

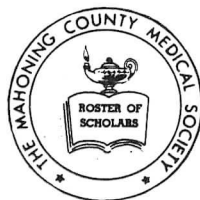
# BULLETIN

of the  
MAHONING COUNTY  
MEDICAL SOCIETY

Volume XLV

APRIL, 1975

Number 4



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Before prescribing, see complete prescribing information in SK&F literature or *PDR*. The following is a brief summary.

**Indications:** Edema associated with congestive heart failure, cirrhosis of the liver, the nephrotic syndrome; steroid-induced and idiopathic edema; edema resistant to other diuretic therapy. Also, mild to moderate hypertension.

**Contraindications:** Pre-existing elevated serum potassium. Hypersensitivity to either component. Continued use in progressive renal or hepatic dysfunction or developing hyperkalemia.

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

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

**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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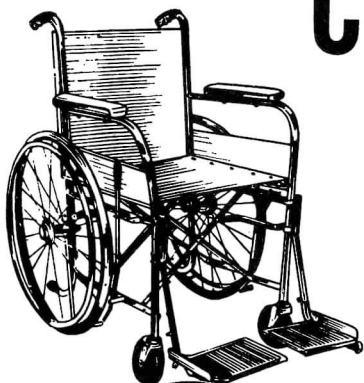
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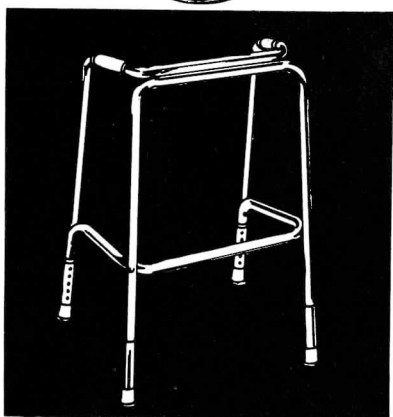
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Mahoning County Medical Society Meetings — 1975

January	March	May	September	November	December
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

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## From the Desk of the President



Recently the Mahoning County Medical Society sent a questionnaire to its members concerning their views on PSRO. To date 295 out of 325 members have responded. 290 or 98% of those who responded were against PSRO. In PSRO law, as well as in practically all other proposed health laws, we see one thing they have in common beside being expensive and bureaucratic: they promise care for EVERY ONE!

As a member of council I have always understood that WE were giving care to everyone regardless of his economic status, and that the government need not stick its nose in what we are already doing quite well.

In the last three months however, since I became president of the Society, it has been brought to my attention by physicians and patients alike that there are some physicians who refuse to treat welfare patients, indigent patients, or those without insurance. Consequently a few physicians are bearing the burden. Not only that, but sometimes these primary care physicians find it difficult or impossible to obtain specialized service for their welfare patients.

If that is the case, then it is certainly inconsistent with our stand as far as PSRO is concerned. After all, the people of Mahoning County have no one else to turn to for their health care except us. I certainly agree that each one of us is free to treat or not treat whatever patient he wishes, and that each of us is entitled to a reasonable fee for his service, but every time one of us turns down a patient because of economic reasons he in effect places a burden on another physician because that patient has nowhere else to go but to one of us. Legally, therefore, we may be free, but morally *we all* share the responsibility for the care of all those who need medical care in the Valley.

To share in the care of these patients, either for free or cut rate, e.g. welfare, will make up only a small percentage of our practice and will produce no hardship on any one physician. That is certainly better than to have the government take over with the result that *all* services will then be cut rate and second rate.

Gentlemen, we obviously cannot have our cake and eat it. Our stand against PSRO is a good one, but only as long as we are ready to give needed care to all our people.

When it was learned that the state may have to tell malpractice insurance carriers who refused to issue policies, either to "take the good with the bad or get out" we thought that was great and would give it

(Continued on Page 73)



# BULLETIN

## of the Mahoning County Medical Society

Published Monthly for and by the Members

1005 Belmont Ave.  
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Volume XLV

APRIL, 1975

Number 4

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

EDITOR Earnest Perry, M.D.

EDITOR EMERITUS James L. Fisher, M.D.

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

### Editorial

## PROFESSIONAL LIABILITY CRISIS

Presently medicine is faced with a crisis that in my opinion far outweighs both peer review and the impending national health insurance. That crisis is the incredible premiums now being assessed for professional liability insurance, and the refusal of some companies to write or renew policies even at higher rates. The insurance companies are claiming that it is impossible to stay in business without these excessive rates due to the large number of lawsuits and/or out of court settlements.

It is true that lawsuits have skyrocketed in the past few years, both in number and in the amount of settlement, but I wonder if insurance companies are having to fold because settlements are driving them to bankruptcy. Most of these companies have multiple financial interests and the professional liability component probably represents only a small part. We are however, a captive clientele and since it is impossible for physicians to practice their profession without liability insurance, the companies can charge any premium they want. It reminds one of the prices on gasoline at the outset of the oil crisis.

The large number of lawsuits are going to be with us as long as lawyers continue to approach these cases on a contingency basis. ("If we don't win, you don't owe me anything".) Who in their right mind would not sue knowing that they have absolutely nothing to lose, and everything to gain. Even a small fee required by lawyers would probably deter a large number of so-called "nuisance" lawsuits. The large settlements are going to be with us as long as unqualified people sit on juries and hand down decisions. The average layman may be well qualified emotionally to hear a medical lawsuit, but beyond that I doubt if any qualifications exist.

This crisis does not appear to have an end in sight, because the public still views each physician as a rich egotist, gouging the public and loaded to the hilt with liability insurance.

I would like to see a law passed that would allow people to sue doctors all they want and for whatever amount they desired, but if they lost that amount would be paid to the physician being sued. This is obviously a ridiculous statement, but on the other hand most lawsuits are ridiculous.

—Earnest Perry, M.D.  
Editor

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## FROM THE DESK OF THE PRESIDENT

(Continued from Page 70)

our full approval. Perhaps we too should take the "good with the bad".

To be fair to our few colleagues who now carry most of the burden and to the economically unfortunates who need medical care, it seems only logical that *each* of us should do his share.

—Rashid Abdu, M.D.  
President

---

## THE MAHONING VALLEY POISON CENTER

On March 16, 1975, St. Elizabeth Hospital expanded its poison services, converting from the old Poison Control Center to a new designation, The Mahoning Valley Poison Center. The new operation is under the direction of Doctor Kurt J. Wegner, and its services will be available to the medical profession and the public seven days a week, around the clock. Requests for information from all sources, including other hospitals, will be welcome and handled with dispatch.

The new poison center differs in a number of ways from its predecessor. It is a satellite center of the National Poison Center Network, of Pittsburgh. This linkage establishes methods for improved medical and para-medical education in the field of poisoning. It allows the development of more complete files of poison information locally, and ready access, by means of a telecopier, to the master files located in Pittsburgh. Channels for rapid communication with experts in highly specialized poison situations are established. Thus, it is expected that the new center will be a smooth running organization that can deal speedily and effectively with poison emergencies.

Perhaps the most fundamental and innovative change is the emphasis on public education in poison prevention. This function will center around the poison warning symbol, MR. YUK. The green, scowling face of MR. YUK with a protruding tongue is easily spotted. It is available in sheets of stickers which should be affixed to all potential poisons—commercial products, medications, and so forth. Explanation to children of its meaning should accompany its use. The name and telephone number of the poison center appear on this sticker.

Sheets of MR. YUK stickers are available to the general public on request. Physicians who want to distribute stickers to their patients may obtain them from the poison center also. It is hoped that the stickers can be handed out singly and that poison prevention education by the physician or his assistant can accompany this gesture.

---

## MEDICAL ASSISTANTS STAGE IDORA EVENT

The Medical Assistants Society of Mahoning County announces that they are again undertaking the annual Card Party and Style Show, and urge support and attendance. The public is invited.

The event will take place on Thursday, April 17, 7:00 p.m. at Idora Park Ballroom. The style show will be produced by Livingston's. There will be prizes. For information, contact any medical assistant. If she does not have the information at hand, she can get it from the Society's president, Nina La-Barbera, at the office of Drs. Evans and Gregg.

## 5 RESOLUTIONS TO COLUMBUS

Five resolutions, prepared by the Council of the Mahoning County Medical Society, will be taken to the House of Delegates of the Ohio State Medical Association at the annual meeting, May 11-14.

The resolutions, listed by title and content are as follows:

### 1. Reaffirmation of OSMA Position on PSRO

It is resolved that the Ohio State Medical Association solidify the position taken last year in relation to PSRO and mandate its members to abstain from involving themselves in the implementation of government-financed peer review, and continue to advise members to develop a uniform, effective, efficient peer review system for all patients.

### 2. Region Six Peer Review Corporation of Akron

This resolution took note that the president of OSMA made a written statement to the effect that OSMA supported Region Six Peer Review Corporation of Akron. The resolution asks that both the president and council of OSMA be apprised of the significance of this action, reminding them that the House of Delegates did advise its members not to involve themselves in the implementation of any form of government-controlled peer review as exemplified by PSRO.

### 5. Election of District Councilors

This one seeks to restructure the system of electing district councilors in order to have them elected by and responsible to the district that they represent. Currently councilors are nominated by a nominating committee and elected by the House of Delegates. The suggested change would make them elected by their own delegation, with the consent of the House of Delegates.

### 4. Voluntary Membership in OSMA

This would change the constitution of the Ohio State Medical Association to make membership in that organization voluntary. Currently members of a county medical society must belong to the state association and vice versa.

### 5. Appointment of Members to Resolutions Committee

This is another procedural resolution that would call for the delegation from each of the eleven districts of OSMA to elect their own representative to each resolutions committee. Currently the resolutions committees are selected by the president of OSMA, who traditionally appoints one member from each district to each resolutions committee.

\* \* \* \* \*

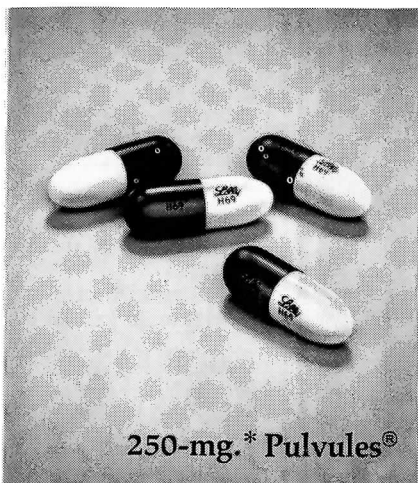
Delegates from the Mahoning County Medical Society will be headed by Dr. J. J. Anderson this year, and include Dr. J. C. Melnick, Dr. C. E. Pichette and Dr. Jack Schreiber. Alternate delegates are Dr. P. J. Mahar, Jr., Dr. William Moskalik, Dr. W. E. Sovik and Dr. J. W. Tandatnick.

Delegates from the entire Sixth District will meet to discuss all submitted resolutions on Wednesday, April 23 at Congress Lake. The meeting is called by Dr. Pichette, Sixth District Councilor. They will again meet in caucus on Sunday, May 11, in Columbus, just prior to the opening session of the House of Delegates.

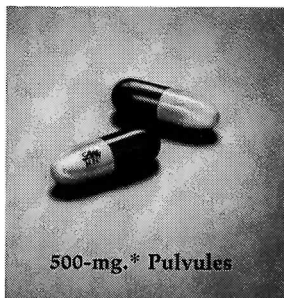
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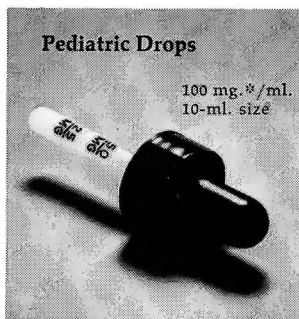
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## ROSTER OF SCHOLARS

### 1975

#### AUSTINTOWN FITCH

Laurel Hall  
Albert F. Torri

#### BOARDMAN

Diana L. Belsan  
Scott N. Crewson

#### CAMPBELL MEMORIAL

\*Diane Gayetsky  
\*Michele Shabella  
John Jakubek

#### CANFIELD

Andrea Jane Holliday  
Charles David Granito

#### CARDINAL MOONEY

Christine Garea  
George Cheney

#### CHANEY

\*Patty Forjac  
\*Marian Ong  
\*Karen Sefcik  
James Pelusi

#### EAST

Iris Rozenblad  
Kenneth Burney

#### GIRARD

Jean Graziosi  
David Ritter

#### HUBBARD

Lorraine Miller  
Mark Larson

#### JACKSON-MILTON

Patty Hickox  
Timm Schreiber

#### LIBERTY

\*Judith Simon  
\*Jessica Berman  
Kevin Joyce

#### LOWELLVILLE

Eileen Ritzert  
David Lucido

#### NORTH

Kathy Howard  
\*Bret Jackson  
\*James Mariotti

#### POLAND SEMINARY

\*Carol Soroka  
\*Kim Smidt  
Charles Kuivila

#### RAYEN

Valentine Kowach  
Patrick Mulrooney

#### SEBRING

Martha Brunt  
Douglas Jordan

#### SOUTH

Sheila Hauck  
Ronald Jacobs

#### SOUTH RANGE

Kathy Cullar  
Tom Ewankowich

#### SPRINGFIELD LOCAL

Raedine Borzick  
Will Sece

#### STRUTHERS

Roberta Lynn Timko  
John Marcinak

#### URSULINE

Cecilia Scherl  
Thomas Secich

#### VILLA MARIA

Michele Knechtges  
Judy McKain

#### WEST BRANCH

Chalona Bloss  
Randy Fahey

#### WESTERN RESERVE

Jill Ann Neff  
Terry Lee Barringer

#### WOODROW WILSON

\*Barbara Janesh  
\*Karen Szauter  
\*Maria Dannessa  
John Lewis

\* denotes a tie for scholarship honors.



## NINTH SCHOLARSHIP DINNER THIS MONTH

The ninth annual Scholarship Dinner of the Mahoning County Medical Society is scheduled for Thursday, April 17 and will honor 58 top ranked seniors from 25 area high schools.

Speaker for the banquet will be Dr. Kurt Wegner. Chairman and Master of Ceremonies will be Dr. Robert Barton. Each student will be presented with a certificate enrolling him or her in the Roster of Scholars of the Mahoning County Medical Society. The students will also receive gold pins, emblematic of the honor.

Students are selected each year for the honor by their school principal, on the basis of being the top boy and top girl academically in the senior class. In cases of absolute tie, all tying students are included.

The dinner, at Ramada Inn, will be attended by a number of physicians and their wives acting as hosts to the young guests.

## DR. J. L. FISHER NAMED EDITOR EMERITUS

Dr. James L. Fisher was proclaimed Editor Emeritus of the *Bulletin* "for 45 years of devotion and dedicated service" at the March 18th meeting of the Mahoning County Medical Society. A plaque commemorating the honor was displayed at the meeting by Dr. Abdu, who read a resolution commending Dr. Fisher. Dr. Fisher, still recovering from a fall at home, was unable to attend.

Dr. Fisher was editor of Volume 1, Number 1 of the current *Bulletin* in 1931. He served as editor for the first two years, and has been a contributor for each of the 45 years of the *Bulletin's* existence. Earlier he wrote a number of articles on the history of medicine in Mahoning County and on the older physicians. His monthly column, "From the Bulletin," first appeared in the March 1950 issue, and he has written one for every issue since then. He also writes a peppery item called "S. Q. Lapius," which appears from time to time.

The plaque, along with a tape of the proceedings, was delivered to Dr. Fisher at his home by Dr. Abdu on the day following the meeting. Dr. Fisher extended thanks to all the members of the Mahoning County Medical Society for the honor bestowed upon him.



## "500" TRIP SET FOR MAY

Another visit to the Indianapolis Speedway, along with a tour of their plant, is being offered by the Eli Lilly Company to members of both the Mahoning County and the Trumbull County Medical Societies.

The trip is scheduled for Sunday, Monday and Tuesday, May 11, 12 and 13. Those attending will arrive in Indianapolis by noon, Sunday. The visit to see the time trials for the Indianapolis 500 will be that afternoon.

A letter announcing the tour will be sent to all members. Those wishing to go may sign up by calling the Medical Society office or contacting the Eli Lilly representative, Bob McGivern.

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## INSURANCE DEPUTY DEFINES MALPRACTICE CRISIS



**TOP (left) Dr. Abdu with Joseph Gilmore. (right) Mr. Gilmore is interviewed at the Youngstown Club by Andrea Wood of WYTV. BOTTOM (left) An interview at the Sheraton by Sheri Moore of WKBN-TV. (right) Interview on the "Community Forum" program of WBBW by Nick Anthony.**

Joseph K. Gilmore, deputy director of the Department of Insurance for Ohio, discussed Professional Liability Insurance at the March 18th meeting of the Mahoning County Medical Society at the Youngstown Club. He also appeared on several radio and television interviews, encouraged by the Medical Society as a means of bringing the problem and impending crisis to the attention of the public.

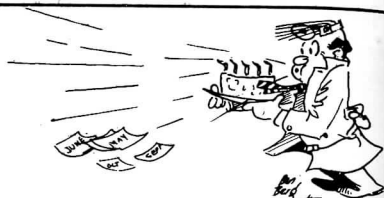
Mr. Gilmore stated factually that, if things were to go on as they are, by the middle of 1976 there would be no medical practice in the State of Ohio. He said, however, that the Ohio Department of Insurance is working with physicians, hospitals and attorneys to find a legislative answer to the malpractice problem. He expects definite proposals within 90 days and expressed the hope for definite answers.

Mr. Gilmore reported that only 10 or 12 insurance companies write professional liability in Ohio, and the withdrawal of even one company would have a catastrophic effect.

Although he expressed some reservations about the creation of a "malpractice insurance pool," he stated that the Insurance Department is prepared to ask for the authority to institute such a pool because of the growing non-availability in Ohio.

Mr. Gilmore was introduced by Dr. Dietz, program chairman. Dr. Abdu opened the meeting with a statement about the problem in general. A number of dentists, along with physicians from other counties, were in attendance. Total attendance was 85.

# HAPPY BIRTHDAY



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## April 16

F. W. Dunlea  
P. B. Giber

## April 17

P. C. Chan

## April 18

V. L. Goodwin

## April 19

C. C. Wales  
K. F. Wieneke

## April 21

M. E. Conti

## April 22

B. M. Brandmiller  
W. D. McElroy  
J. A. Rogers

## April 23

A. A. Detesco  
A. Randell  
S. Zlotnick  
F. E. Shaw  
Y. Jung

## April 24

B. P. Brucoli

## April 25

M. J. Vuksta

## April 26

A. T. Laird

## April 28

S. G. Patton, Jr.

## May 3

C. Waltner

## May 4

M. Karmindro

## May 6

J. A. Hyland

## May 8

G. T. Szaboky

## May 9

G. E. DeCicco

## May 11

G. W. Cook

## May 12

H. S. Banninga  
W. J. Tims

## May 13

E. R. McNeal  
B. A. Bacani

## May 14

W. E. Sovik  
C. M. Kohli

## PSYCHOTHERAPY DEFINED

More and more psychologists, social workers, clergymen, are going into the private practice of "counseling", "guidance", "training", "analysis" of various kinds. Many people are self-appointed and are experimenting with treatment.

They may use these or other definitions of their services so long as "Psychotherapy" is not used. The latter term is a medical function—as defined by state law.

It would be unfair to express a general judgment of all these practitioners, their training, their capability, their feeling of professional responsibility.

The help that they attempt to provide is in some ways not too different than that of a medical psychotherapist. My main reservation is that one cannot assume responsibility for a person sick in one area, unless one has at least been trained to evaluate disturbances in total functioning. This can only be done by a physician.

Other psychiatrists and I believe that these practitioners, as any paramedical service, must provide service under medical scrutiny. We believe that qualified collaboration and medical supervision should be mandatory.

This matter concerns every physician. Paramedical personnel will be providing more services in many different aspects of the practice of medicine. Proper supervision by a physician is necessary.

—Frank Gelbman, M.D.

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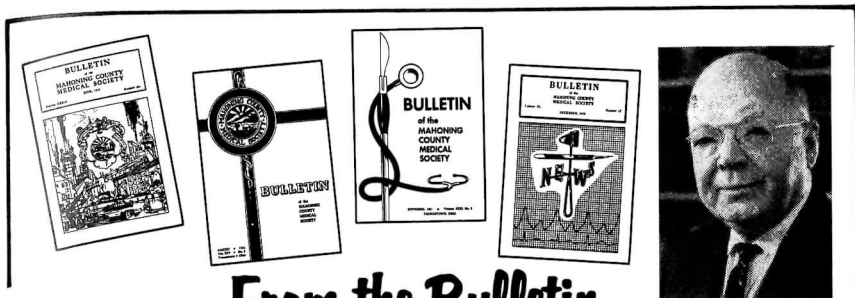
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## From the Bulletin

### FORTY YEARS AGO — APRIL 1935

Eighth annual post graduate day was held at the Stambaugh Auditorium. The faculty was the renowned authorities from Mayo Clinic—Alvarez, professor of medicine, Dixon, associate professor of surgery, Mann, professor of experimental surgery and pathology, Myerding, associate professor of orthopaedic surgery. Dinner and evening sessions at the Youngstown Club. Registration fee, including dinner, \$5.00.

At the post-graduate, Mrs. Florence L. Heberding had a booth and gave us samples of her Indian Creek farm, milk and ice cream.

Drs. Edgar C. Baker and John L. Lewis had an article in the JAMA on "Comparison of the urinary tract in pregnancy and pelvic tumors."

Don K. Martin, executive secretary of the OSMA, resigned, to become secretary of the Ohio Manufacturers' Association.

Death removed Dr. H. J. Beard from the ranks of the Mahoning County Medical Society.

The length of the nurses working day was reduced from 12 hours to 8 hours.

### THIRTY YEARS AGO — APRIL 1945

Our 17th annual post graduate day assembly was held at the Pick-Ohio Hotel. The faculty was a group from Marquette University—Drs. Carey, Eberbach, Murphy and Madison.

"Hospital visitors" were a problem then as now. "No, my friends, the circus is not in town. It is just a regular visiting day at the Youngstown Hospital."

The Bulletin published some letters from our doctors in service—Capt. Densmore Thomas, Capt. Howard E. Possner, Capt. Oscar Axelson, Capt. Richard Goldcamp, Lt. Robert L. Piercy, Capt. Robert J. Heaver, Capt. F. L. Schellhase, Major G. G. Nelson, Lt. Col. W. D. McElroy.

### TWENTY YEARS AGO — APRIL 1955

President Ivan Smith urged members to co-operate in the mass inoculation against Polio. The National Foundation for Infantile Paralysis wished to get the program finished before schools closed but the vaccine (Salk) was not yet approved.

Everyone was jittery about atomic attack and civil defense was a hot subject. Fred Schellhase was put in charge of the medical division of the Mahoning County Civil Defense Corps. Editor Tornello urged every member to do his duty when mobilization was called.

Thorazine was the new wonder drug. Herman Allen warned that it should be used with caution. Doriden was a new hypnotic-sedative. Brave doctors were using Butazolidin for arthritis. Dalophine was claimed to be a more potent analgesic than morphine.

School physician E. R. Thomas announced the "Spring Roundup". The Schick test was discontinued. Booster injections of D.P.T. were recommended instead.

## TEN YEARS AGO — APRIL 1965

Under the guidance of president John J. McDonough, the Medical Society began a pap smear campaign to continue for the remainder of the year.

Editor Kurt Wegner had an editorial on poison prevention. Council appointed an area-wide hospital planning committee, which was the first basic step toward area-wide planning and opened the door for the formation later of the Mahoning Valley Health Planning Association.

The following doctors took part in Hi-Y Civic Day: Drs. Banninga, Brandmiller, Caccamo, Calvin, Chen, Chiasson, Coombs, Fenton, R. R. Fisher, Fry, Hardin, Hutt, Krupko, McDonough, Phillips, Resch, Schreiber, Shorr, Smeltzer and Wales.

—J. L. Fisher  
C. A. Gustafson

### S. Q. LAYPIUS OBSERVES

So much good reading comes across the doctor's desk today that it is impossible to keep up with it. Don't discount the value of a journal because it is free. They say that "must" reading for a doctor is a blood pressure reading on every patient at every visit.

Maybe so, but S. Q. would rate "must" reading as follows: 1. The Journal of the A.M.A., 2. The Ohio State Medical Journal, 3. The Journal of your specialty.

Then comes reading for pleasure, information and profit: Prism is delightful (AMA). "M.D." is cultural, so is Saturday Review. The Wall Street Journal has its devotees but I prefer the National Observer. Medical Economics is beyond me but I enjoy the cartoons. Modern Medicine is important. When I receive Human Sexuality I go through it quickly, look at the beautiful pictures and feel like an adolescent who hides it under the mattress hoping his mother will not find it. That is my heritage from the 1890's.

That reminds me that American Heritage, Natural History and American Wildlife are very much worth while.

I find much good writing in Esquire, but do not get Playboy.

In 1904 I was selling the Saturday Evening Post on the street, hoping to win a bicycle. The Post cost five cents and was hard for a 9 year old to sell. I never won the bicycle.

But today I get a big thrill out of the Post at one dollar a copy. Believe me I will never throw one of them away.

Sometimes I look at a magazine like Hospital Medicine, Emergency Medicine or Geriatrics and I think there must be some good reading in here if I could only find it among all the drug ads.

## Classified Advertising

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## PROCEEDINGS OF COUNCIL

### March 11, 1975

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

Dr. Abdu introduced Dr. Goldberg, member of the Youngstown Board of Health. Dr. Goldberg discussed the formation of the present Board of Health back in 1958 and the work done by the Mahoning County Medical Society in setting up the criteria for a Health Commissioner. Dr. Goldberg favors a metropolitan Board of Health and urged the Medical Society to support this concept. He also favors that the Board retain the same criteria for a Health Commissioner; namely, a physician (M.D. or D.O.) with a Masters degree in Public Health.

Dr. Goldberg was asked to discuss current proposed consumer protection legislation for Youngstown. He stated that he is for consumer protection but he is also for provider protection. He suggested that the Medical Society go along with consumer protection as long as it is done legally and within legal limits and run by the law department. Council thanked Dr. Goldberg for his comprehensive reports.

Dr. Deramo, Screening Chairman, introduced Dr. Juan Ruiz and they both discussed the Lions Club glaucoma screening program. Dr. Ruiz stated that the Lions Club screening is part of their nation-wide sight conservation program. He stated that he does not ask for endorsement, but is asking for non-condemnation of the program. Discussion ensued concerning screening in general. He asked that the Society not bind the hands of the physician who wants to participate.

After Dr. Goldberg and Dr. Ruiz left the meeting, council considered both issues.

The motion was made by Dr. Schreiber, and properly seconded, that Council support Dr. Goldberg's recommendation that the standards for the Health Commissioner of the City of Youngstown be retained at the present level. Motion was passed.

The motion was made by Dr. Schreiber, and properly seconded, that the matter of unification of the Youngstown Board of Health, Mahoning County Board of Health and other Boards in the area be referred to an appropriate committee for study and a recommendation for the next meeting of council. Motion was passed. This will be referred to the Public Health Committee.

The motion was made by Dr. Bruccoli, and properly seconded, that council inform Dr. Ruiz that we approve of the educational program as set forth by the Lions Club but that we cannot sanction the proposed screening program. Further that we encourage the Lions Club to redirect their efforts for educating people to seek complete ophthalmological examination and further their efforts to direct people who cannot afford such examination to the proper place to get it. Motion was amended to include the reasons for not advocating a screening program, and also amended to state that the Mahoning County Medical Society stands ready to assist the Lions Club in their educational program in any way we can. Amended motion was passed.

The list of those physicians signing up for the emergency "any doctor" call list was read. This will be sent to the Medical Dental Bureau.

The report of the vote on Region Six Peer Review Corporation showed that 290 members voted against Region Six Peer Review Corporation becoming the PSRO for this area. 3 voted for Region Six. 2 want more information. 30 did not respond.

A letter was read from Region Six Peer Review Corporation stating that we could not send representatives to their meeting.

A letter was read from Dr. William H. Bunn, Jr., Governor for Ohio for the American College of Physicians stating that the College subscribes in general to the goals of PSRO and that he, as Governor, has been asked to assign members of the College to each Peer Review Organization in the State.

Dr. Wiltsie reported on a meeting of a new MASHEN committee on legislation. They met basically to discuss P.L. 93-641, The National Health Planning and Resources Development Act of 1974. Included in the presentation was a map showing 7 districts, of which district #7 included Mahoning County. Dr. Abdu predicted that the cost of running the program would exceed the entire cost of medical care at the present time.

Meeting was adjourned.

Howard Rempes  
Executive Secretary

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## CALL OSMA FOR INSURANCE ADVICE

Work on the current professional liability insurance dilemma is proceeding at both the state and national level. Meanwhile, the Mahoning County Medical Society advises any physician who is experiencing difficulties with rates, and/or availability to make a direct call to the Ohio State Medical Association and seek help with the problem.

Call or write:

Mr. Jerry Campbell  
Ohio State Medical Association  
600 South High St.  
Columbus, Ohio 43215  
Phone: 1 - 614 - 228-6971

It would also help if the Ohio State Department of Insurance were made aware of the details. The Insurance Commissioner is Harry V. Jump. The Deputy Director is Joseph Gilmore. The address is: Ohio State Dept. of Insurance, 447 E. Broad St., Columbus, Ohio 43215. The phone is 1-614-466-4213.

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## OSMA ANNUAL MEETING IN MAY

The annual meeting of the Ohio State Medical Association is set for May 11 through 14 at Columbus. The House of Delegates will meet May 11th, beginning with a dinner at 5:30. Reference committee meetings for discussion of all resolutions will be held on Monday, May 12th in the morning. All members of the Association are welcome to attend the discussions on resolutions.

Headquarters Hotel for the meeting will be Sheraton-Columbus. Watch the Ohio State Medical Journal for more information. A hotel reservation blank is printed in every issue of the Journal, beginning in January.

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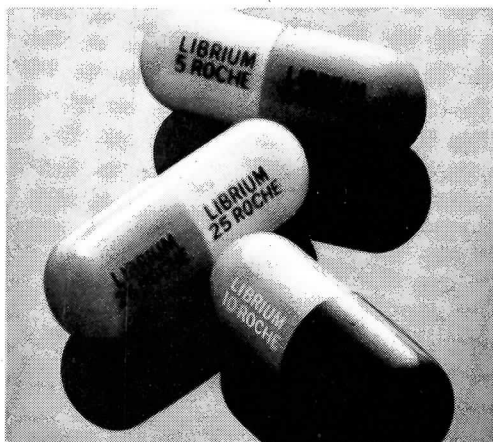
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**ORAL:** In the elderly and debilitated and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under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

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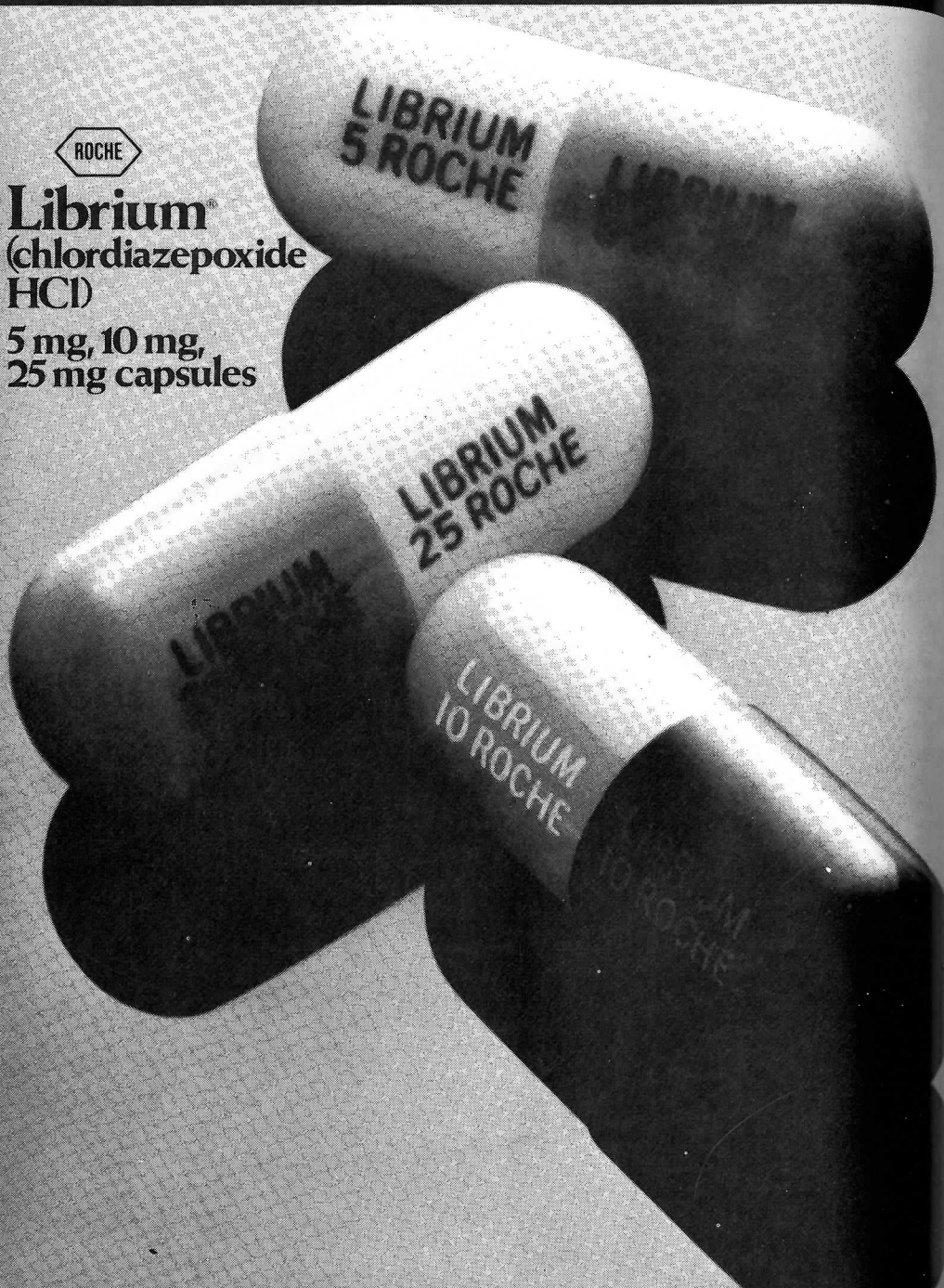
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