PSRO. 3 want more information. 36 have not responded.

Dr. Pichette reported on the most recent OSMA council meeting. He stated that anyone having difficulty over professional liability insurance should get in contact with Jerry Campbell at the OSMA office in Columbus. (Phone: 1 - 614 - 228-6971)

A letter was read from the Ohio State Medical Board giving their position on ear piercing, which is that it must be done under the direct supervision of a fully licensed M.D. or D.O. Enclosed was a joint release from the State Medical Board and the OSMA warning the public "against the dangers involved in having one's ears pierced in a commercial or any other non-medical setting." A letter will be written to the local attorney representing the ear piercing pagoda stating this position.

A letter was read from the Boy Scout office asking our help in securing "anybody," doctor or not, to do medical rechecks at the Boy Scout Summer Camp. The executive secretary was directed to write for the camp schedule and then to poll the membership to get physicians to do the rechecks.

A letter was read from Dr. Eduardo O. Galanternik, suggesting that the Medical Society request that the telephone company list in their yellow pages physicians by specialty as opposed to the present method of listing alphabetically. Council agreed that the method now used is preferable and should be retained.

A letter was read from Dr. Felix A. Pesa suggesting the formation of a Youngstown Surgical Society for all surgeons in a thirty mile radius and suggesting that the Medical Society appoint a steering committee to help with the project. The motion was made by Dr. Anderson, and properly seconded, that we send a letter to Dr. Pesa approving his suggestion as being a good idea but telling him that the Mahoning County Medical Society is not the organization to accomplish it and that it best be done as a separate organization. Motion was passed.

Dr. Sovik, chairman, submitted the following report of the Socio-Economic Committee, which was adopted by vote of council:

Recommendations:

1. Every member of the Mahoning County Medical Society is on the Socio-Economic Committee.
2. When a new physician becomes a member of our community, the president has the option to appoint one or two members of the society, with their consent, to assist the new physician in establishing his office.
3. These appointed members must be (preferably) physicians in the same type of practice or specialty.
4. These appointed members will act in an advisory capacity in social, economic and medical affairs.
5. These appointed members will acquaint the new physician of the benefits available by being a member of the County, State and National medical organizations.
6. The county society will be glad to assist the new physician financially by means of a loan as established by the committee on finances.

Dr. Melnick, chairman of the historical committee, reported contacting the city's BiCentennial Committee chairman in regard to activities for the

Medical Society. Dr. Melnick discussed possibilities. Council members had no suggestions.

Dr. Abdu reported on a meeting on the subject of professional liability insurance that he attended in Columbus. The group met with the Director of Insurance for the State of Ohio, Harry V. Jump. Dr. Abdu stated that many people are concerned about the current insurance problem and that he expects results to be forthcoming. He invited Joseph K. Gilmore, Deputy Director, to be the speaker at our March 18th meeting, and Mr. Gilmore has accepted.

A letter was read from the Ohio State Medical Association asking some questions in regard to redistricting the Sixth Councilor District. A letter of reply will be sent stating that we are happy with the district as it is, and is the OSMA considering redistricting the entire state.

The following applications were presented by the censors:

ASSOCIATE: Bohumila A. Slabochova, M.D.

ACTIVE: Narendra Kumar Badjatia, M.D.

The applications were approved. Applicants will become members of the Mahoning County Medical Society 15 days after publication in the *Bulletin*, unless objection is filed in writing with the secretary before that time.

Dr Dietz introduced discussion concerning the nurses' strike.

Meeting was adjourned.

Howard Rempes
Executive Secretary

HAPPY BIRTHDAY



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

March 17

P. Soleimani

March 27

R. L. Gilliland

April 4

R. S. Richards

March 18

K. E. Camp

P. A. Dobson

R. W. Fenton

March 29

C. J. Fisher

L. N. Green

F. C. Tiberio

April 5

L. Bloomberg

April 10

R. R. Miller

J. J. Anderson

March 22

F. A. Friedrich

March 31

P. B. Cestone

April 12

A. B. Cinelli

March 23

D. J. Lambert

April 1

P. E. Krupko

April 13

R. J. Heaver

March 24

R. Roland

April 3

B. A. Slabochova

April 15

J. E. Might

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- Three dosage strengths to meet most therapeutic needs.

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

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

Contraindications: Patients with known hypersensitivity to the drug.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards.

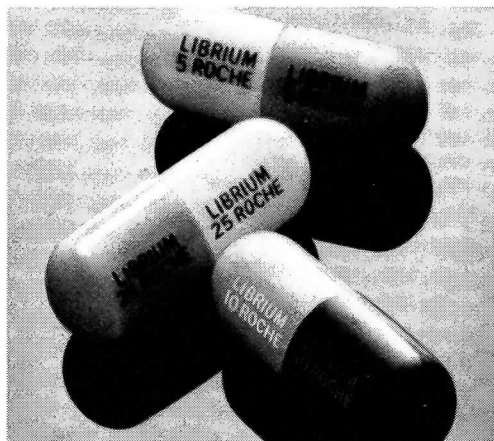
Precautions:

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

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

ORAL AND INJECTABLE: Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating compounds such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests ad-



visible during protracted therapy.

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

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

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

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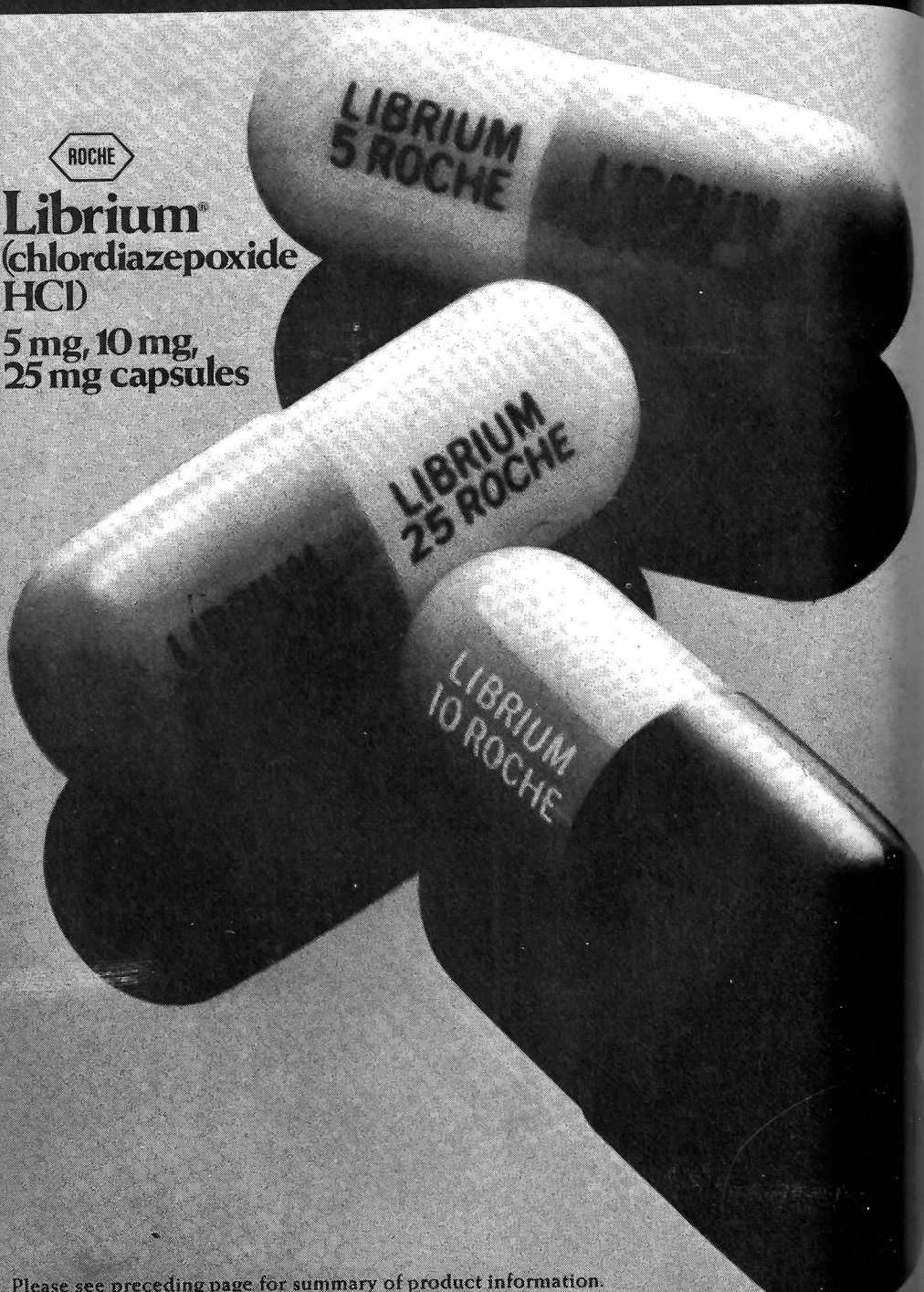
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