

SHELVES WITH BOUND PERIODICALS

BULLETIN

of the
MAHONING COUNTY
MEDICAL SOCIETY

Volume LII

Number 4

APRIL, 1982

April 1982

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1982 - MAHONING COUNTY MEDICAL SOCIETY MEETINGS - 1982

Tuesday	Tuesday	Tuesday	Tuesday	Tuesday	Tuesday
Jan. 19	Mar. 16	May 18	Sept. 21	Nov. 16	Dec. 21

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From the Desk of the President



BILL McCONAHEY

The next medical society meeting will be one to remember. It will be an evening when I will share my family and college roommate with my family of physicians of the Mahoning County Medical Society. Bill is really coming back home, in a way, since he was reared in nearby Sharon, Pa., where his father designed and built and subsequently managed the Westinghouse Transformer plant. Bill was always the top scholar, played football, worked in Sharon Steel as a laborer, worked on the Pennsylvania Power line crew, was an Eagle Scout, and contributed greatly to the Sharon church and community life. At one time, Bill's mother was a patient of Wm. Bunn Sr. It becomes obvious that our May speaker has many ties with our area. I know that he is looking forward to his return on May 18 at the Youngstown Country Club. I do hope that you will honor him by your presence at that meeting, which will be devoted to his most recent research "Differentiated Carcinoma of the Thyroid - - The Mayo Clinic Experience".

Bill's qualifications are extensive and will be summarized at a later date. I would give special attention to his Chairmanship of the Division of Endocrinology and Internal Medicine at Mayo Clinic, as professor of Medicine, Mayo Medical School, and as Professor of Medicine, Mayo Graduate School of Medicine, University of Minnesota. His reorganization of the research endocrine training program at the clinic has been a major success story. His work as Director at The Mayo Clinic of the National Thyrotoxicosis Follow-up study, Consultant to The National Cancer Institute and Consultant to The Federation of the American Societies for Experimental Biology were only a few of his national contributions. His important roll in The American Thyroid Association, Inc. as Treas., Sec., V. Pres. and President attest to his many contributions which number well over 80 publications in our major medical journals.

Bill has been honored in many ways. Phi Beta Kappa, Sigma Xi, The Distinguished Service Award of The American Thyroid Association, Distinguished Alumni Service Award from Washington and Jefferson College, multiple listings in Who's Who, and membership in the most prestigious of medical societies are but a few.

He served in the front lines under Gen. Patton in their deepest thrust into central Europe and was awarded The Silver Star, Bronze Star, Combat Medical Badge, and the European Theater of Operations Ribbon with five Campaign Stars and the Normandy Invasion Arrowhead. He summarized those war years in a beautiful book which has served to document the activity of the 90th Infantry Division.

When each of you have your personal visit with Bill, you will never suspect the above account of his activities. He is a much beloved Senior Consultant at Mayo Clinic, a most humble and personable man, and one whom you will want to know and call friend.

Bob Kiskaddon



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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

LET'S GET BACK TO BASICS

A very thought-provoking article appeared on page 1119 of the February 26, 1982 JAMA. The American Board of Pathology is considering re-establishment of a clinical internship for pathology residents. The pathology resident authors counter with a suggested laboratory year for clinicians.

Both views highlight some concerns with modern training. Many of us decried the elimination in 1975 of the Rotating Internship. While not opposed to progress, we felt this was a step backward. Certainly, many interns were exploited in older internships and promoters of the change touted the many electives in the last year of medical school as replacing that experience.

However, one cannot equate elective clerkships with a good internship. Responsibilities and opportunities to grow are not the same in clerkships as in internships. Deficiencies are being recognized to some extent as many three-year schools are expanding to four years. The students themselves have turned to Family Medicine, Flexible or Transitional rotations and Emergency Medicine for growth experience. The newer essentials for training have put brakes on exploitation.

One wonders if personal desires to protect one's own turf were not among the reasons for dangling the bait of straight programs in front of eager students who want to go out into the "real" world as soon as possible. The elimination of the internship as a requirement allowed young physicians to enter practice a year earlier at a time when more training would seem to be necessary to cover the enlarging medical knowledge bank. Here again, many young hopefuls turned to fellowships as residency year fears made it difficult for them to sever the umbilical cord of training.

No matter what their desires many students are not yet ready to make final career goal choices. A settling down period in a rotating arena gives them an opportunity to savor once more the enticements of many disciplines and allows them to be more well-rounded and happier in final choices. Many of us still feel "a doctor first and a specialist second."

We have forgotten, too, some other important elements. We know good medicine is expensive. But it need not be so. By our own example and by our gentle prodding we can influence trainees to do good histories and phy-

sical examinations, keeping good records and utilizing the "silver bullet" approach rather than the "shotgun" in studies and treatment.

This careful attention to detail can stem the tide of P.S.R.O., U.R., Third party intervention, participating agreements, capitation plans, group practices, malpractice and other inroads into the practice of medicine by those who do not understand our disciplines - - but are reacting to other pressures.

When Larry Weed developed the problem-oriented record he was trying to improve medical care at a reasonable cost. Applying these principles to other aspects of medical practice should put the focus on easily correctable phenomena.

We teach medical students in depth to use care in evaluating and managing patient problems. We stress good record-keeping. Once into practice we look for shortcuts to help us conserve time. These sometimes produce agonizing problems for us.

A return to basics should be a spark that could pique a renewed interest for all of us!

Richard W. Juvancic, M.D.

RESOLUTION APPROVES SPORTS MEDICINE

At the December meeting of the Mahoning County Medical Society, an overview of the Sports Medicine Program at Youngstown State University was ably presented by Dr. Michael Vuksta, medical director of the program.

Dr. Vuksta gave the Society members a run-down on how the program operates, its influence in the area of rehabilitation of sports injuries and its meaning to the general welfare of athletes in the area.

Following the presentation, the Society passed a resolution in favor of the Sports Medicine program that reads:

BE IT RESOLVED that the current program at Youngstown State University concerning athletic injury, being of sound principle and well-based in certified personnel, be encouraged and supported by the Mahoning County Medical Society and be commended for past accomplishments and encouraged to continue providing this much needed service to our community.

AUXILIARY OBSERVING DOCTORS' WEEK

The Woman's Auxiliary will be observing Doctors' Week April 19 - April 25th. Members of the Auxiliary will be handing out flowers at the hospitals to the doctors that week. A reception in honor of their husbands will be held on Sunday afternoon, April 25th, at Dr. Richard Murray's Medart.

CONTINUING MEDICAL EDUCATION

The continuing schedule of programs for St. Elizabeth Hospital Medical Center's series of Family Medicine Grand Rounds is:

May 21 — ONCOLOGY "Interferon: the State of the Art" with Jacques Politi, M.D., clinical assistant professor NEOUCOM and Pediatrics Staff at St. Elizabeth Hospital.

May 28 — MEDICAL ETHICS with program to be announced later.

June 4 — NEUROLOGY "Migraine Headache - Diagnosis and Treatment" with Robert Kunkel, M.D. Staff Physician at Cleveland Clinic Department of Internal Medicine.

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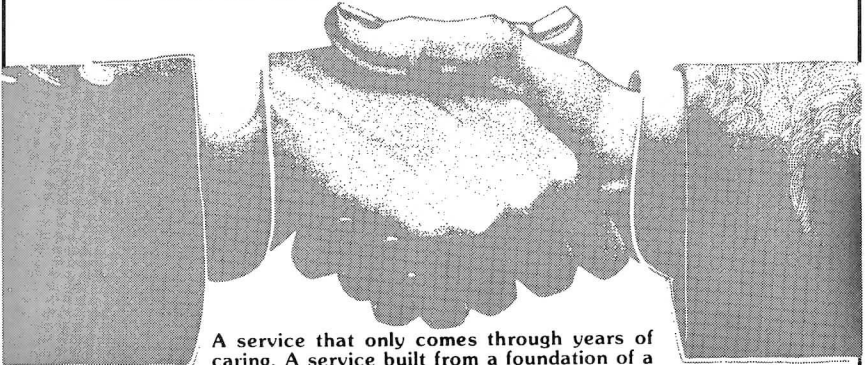
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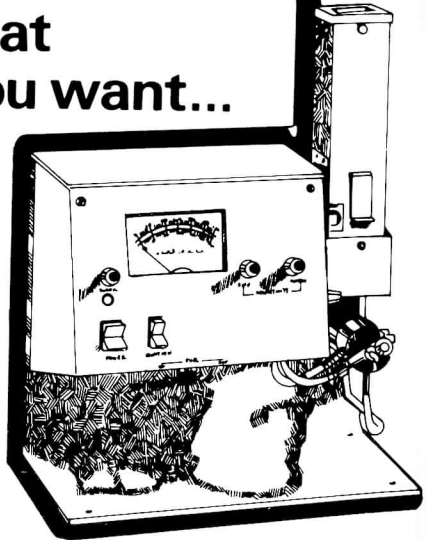
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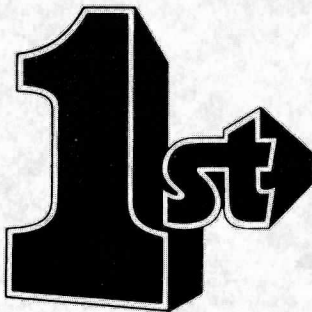
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Y. Jung
A. Randell
F. E. Shaw
S. Zlotnick

April 24

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A. C. Nalluri

April 26

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April 28

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May 3

G. A. Grajo
C. Waltner

May 4

M. Karmindro

May 6

D. M. Goldsmith
J. A. Hyland

May 9

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May 11

G. W. Cook
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May 12

H. S. Banninga
W. J. Tims

May 13

R. A. Bacani
E. R. McNeal

May 14

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W. E. Sovik

May 15

K. R. Prasad

May 17

C. C. White

May 18

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A. A. Franco
S. F. Gaylord

May 19

J. P. Popovec

May 20

T. F. Barrett

May 22

V. C. Hart

May 23

W. J. Cleary
T. W. Tandatnick

May 24

A. Calder
J. J. Wasilko

May 25

M. I. Jacobson

May 27

G. B. Pugh

May 28

C. H. McGowen
U. Sethi

May 29

C. J. Shaffer

May 30

H. L. Allen

June 1

A. Rashid

June 4

R. D. Arnott
J. Schreiber
R. A. Wiltsie

June 5

A. M. Rosenblum
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N. S. Natividad

June 6

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June 11

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June 13

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PROCEEDINGS OF COUNCIL

March 9, 1982

The regular meeting of the Council of the Mahoning County Medical Society was held Tuesday, March 9, 1982 at the Youngstown Club.

The treasurer's report made a comparison of dues collections this year at this time and last year at the same time. The report showed 51 members who have not paid their 1982 dues yet.

The Council gave permission to the Medical Assistants Chapter to mail a donation request to the members of the Society, using the Society envelopes and mailing permit, for which they will pay.

Communications included: A report of two new PICO offerings. Notice of cancellation of the Medicolegal Conclave scheduled for Reno, Nevada in March. A list of activities scheduled for the AMA House of Delegates meeting in May in Chicago. A contribution solicitation from the American Heart Association. A note of thanks from Mrs. Steinberg for the contribution to the Foundation in memory of Dr. Steinberg. A letter from Raton, New Mexico seeking physicians to locate in that area. A communication from OSMA concerning a need for physicians in Smith Township.

Council took note of the communications and requested the executive director take action on one item. The notice of a need for a physician in Smith Township is to be posted on the bulletin boards in the hospitals and a response sent to OSMA regarding the townships' proximity to the city of Alliance and the added pressure on medical service being put on the Sebring area by the expansion of a retirement-nursing home that does not have its own medical director.

A need for volunteers to host the Scholarship Dinner was expressed and members of Council acquiesced.

The announcement was made that the March 16 Society meeting has been approved for one hour CMA credit.

A report on the Leadership Conference in Chicago was given by the executive director, who noted all members will receive a report in the mail. The executive director reported on the compliance with the provisions of the consent decree.

Dr. Kiskaddon gave a report on the status of the combined meeting of hospital staffs and the society in September and noted there has been acceptance of the concept.

It was reported the parental consent form for emergency service has been returned to the originator for some revision.

A copy of a police report that was mailed to the Society office was called to the attention of Council.

A proposal from Allen Photographic of Detroit to again take photos of the members of the Society and provide a composite to the Society was discussed by Council. A motion was made, seconded and passed to have the photos taken because it has been seven years since it was last done.

It was announced that physicians who have moved their office location since their last license renewal should inform the Ohio State Medical Board in writing.

THOSE WHO PAY, SICK LESS

A Rand Corporation study indicates that Americans who are fully covered for their health care costs will incur 50 percent more medical expense than individuals who pay part of their bill "out of pocket." Also, individuals who have to pay part of their health care costs are hospitalized less frequently than those with full insurance coverage. Once in the hospital, however, there appears to be little cost difference between the two groups.

YHA C.M.E.

- APRIL 15, 1982 — "Medical Psychosis - Diagnosis and Treatment" — Dr. D. Robb, YHA, Hitchcock 8:00 a.m. Category I and AAFP.
- APRIL 20, 1982 — "Hypertrophy of Atrium and Ventricles" — Dr. R. Houston, YHA Classroom II, North 7:30 a.m. Category I and AAFP.
- MAY 1, 1982 — "Lung Cancer Update" — Drs. J. Turner, M. Kuretu, J. Vidal, YHA Hitchcock 8:00 a.m. Category I AAFP Pending 2 hours.
- MAY 4, 1982 — "Reentry and Echo Phenomenon" — Dr. W. H. Bunn, YHA Classroom II North 7:30 a.m. Category I and AAFP.
- MAY 6, 1982 — "Medical Genetics for the Clinician" — Dr. L. Elsas, Emory Univ. Hitchcock 8:00 a.m. Category I AAFP Pending.
- MAY 13, 1982 — "Paraneoplastic Syndrome and Lung Cancer" — Dr. J. Politis and YHA Panel. Hitchcock 8:00 a.m. Category I and AAFP.
- MAY 20, 1982 — "Thyroiditis" — Dr. W. McConahey, Mayo Clinic. Hitchcock 8:00 a.m. Category I AAFP Pending.
- MAY 27, 1982 — "Extrapulmonary Tuberculosis - Case Reviews" — Drs. R. Bailey-Newton and J. Politis, YHA. Hitchcock 8:00 a.m. Category I AAFP.
- JUNE 3, 1982 — Emergency Medicine To Be Announced. Hitchcock 8:00 a.m. Category I AAFP Pending.
- JUNE 5, 1982 — "Modalities for Early Diagnosis of Colorectal Cancer" — Dr. Warren Nugent, Massachusetts General Hospital. Hitchcock 8:00 a.m. (Tumor Conference) Category I AAFP 2 hours.
- JUNE 10, 1982 — Quarterly Review To Be Announced. Hitchcock 8:00 a.m. Category I AAFP Pending.

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American Society of Internal Medicine



More and more physicians today are beginning to realize the extent of the economic influence they have, and are finding ways of holding costs down.

A number of studies show that the more physicians *know* about costs, the more they try to *reduce* them.* And this reduction can be done without reducing the quality of care to the patient.

How are they doing this? As a start they have become thoroughly familiar with the costs they incur on behalf of their patients. They know how much an X-ray costs, how much their

hospital charges for routine lab tests. They're requesting copies of patients' hospital bills. And asking their hospitals to print the charges for diagnostic tests right on the order sheet.

What else are physicians doing? Minimizing their patients' hospital stays, whenever possible. Reevaluating routine admissions procedures. Questioning the real need of the diagnostic tests they order for their patients. Avoiding duplicate testing. Trying to discourage their patients' demands for unnecessary medication, treatment or hospitalization. Compiling daily logs of their medical decisions and what they cost. And more.

More physicians today realize what a tough problem we're all faced with. They know this is a challenge for medicine. And that physicians are in the best position to deal with and solve the problem.

*PATIENT CARE Magazine—Outlook 1977 "Fare Off Cost Containment vs. Chaos," January, 1, 1977

Leib CH, et al. "Practice habits in a group of eight internists," ANNALS OF INTERNAL MEDICINE 84 (Mar. 1976): 594-600

Schweder SA, et al. "Use of laboratory tests and pharmaceuticals: correlation among physicians and effect of cost audit on subsequent use," JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION 225 (Aug. 20, 1973): 969-73



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Did You Know . . .

EUGLYCEMIA: A WORTHY GOAL

A little over a decade ago, diabetics were considered to be in good control if they were free of polyuria, maintaining an ideal weight, free of hypoglycemia or ketoacidosis, and relatively free of disabling chronic complications. If the patients required insulin it was considered good practice, even desirable, that one allow them to spill trace amounts of sugar in the urine, supposedly to obviate the possibility of hypoglycemic reactions. Normoglycemia was felt to be nearly unattainable, even dangerous.

While the Joslin Clinic continued to preach the gospel of tight control, in the name of warding off chronic long-term complications, other diabetologists throughout the country failed to see a direct relationship between poor control and an increase in the incidence of retinopathy, neuropathy, nephropathy, and atherosclerosis.

Although some still cling tenaciously to the idea that microangiopathic lesions are inevitable regardless of the degree of control, a majority of opinion today has swung to the side of attempting to attain a state of euglycemia in the management of diabetes.

The medical community has probably best learned its lesson in this regard from observing the effects of poor control on the fetus and placenta in pregnant insulin dependent diabetics. One study has shown that if the blood sugar during pregnancy averages 150mg%, the fetal mortality (intra-uterine death, stillbirth, perinatal death) approaches 20%. If however, the blood sugar averages 100mg%, the fetal mortality drops to 2%. When one considers the fact that a short time ago a blood sugar of 150mg% was considered a sign of excellent control in an insulin dependent diabetic, these results are truly a rude awakening.

There are several ways in which the physician and his patient can team up to achieve better control.

First and foremost is the adherence to a well balanced, caloric-controlled, consistent diet. Too many patients are uneducated in this sine qua non of good diabetic management. All too often patients simply avoid sweets or worse yet, skip meals in an effort to keep blood sugars down.

In the insulin dependent diabetic, the splitting of intermediate acting (NPH, Lente) insulin into morning and evening doses, and the mixing of short acting (regular) insulin with the intermediate can achieve smoother control thus avoiding late afternoon hypoglycemic reactions that often accompany large single morning doses of intermediate insulins. The evening dose likewise prevents the early morning hyperglycemia and glucosuria seen when a single morning dose has lost its effect.

Patients should be encouraged to purchase a glucometer in order to monitor blood glucose on a more regular basis. Fractional urine determinations are not a reliable index of control since negative results only assure one that the blood glucose has not exceeded renal thresholds of 190 to 210mg%. Glucometers are now priced well within the reach of even the most modest incomes. These devices give the patient an opportunity to monitor blood glucose at will and report to the physician in case of wide variations from the norm. Monthly or quarterly blood glucose determinations in the physician's office merely serve to give both doctor and patient a false sense of security since most patients will walk the "straight and narrow path" during the 24 to 48 hours prior to their appointments in order to make a good showing. Unfortunately for them however, the remainder of the interval between visits they are living with unacceptably high blood glucose levels.

The ultimate answer will be the institution of an endogenous source of insulin per pancreatic transplant. Until such therapy is readily available however, the nearest thing to it is the insulin pump. This device delivers a constant subcutaneous flow of regular insulin (basal dose) according to the patient's predetermined needs with a bolus given by the patient at mealtime. The original units were a bit cumbersome, but in newer models the size has been reduced. The limiting factor at this juncture however, is an extremely high price of four to six thousand dollars. These are currently recommended only in the most brittle of the type I or insulin dependent diabetics.

The ultimate goal of all of these various methods of management is of course euglycemia. Hopefully after observing many type I diabetics over a couple of decades we will have a definite answer as to the efficacy of good control in the prevention of long term chronic complications in diabetes. Until such a time however, one thing remains exceedingly clear, and that is that no one ever benefited from poor control of their diabetes.

Charles H. McGowen, M.D.

MAY SOCIETY PROGRAM

"Differentiated Carcinoma of the Thyroid — The Mayo Clinic Experience" will be the topic discussed by William M. McConahey, Professor of Medicine at Mayo Medical School at the May 18, 1982 Mahoning County Medical Society Meeting at the Youngstown Country Club. The meeting will start with dinner at 6:30 p.m.

Dr. Robert Liebelt, retiring Dean-Provost at NEOUCOM, will be honored.

A good turnout for this program would be welcomed. This program will be considered for CME credit for those attending and registering.

MARCH SOCIETY MEETING HIGHLIGHTS

Two outstanding programs and the passage of a resolution made up the principle portions of the March Meeting of the Mahoning County Medical Society.

An exceptional turnout of Society members were on hand to enjoy the program on "An Overview on Recent Developments in Immunology" presented by slide and narration by Dr. William Finch of YHA. The program, which carried one-hour CME credit, was well received and praised by those in attendance.

The members also had the opportunity to ask questions after Herbert Gillen, associate executive director of OSMA, presented a program about Participating Agreements being offered by Blue Shield. Accompanying Gillen, was staff member Bill Frye who aided in the presentation and the question period following the presentation.

An overwhelming majority vote was given by written ballot in favor of rescinding a portion of the constitution and bylaws that deals with assessments to be paid by reinstated members of the Society.

President Robert Kiskaddon, M.D., reminded the assemblage that Dr. William McConahey of Mayo Clinic will be the speaker for the May 18 Society meeting that is being held at the Youngstown Country Club.

CHAMBER LAUDS MEMBER

Dr. Joseph Gregori was the recipient of a special award at the Youngstown Area Chamber of Commerce "Early Bird Breakfast" event December 15.

The Civic Improvement Award was presented to Dr. Gregori for the Ohltown Professional Centre by Dr. John McDonough, chairman of the award committee.

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From the Bulletin

FIFTY YEARS AGO — APRIL 1932

The scientific program that month consisted of a full day of papers and clinics given by Drs. Henry A. Christian, Samuel A. Levine, Wm. C. Quinby, and Merrill Sosman, all from Harvard University. It was the fifth annual Post-Graduate Day.

Morning and afternoon meetings were held at the Ohio Hotel. The dinner and evening meeting were at the Youngstown Club. More than four hundred doctors were registered. They came from sixty-one towns in five different states. Dr. Paul Fuzy was chairman and G. G. Nelson Vice-chairman of the committee.

In the President's Column, Earl Brant proposed that we should have a President-elect instead of a Vice President, that the delegates and the editor should be made members of the Council. He appointed C. R. Clark, C. D. Hauser, and W. D. Coy to form a Speaker's Bureau.

Drs. E. C. Mylott, James B. Birch and W. Stanley Curtis were elected members of the Society.

In 1931 there were 45 cases of diptheria in the city with five deaths, in the county there were 46 cases and 1 death. In March, 1932, there were reported 17 cases of diptheria, 11 cases of smallpox and 50 cases of influenza.

FORTY YEARS AGO — APRIL 1942

Feverish preparations were going on for the Annual Post-Graduate Day. A group from Northwestern was due to arrive for a day of instruction on the fifteenth. Craig Wales and G. DeCicco were committee chairmen and very busy.

On the eighteenth the annual Dinner-Dance was scheduled at the Youngstown Country Club; Elmer Wenaas was running that. The Ohio State meeting was held at Columbus on the twenty-eighth, so it was a busy month.

Richard Clifford, Martin Conti, Stephen Ondash, George Armbricht, Francis Hardman and Frederick Tingwald joined up for active duty with the armed forces.

New members that month were Bertram Firestone and Genevieve Delfs.

Dr. E. H. Young became a member of the Board of Education.

McKelvey's advertised men's smartest double-breasted worsted for \$39.75.

THIRTY YEARS AGO — APRIL 1952

No Post-Graduate Day in April that year. It had become the Sixth Councillor District affair and changed to October. The Ohio State Meeting was changed to May.

Leo Brown was here from the A.M.A. office in March to talk about public relations. His prescription for good public relations: Prompt, courteous, efficient service contained in an understanding heart, labeled with an unselfish desire to help others.

C. W. Stertzbach had an article on "Amblyopia Ex Anopsis" commonly known as the "lazy eyes" due to suppressed or undeveloped vision in one eye. He stressed early treatment and described simple tests for recognizing the condition in infancy.

Raymond Catoline became a new member.

TWENTY YEARS AGO — APRIL 1962

A free buffet dinner was offered to entice members to an important business meeting at the Mural Room. Only seventy members were interested enough in the business and policy of the Society to attend.

President Stertzbach said that an Area Hospital Planning Commission might have a worthwhile purpose.

Extracorporeal Hemodialysis became available at the Youngstown Hospital. Wm. Loeser explained the indication for and nature of the treatment.

New members were William Henry Charlebois and Joseph Mersol. S. W. Goldcamp died at age 78. He was one of our earliest and best E.N.T. men.

Asher Randell was appointed Chairman of a Committee to consider our relationship with the local osteopathic physicians.

TEN YEARS AGO — APRIL 1972

The April issue for that Centennial Year contained a cover photo (from the Arms Museum) of Youngstown's second physician, Dr. Henry Manning. Editor John Melnick wrote a highly interesting and extremely detailed account of Dr. Manning who was a most versatile physician. He was a land owner, politician, farmer, military surgeon, and educator, and among other things, opened Youngstown's first Drug Store, which later expanded into a general store, much the way it is today.

The Annual Scholarship Dinner was held on April 13. Dr. Conner White was Chairman and speaker for the event was Ross Wales, son of Dr. and Mrs. Craig Wales and winner of an Olympic bronze medal. Certificates of Achievement were presented to the fifty-four scholars, and Dr. and Mrs. Holden presented each of them with a commemorative pin.

Mitch Stanley of WFMJ devoted his "Spotlight" program of April 22 to the Centennial Celebration of the MCMS. Guests appearing on the program were: Dr. J. L. Fisher, Dr. Robert Barton, and Dr. John Melnick.

New associate members that month were Robert S. Bakondy, D.O., Abdul Hafiz, M.D. and Parviz Soleimani, M.D.

Council took note of a recent report that OMI would furnish legal assistance to Blue Shield subscribers who were suing doctors in regard to fees.

Robert R. Fisher, M.D.

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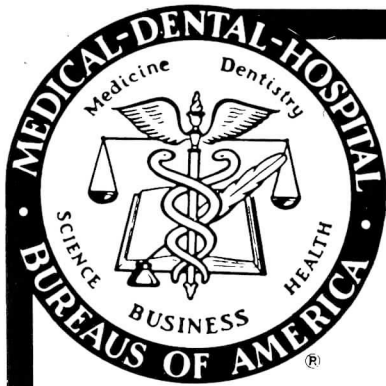
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