

BULLETIN

of the
MAHONING COUNTY
MEDICAL SOCIETY

Volume LIII

NOVEMBER, 1983

Number 8



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8. Legal defense services provided only by specialists in defendant medical professional liability insurance suits	YES	_____
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11. Premiums to surplus ratio of less than 2-1	YES	_____
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1983 - MAHONING COUNTY MEDICAL SOCIETY MEETINGS - 1983

Tuesday	Tuesday	Tuesday	Tuesday	Tuesday	Tuesday
Jan. 18	Mar. 15	May 17	Sept. 20	Nov. 15	Dec. 20

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From the Desk of the President



This month I am pleased to present to you the thoughts of a very gifted young person, Nancy J. Cossler, M.D., instead of my usual words. I had occasion to hear her speak at the 1983 commencement ceremony at Northeastern Ohio Universities College of Medicine. With her permission, I have reprinted portions of her eloquent address. Its words and thoughts ring true for us as well as for our newest physicians. She said:

"Medicine, it seems to me, attracts those who, by nature or nurture, are strong-willed and self-assured. I can assure you that we are no different. I speak to you as only one of seventy-one.

"I do not really believe that the past is what tonight is all about—there will be time enough, later in our lives, for remembrances. It is the future that we hold in common, and it is, the future that excites my imagination as I believe it excites yours.

"For now, that future of which I speak is no more than a measure of time. Human qualities cannot be ascribed to it, however tempting that might be. We cannot think of it as an immutable being which will evolve at its own whim and direction and ask us simply to deal with it. To do so would be to deny both our power to control it and our responsibility for it. We—and by that I mean our generation in its turn—will determine the future and we will be responsible for it, whether it be our own conscious, thinking design or unconsciously and haphazardly. And in that there is much more than the burden of responsibility, there is hope and excitement. Believing this, the quest then becomes: What directions should we take? What values ought we hold?

"I have no certain answers to offer but life does not expect from one so young, and so untried, such answers anyway. Indeed, I suspect that truth as such is beyond our grasp—a failsafe so to speak, which keeps the search alive and guards, in our humanness, against the feeling of smug complacency.

"In this spirit then, I offer to you my thoughts about directions and values, knowing that you, too, will voice your own.

"Before we can look to the future, I believe we must first seek an understanding of the past. We are, after all, the product of our collective pasts and like our knowledge, our hopes, too, have been shaped by that past. Each generation arrives in its times, with this cultural fund of values and knowledge, to which each adds their own unique perspectives and interpretations.

(Continued on Page 205)



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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.

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Editorial

OUR BROTHER'S KEEPER

It was perhaps easier for the men of the old west. They drew six-guns and it was over quickly.

Today it is constant battering with buckshot!

A New York court early this year ruled that a vacationing physician could be held liable for the actions of another who covered his office through an oral agreement. The court saw the substitute physician as an employee.

As increased liability is expressed by the courts one must wonder how, if, and when this kind of rule might be extended to cover those who take calls for each other, either as mutual coverage or by on-call lists? Will primary physicians be held responsible for actions of specialists to whom they refer?

Will current malpractice programs protect doctors if the physicians covering for them are not adequately insured or are questionably credentialed? What happens if one goes on vacation while he has seriously ill patients in the hospital? Must he cancel plans or make special documented arrangements?

It would appear that each physician must have clear and documentable understandings with both patients and families as well as covering physicians about responsibility.

Between legal maneuvering and third party payors it would appear that the pincers are being squeezed again and much of the private initiative which helped to make American medicine great (despite trial and error tribulations) may be silenced while the tranquilizing effect of socialization muzzles innovation just as it has been doing in many other segments of our society.

I very much remember the numbing effect of being in service during World War II when someone else made decisions, clothed me, fed me, and attended to my needs. I just had to concern myself with my pleasures.

After returning home I was somewhat in a fog. It took me several months to wake up the dormant mental capacity and to start it rolling again.

I expect we have not quite felt the total effect of control pressures, but, I predict, that this concept will be overcome just as many other liberal ideas die, and, a new wave of ultra conservatism will sweep our country. Perhaps, though, not while we can enjoy it in our lifetimes. When it does, man may again become more responsible for his own destiny.

Richard W. Juvancic, M.D.

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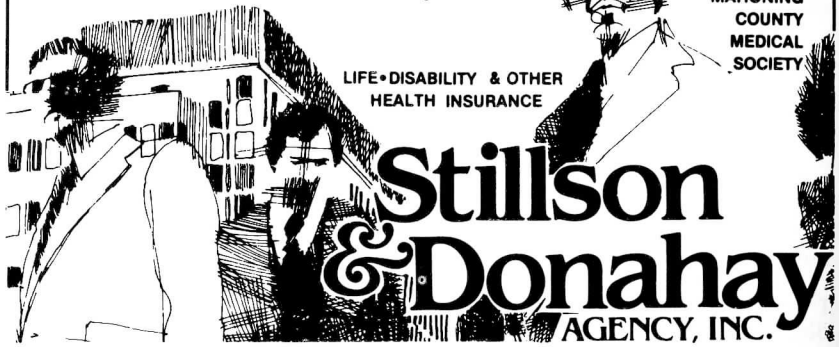
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From the Desk of the President

(Continued from Page 202)

"As a physician, I have profited from the labors of those who preceded me in medicine — from my teachers and, through them from their teachers. As a woman, I have profited from the ground work of women who, before me, believed that I belonged here. To all of these men and women, I owe my respect and my thanks. I have no illusions; I will not be as great as they were but I am their inheritor and I intend to send my profession forward, as they did. Each of you will likewise choose the shoulders you intend to stand upon; remembering that without their work, none of us would be here, and remembering also that each of us now has the opportunity and obligation to further their work in our own perspective.

"And so, what of our future in medicine?

"Thomas Szasz, a radical thinker of his generation and a humanist in the finest sense, has said that medicine is an encounter with mankind. At its broadest, that encounter will surely be met if some of us seek to fill the great voids in medicine; whether in its knowledge or in its delivery to those it does not yet serve. But we will not all be so clever or so gifted or find ourselves such great callings. All of us, whoever, can make that encounter each day we practice if we remember it is not health or disease which require our skills but, instead, people. It has become cliché to speak of machines and instruments and numbers spewn forth from computers that separate physician from patient in a human sense; the erosion of that relationship is nevertheless real and the threat continues. Lewis Thomas wrote: "If I were a medical student . . . just getting ready to begin, I would be more worried about this aspect of my future than anything else. I would be apprehensive that my job, caring for sick people, might soon be taken away, leaving me with quite the different occupation of looking after machines . . ." I hope we will find the means to answer this challenge and seek to preserve the subtle and uniquely personal relationship that is the essence of the encounter between physician and those who seek our help.

"You have all heard the overworked expression: Medicine is both an art and a science. Overworked, no doubt, because it is absolutely true. Much of its art is found in the encounter but the substance of that encounter is its science.

"Medicine, as science, does not begin as we accept the title "doctor"; nor does it begin the day we put on our white coats and conspicuously hang our stethoscopes about our necks. The science of medicine began — you all know when — with the pathways of amino acid synthesis, the dissection of the cranial nerves, and the pathology slides that never ended. And, as we each became involved in our own particular area of interest and the pathways were forgotten, the study of science continued through textbooks and conferences and journal articles. For us, as long as we are in the business of giving advice to others, the pursuit of the science of medicine can never end. We will not all practice this science in laboratories or in clinical studies, but we are all obligated to use it daily as we examine the works of others and decide which views we will adopt. A recent article, whose philosophy I support, put it this way: "It is not enough that one do what one believes is best; one must do what is in accord with sound scientific evidence. Ethical behavior alone is not sufficient to determine best treatment."

"In the end, I suppose, it may seem that we are laid top-heavy with responsibility to preserve and extend the art and science of medicine. But, such is the compromise of life's work: where the satisfactions and rewards are great, so too are the responsibilities.

"Each of us will be free to choose the patterns of our work, the values we will fight for and the satisfactions we will treasure.

And, in silent rooms, each of us will be our own judge."

P. J. Mahar, Jr., M.D.

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PROCEEDINGS OF COUNCIL**Oct. 11, 1983**

The regular meeting of the Council of the Mahoning County Medical Society was held Tuesday, October 11, 1983 at the Youngstown Club.

The meeting was called to order at 7:40 p.m. by P. J. Mahar, Jr., president. The minutes of the Sept. 13, 1983 meeting, having been read, were approved.

The treasurer's report included an update of sources other than dues and a list of eight members who have not paid their 1983 dues to date. The bill list was read and a motion made, seconded and passed to pay each bill.

The following application was presented by the censors:

ASSOCIATE: John Henry Agnone, M.D.

The application was approved. The applicant will become a member of the Mahoning County Medical Society in the voted category 15 days after publication of the name in the *Bulletin* unless objection is filed in writing with the executive director before that time.

Communications included: A letter of thanks from the Service to Seniors councilor group, in response to an appearance at their meeting by the executive director; A recruiting letter from Spectrum Emergency Care Corp.

Committee reports included: A report from the Medical Assistants Dinner committee on the successful completion of another annual event; a report from the Budget Committee, a report on a DRG Seminar held in Columbus, Sept. 21, and attended by the executive director and Dr. Anderson; a report that the nominating committee is scheduled to meet Oct. 18.

Under unfinished business: The complaint concerning the Medical Dental Bureau service was discussed and the sale of the radio portion of the service was explained with assurance that steps are being taken to alleviate previous problems.

The matter of membership directory publication was brought up but no action was taken on producing one.

It was noted the date for a speaker to talk to the local Area Agency on Aging has been changed and another date will have to be selected.

It was noted there is no provision in the Society bylaws for transfer of active membership status from another society into the Mahoning County Medical Society. Consideration of the matter was referred to the Constitution and Bylaws committee.

Under new business, a motion was made, seconded and passed to accept the Budget Committee report and adopt the recommended budget for 1984. Also under new business, the Council approved a resolution endorsing the Mental Retardation Levy in the coming balloting.

Announcement included: AMA House of Delegates Interim Meeting in Los Angeles, Dec. 4-7; Next Society meeting Nov. 15 at the Youngstown Club, that includes the annual nomination of officers; next Council meeting Nov. 8 at the Youngstown Club.

The meeting was adjourned at 8:24 p.m.

Robert B. Blake
Executive Director

A POTENT CARCINOGEN FOUND IN DIALYSIS UNITS

Dimethylnitrosamine (DMNA), a potent carcinogen, was detected at significant levels in the dialysate from 5 of 16 hemodialysis units in the Pennsylvania, Delaware and New Jersey areas studied by researchers from Philadelphia's Jefferson Medical College. "The presence of a mixed-bed deionizer without an antecedent carbon filter appeared to be necessary for DMNA production," says Micheal L. Simenhoff, MB, FRCP, FACP, and colleagues. They call for revised guidelines to include activated carbon filters.

10 WAYS TO EDUCATE YOUR PATIENTS (in 5 minutes or less)

"He doesn't answer my questions."

"She doesn't value my time."

"Medical fees — they're too high."

Two of the three most common patient complaints criticize the physician as a communicator, according to the Department of Practice Management of the AMA. Patients generally expect their physicians to be sensitive, caring, clinical authorities. On the other hand, they usually expect their MD's to recognize them as knowledgeable health care recipients, responsible participants in medical decision making, and partners in their own healing. It follows, then, that patients *want* their questions answered. But how else can you instruct your patients and let them know that you are sympathetic to them?

Let us phrase the question another way. At 3:45 on Friday afternoon, how can you conduct an examination, explain to the anxious patient what you and medical science can and cannot do in his case, demonstrate empathy, listen to and (maybe) quell most of his fears, and still have enough time for the dozen other patients needing your in-person, in-depth attention before your office closes at five o'clock?

Some of the following reminders may help you.

1. *Show your patients you care by making them comfortable in your reception area and by being prompt with your appointments.* Make certain your reception furniture is inviting, the ventilation good, the lighting adequate, and the magazines current. Reception room atmosphere tells the patient immediately whether the doctor cares enough to make sure he's comfortable. And reasonable scheduling dictates that a patient should have to wait no longer than 15 minutes to see you. A 1981 poll determined patients became increasingly dissatisfied when their wait for the doctor exceeded 15 minutes.

2. *Take the time.*

A physician with an extremely busy day may find it difficult to spend more than five minutes with each patient. The patient, however, will more likely perceive those five minutes as high-quality time if the doctor does not stand as close as possible to the door, with one hand on the doorknob, ready to flee just as soon as the prescription hits the patient's hand.

3. *Let your body talk. Make sure it tells your patient that you're listening, really listening.*

Then *do* listen. Look at the patient eye-to-eye. Lean forward with interest. Handle the patient as someone with important news that you can hear from no one else.

4. *Treat the patient as a person, not a medical case. And respect the way the patient prefers to be addressed.*

The good word gets around quickly about the pediatric allergist who treats his young patients as real human beings, able to explain their feelings, symptoms, and questions. And he calls his patient by their first names. The youngsters appreciate that personal touch. Parents, of course, he addresses as "Mr." and "Mrs."

5. *Explain, explain, explain — the disease or illness, the treatment or treatment options, the prognosis. And, when you can, choose the simple word over the complex.*

Just a reminder: you are an authority whose expertise should be respected; even so, attempt to be diplomatic in your expression of your medical opinion. Don't throw around scientific jargon when a simpler word would do. Though often more precise, scientific cant may sometimes hyperobfuscate your explanations.

6. *Answer every question that's asked. And always answer the "Top Five," even if the patient doesn't ask them.*

The "Top Five" questions are: 1. What's wrong with me? 2. What caused it? 3. What are we going to do about it? 4. How much will it cost? 5. How long will it take? Answer these queries, and you'll probably have responded to your patient's main concerns.

7. *Use time-honored teaching techniques: draw a picture, tell a story, use models, relate to the patient's personal experience.*

To explain her recurrent infections to a curious female patient, one urologist drew a simple sketch of the kidneys, bladder, and related organs. It was so successful that he invested in a model of the urinary tract and uses it in his daily dealings with patients of all ages.

8. *Encourage your patients to write down their questions in advance and, if they wish, to take notes during their office visits.*

Anxious about his health, the average patient may come up with quite a few questions in advance of the office visit. He then may proceed to forget those questions during the visit itself. Encourage patients to write their questions down and bring them along. Assure them that you're willing to answer their every question concerning their medical problem, therapy, and treatment instructions. If you give verbal instructions that are especially detailed, or if you think the patient may not have understood what you said, ask him to repeat your instructions.

9. *Provide written instructions when possible.*

These are especially important for the patient who is going to be hospitalized, and all such instructions should be as detailed as possible. For drug therapy, consider distributing patient medication instructions (PMI) leaflets.

10. *Provide printed brochures about your office practices — procedures, policies, emergency instructions, billing and the like.*

It's another way of teaching the patient about your own practices and what can be expected of you as a physician.

Underlying these ten reminders about patient education is one additional admonishment — the shopworn, but valid, "Practice what you preach." Doing that will make you — and all your medical advice and clinical expertise — much more credible and easier for the patient to follow.

The MD — patient educational process helps establish invaluable rapport between key members of the health care team. It also opens previously closed doors. For example, it affords you an opportunity to combat the false medical claims to which your patients are exposed. It makes it easier for you to help draw the line on patient self-diagnosis and treatment because, as clinician and scientist, you can explain its misuse to your patient with tact, clarity, and personal familiarity.

To your patients, you are healer. You are lifegiver. You are also the patient's personal health educator — a role equalled by none.

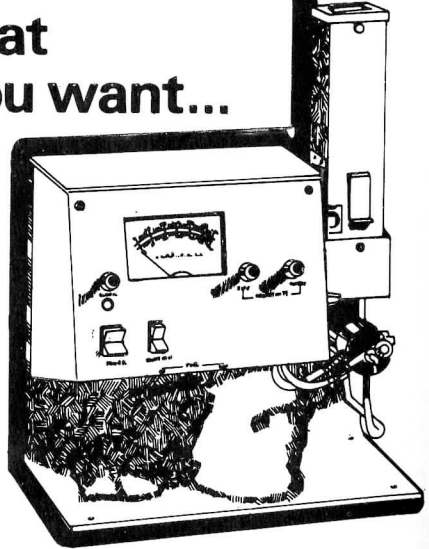
BIRTH WEIGHT OF MOTHERS AFFECTS NEXT GENERATION

Women who weighed 2,000 grams or less (less than 5 lbs.) at birth are likely to have poor pregnancy outcomes, according to epidemiologists at Seattle's University of Washington. Evette Hackman, PhD, and colleagues studied 748 pregnant women and found that mothers who had been low-weight babies themselves were more likely to have babies needing neonatal intensive care, suggesting that factors influencing one birth carry forward to the next generation. "In view of the increasing survival of low-birth-weight babies, this possibility bears further investigation," the researchers say, in the *Journal of the American Medical Association*.

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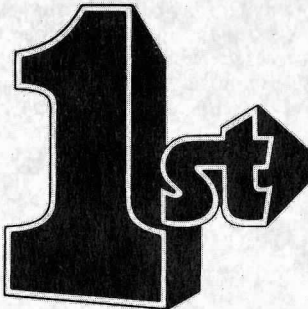
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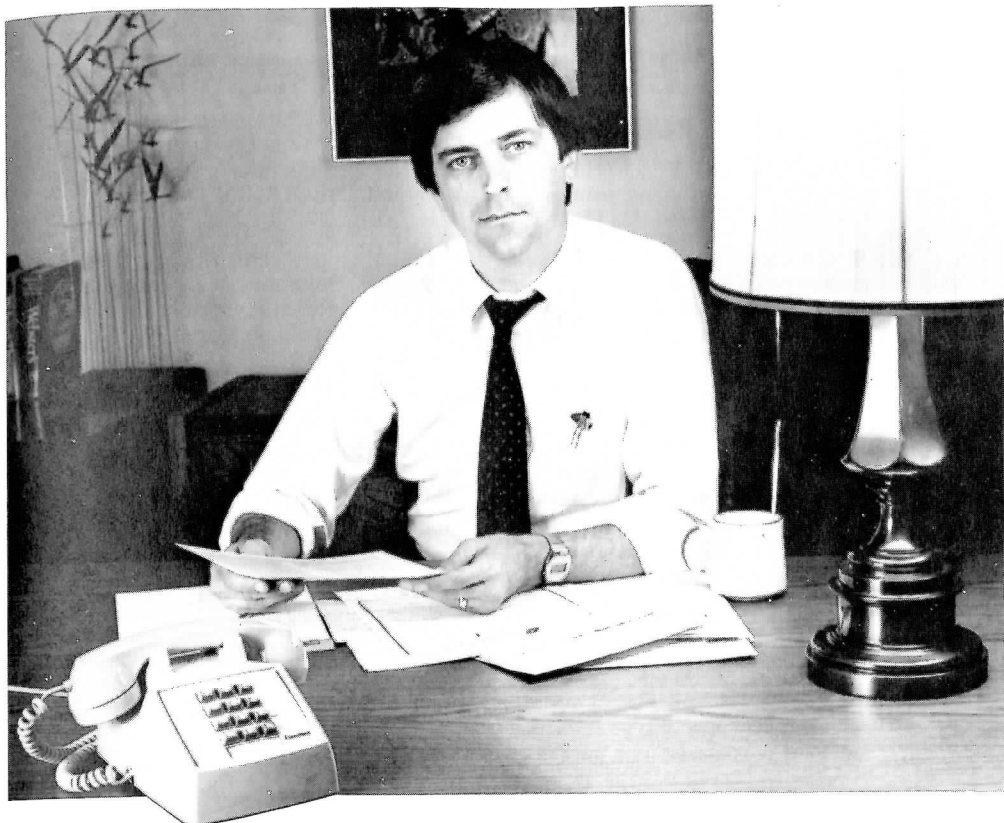
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CME AT ST. ELIZABETH HOSPITAL**FAMILY GRAND ROUNDS**

- Dec. 2, PULMONARY "Physiology of Sports Induced Asthma", Stephen De-meter, M.D., assistant professor of Medicine, NEOUCOM, director of Pulmonary Disease, St. Thomas Hospital, Akron.
- Dec. 9, CARDIOVASCULAR "Potassium Conserving Agents in the Man-agement of Cardiovascular Disease", Richard J. Solomon, M.D., assistant professor of Medicine, Brown University; Chief, Renal-Hypertension Sec-tion, V.A. Medical Center, Head, Division of Nephrology, Roger Williams General Hospital, Providence, Rhode Island.
- Dec. 16, MEDICAL ETHICS "Securing Access to Health Care: a Critical Appraisal of the President's Commission Report Regarding Distributing of Health Care in America." H. Tristram Engelhardt, M.D., Ph.D., pro-fessor, Department of Medicine; member of Center for Ethics, Medicine and Public Issues, Baylor College of Medicine, Houston, Texas.

DEPARTMENT OF SURGERY, SYMPOSIUM SERIES

- Dec. 1, MODERN ADVANCES IN HERNIA SURGERY, Irving L. Lichten-stein, M.D. 8:00 a.m. through 11:40 a.m.

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The Medical-Dental Bureau A service entity that caters to the additional office needs of Physicians and Dentists. Its divisions; Radio Communications, Telephone Answering, and Collections, are an important part of the emergency, public relations, and business segments of the Medical Community.

1. **Radio Communications:** *One way paging – Tone only & tone and voice. Two way communication – Portables and mobiles. Equipment – Motorola exclusively! (The highest quality available for our Medical subscribers.)*
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Medical-Dental Bureau, Inc.

901 Home Savings & Loan Bldg.
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Youngstown, Ohio 44503
216/744-4513

Lois Moss, Manager

From the Bulletin

FIFTY YEARS AGO — NOVEMBER 1933

From President Harvey's page: "Mahoning County has been using the county jail to house mental cases because there is no other place. It is a shameful situation which reminds one of the middle ages. Probate Judge Woodside has urged that the city turn over its municipal (contagious) hospital to the county to be used as a mental hospital. At present the municipal hospital is in such bad repair it is not habitable." Thus the Woodside Receiving Hospital was started.

Dr. R. D. Gibson was born in 1855 in the old stone house on East Dewey Avenue in what is now Homestead Park. He was the first physician in Youngstown to limit his practice to E.E.N.T. He brought several outstanding men to Youngstown, among them F. F. Piercy, Harold Baird and W. H. Evans.

John Noll had an article on Rabies which was on the increase. He outlined the preventive procedures following dog bites and the criteria for diagnosing rabies. There was no law requiring inoculation of dogs then.

B. J. Dreiling had an article in the Ohio State Medical Journal on "Penetrating Wound of the Heart and Lung with Successful Removal of the Foreign Body."

FORTY YEARS AGO — NOVEMBER 1943

Not many letters from members in the Armed Forces. Most of them were overseas where censorship was strict or they were pen weary from paper work.

Esther Hamilton managed to keep track of some of her favorites. From Esther's Column, "Two naval lieutenants home from the Pacific, Charles P. Cervone and David Carrol have spoken highly of Lt. Stanley Myers and of his fine work." Gordon Nelson wrote from Oran "The Arabs are an interesting lot. I always knew soap and water were scarce here, but I didn't know they were that scarce."

You could still buy white shirts at Strouss' for \$1.75 but they were getting scarce. Food was rationed, tires were rationed and gasoline was rationed. The war was nearly two years old and everyone was feeling the strain. Most of the men had shipped out from training camps and their wives had come back to lonely homes.

THIRTY YEARS AGO — NOVEMBER 1953

Ninety-two thousand visitors viewed the Medical Education Exhibits at the Canfield Fair. President Goodwin and Chairman Szucs received a special trophy from the Fair Board. Five other Fair Boards in Ohio were inquiring for information to establish a similar exhibit. The Academy of Osteopathic Medicine, the Optometric Association and the Chiropodists Association were represented, causing a pronounced rise in blood pressure in some of our older members.

New members that month: James R. Gillis, Robert R. Fisher, Frank K. Inui, Robert V. Bruchs, Robert L. Jenkins, Wm. H. Gross, Herman L. Allen, Joseph J. Campolito. It was a very good month.

You could buy all the white shirts you wanted at The Scott Co. for \$5.00 but a cashmere blend polo shirt cost \$12.50. There is no Scott Company now. I wonder how many doctors bought polo shirts?

TWENTY YEARS AGO — NOVEMBER 1963

President Asher Randall said that Esther Hamilton is the best friend medicine has in this community.

Michael Zervos died at 74, soon after a testimonial dinner given by the

community of Greek descent. He was a skillful practitioner and a fine gentleman. We have missed him.

DeForest Metcalf was harboring a student from India and Gene Fry hosted one from Africa. Both were exchange students sponsored by the American Field Service. Dick Murray was preparing to go to Hong Kong to demonstrate plastic surgery at the Mary Knoll Hospital.

John McDonough sponsored an Art Festival to raise money for "Project Hope." It was well attended and \$3000 was raised.

Louis Scharf, James Smeltzer, Elias Saadi and Arnouldus Goudsmit participated in a series of lectures at the Y.M.C.A. arranged by the Speaker's Bureau, Hugh Bennett chairman.

President Kennedy was assassinated November 23rd and the nation was plunged into mourning.

TEN YEARS AGO — NOVEMBER 1973

Here is President Ed Pichette's President page for the November, 1973 issue of the *Bulletin* . . . and remember this was ten years ago . . . before the invention of DRG.

"What Manner of Men Are We?"

There is no more important or divisory issue facing the American medical professional today than the issue of P.S.R.O. (Professional Standards Review Organization).

Its basis is the concept of accountability, accountability for expending money, usually someone else's money (i.e. by gov't.).

Its objectivity is to ensure quality medicine at the lowest possible cost.

It seeks to do this through peer (fellow-doctor-) review organizations which will establish norms of conduct in medical affairs beginning with hospital cases (but ultimately to include office-cared-for cases also).

The hospital cases are to be screened prior to entry (unless emergent) to be sure (if possible) that they need hospitalization. Their care in the hospital is to be followed to be sure (if possible) that they receive the care previously established as normal or average for that area. Their stay in the hospital is set (if possible) according to national standards with a local flavor (if necessary). A stay beyond this pre-set limit must be justified according to recognized and acceptable (to the various levels of the committees) standards.

If the above standards are not met or if the attending physician does not comply, the bill will not be paid; the physician may be liable for it; he may be fined up to \$5000; he will not be recognized as a compliant physician with the right to care for patients within the program; and his name with all of this information will be posted and publicized in the news media.

If a doctor complies with all of the above, he will be privileged to continue to work within the system and be compensated for it at a rate to be determined by the system.

What a sorry state for a proud profession to be reduced to! It is especially sorry when one considers that we are being urged to do this to each other. It is especially demeaning when one considers that it is to be invoked by a morally-bankrupt government upon the profession that is held in the highest regard of all professions by the public . . .

As a result, the membership adopted a resolution at the November 20th meeting to "completely reject the concept of the Professional Standards Review section of Public Law 92-603 . . .

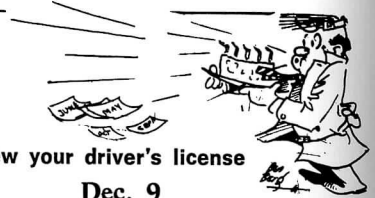
The Board of Trustees of the NEOUCOM was formally installed at a meeting at Youngstown State University on Monday, November 5th. Wm. J. Brown, Attorney General for the State of Ohio swore in the trustees. Those representing Youngstown State were President John J. Coffelt, Clarence J. Strouss and Atty. John M. Newman. Stanley W. Olson was appointed to the post of Provost and acting Dean. Clarence J. Strouss was elected Chairman of the Board.

November was the month for nominations. Dr. Rashid Abdu was President-Elect with Secretary George H. Dietz. First reading was given to a constitutional amendment to provide for a Vice-President instead of a President-Elect. Membership dues were raised by \$25.00.

—Robert R. Fisher, M.D.

HAPPY BIRTHDAY

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



Nov. 16
S. M. Kalavsky
F. J. Kocab

Nov. 17
M. H. Drucker
J. J. Turner

Nov. 18
H. N. Bennett
F. R. D'Amato
A. T. Deramo

Nov. 19
L. E. Slusher

Nov. 22
G. D. Fry
S. E. Willis

Nov. 23
E. U. Sevilla

Nov. 25
T. Firdaus
V. Holonko
G. J. Nigam

Nov. 26
R. W. Colla
R. R. Rich
S. V. Squicquero

Nov. 27
R. V. Bruchs

Nov. 28
H. C. Rempes

Nov. 30
S. E. Tochtenhagen

Dec. 1
D. R. Bernat

Dec. 3
C. F. Wagner

Dec. 4
C. A. Hixson
H. J. W. Marcella

Dec. 9
Y. Amorn
B. E. Einfalt
J. R. Mikolich

Dec. 10
H. L. Shorr

Dec. 12
W. R. Johnson
H. A. Parris
P. P. Zafirides
A. P. Mirasol

Dec. 13
R. N. Goldberg
E. A. Shorten

Dec. 14
J. L. Solana

Dec. 15
S. G. Adornato
F. G. Kravec

COMPOSITE PHOTO AVAILABLE

The Medical Society office has available special 16" X 20" composite photos of members of the Society, framed and ready for hanging for only \$48.00 each.

Anyone interested in obtaining a copy of the composite photo, should contact the Society office 747-4956. There are copies in the physicians lounges in the hospitals.

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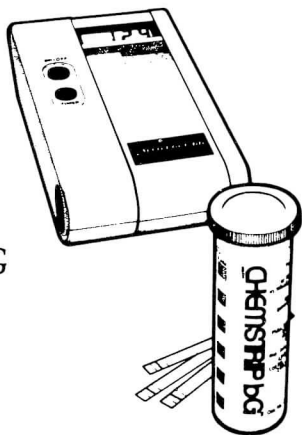
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