BULLETIN

Founded 1872

Vol. 61, No. 3 | Bulletin of The Mahoning County Medical Society | March, 1991

***Timeless Elegance,* Watercolor on Arches, 15 x 11,** by Mary Kay D'Isa (1926 –)

Cover Story on pg. 32

Founded 1872

COUNCIL

Officers
Brian S. Gordon, M.D.
President
Jane F. Butterworth, M.D.
President Elect
Kimbroe J. Carter, M.D.
Secretary
Danny Chung, M.D.
Treasurer
James A. Lambert, M.D.
Immediate Past President

Censors
Jane F. Butterworth, M.D.
Brian S. Gordon, M.D.
James A. Lambert, M.D.

AMA Alternate Delegate
J. James Anderson, M.D.

OSMA Delegates
J. James Anderson, M.D.
Brian S. Gordon, M.D.
James A. Lambert, M.D.
Lloyd E. Slusher, M.D.
Hai Shiuh Wang, M.D.
Karl F. Wieneke, M.D.

OSMA Alternate Delegates
Ernesto V. Angtuaco, M.D.
Denise L. Bobovnyik, M.D.
Jane F. Butterworth, M.D.
David J. Dunch, M.D.
Murali Guthikonda, M.D.
Daniel W. Handel, M.D.

Council at Large
Chester Amedia, M.D.
John W. Babyak, M.D.
Glenn J. Baumblatt, M.D.
John G. Guju, M.D.
Chris A. Knight, M.D.
Catherine E. Molloy, D.O.
Alam M. Qadri, M.D.
Robert G. Spratt, M.D.
Eric W. Svenson, M.D.
Milo N. Warner, D.O.

Director of Public Relations Program Chairman
Richard D. Gentile, M.D.

Editor/Bulletin
Bruce M. Rothschild, M.D.

Executive Director
Eleanor Pershing

BULLETIN

Mahoning County Medical Society
Volume 61 March 1991 No. 3

Table of Contents

SOCIETY MEETINGS
January 15, 1991
March 16, 1991
May 21, 1991
September 17, 1991
November 19, 1991
December 17, 1991

The Bulletin is published nine times a year, monthly with the exception of May, July and August by the Mahoning County Medical Society, 5104 Market Street, Youngstown, Ohio 44512.
Phone (216) 788-4700.

Editor
Bruce M. Rothschild, M.D.

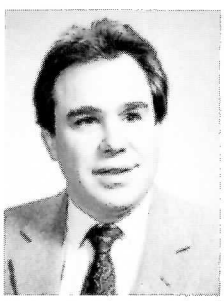
Managing Editor
Eleanor Pershing

Publication Contributor
Margaret Floyd

Editorial Board
Denise L. Bobovnyik, M.D.
Robert R. Fisher, M.D.
Brian S. Gordon, M.D.

Goodbye Las Vegas

"Any gifts accepted by physicians individually should primarily entail a benefit to patients and should not be of substantial value."



Brian S. Gordon, M.D.

They've done it again. Another bit of Americana – bribing the doctor – is gone. The AMA's Council on Ethical and Judicial Affairs in conjunction with the Pharmaceutical Manufacturer's Association has helped formulate the Code of Pharmaceutical Marketing Practices as a result of political pressure by Senator Kennedy's subcommittee. The code was created to control wasteful expenditures by the pharmaceutical manufacturers which might lead to higher costs of medications.

In the code, conduct of medical representatives; dissemination of information through symposia, congresses, or other means of verbal communications; content of promotional material; the distribution of samples; and other obligations of the industry are well spelled out. In addition, four position statements were made.

1. "Gifts, hospitality or subsidies offered to physicians by the pharmaceutical industry ought not to be accepted if acceptance might influence or appear to others to influence the objectivity of clinical judgment. A useful criterion in determining acceptable activities and relationships is: Would you be willing to have these arrangements generally known?"

2. "Independent institutional and organizational continuing medical education providers that accept industry-supported programs should develop and enforce explicit policies to maintain complete control of program content."

3. "Professional societies should develop and promulgate guidelines that discourage excessive industry-sponsored gifts, amenities, and hospitality to physicians at meetings."

4. "Physicians who participate in practice-based trials of pharmaceuticals should conduct their activities in accord with basic preceps of accepted scientific methodology."

These four positions have also been endorsed by the American Diabetes Association, the American Society of Hematology and the American Thoracic Society.

The AMA has also come out with policy statements that were adopted. These are summarized as follows:

1. "Any gifts accepted by physicians individually should primarily entail a benefit to patients and should not be of substantial value. Accordingly, textbooks, modest meals and other gifts are appropriate if they serve a genuine educational function. Cash payments should not be accepted."

2. "Individual gifts of minimal value are permissable as long as the gifts are related to the physician's work (e.g., pens and notepads)."

3. "Subsidies to underwrite the costs of continuing medical education conferences or professional meetings can contribute to the improvement of patient care and therefore are permissable. Since the giving of a subsidy directly to a physician by a company's sales representative may create a relationship which could influence the use of the company's products, any subsidy should be accepted by the conference's sponsor who in turn can use the money to reduce the conference's registration fee. Payments to defray the costs of a conference should not be accepted directly from the company by the physicians attending the conference."

4. "Subsidies from industry should not be accepted to pay for the costs of travel, lodging or other personal expenses of physicians attending conferences or meetings, nor should subsidies be accepted to compensate for the physician's time. Subsidies for hospitality should not be accepted outside of modest meals or social events

held as a part of a conference or meeting. It is appropriate for faculty at conferences or meetings to accept reasonable honoraria and to accept reimbursement for reasonable travel, lodging and meal expenses. It is also appropriate for consultants who provide genuine services to receive reasonable compensation and to accept reimbursement for reasonable travel, lodging and meal expenses. Token consulting or advisory arrangements cannot be used to justify compensating physicians for their time or their travel, lodging and other out-of-pocket expenses."

5. "Scholarship or other special funds to permit medical students, residents and fellows to attend carefully selected educational conferences may be permissible as long as the selection of students, residents or fellows who will receive the funds is made by the academic or training institution."

6. "No gifts should be accepted if there are strings attached. For example, physicians should not accept gifts if they are given in relation to the physician's prescribing practices. In addition, when companies underwrite medical conferences or lectures other than their own, responsibility for and control over the selection of content, faculty, educational methods, and materials should belong to the organizers of the conferences or lectures."

To summarize, the pharmaceutical industry and the medical profession have obligated themselves to noble ideals. What's missing, of course, is enforcement of the code. Ideally, the threat of government interference is enough, but one always finds a few companies and individuals testing any rule to find out if anything will happen to them. Oh, well, I kind of liked being treated royally in fairytale lands! Do you think they'll at least babysit for my kids one afternoon? Also, as a final gesture, a cadillac – for the road! □

THE DON QUIXOTE COMPLEX:
Attempts To Provide Quality Care

"Physicians can only be effective if they function within a team of effective health care providers."

What is a caring physician? Hospitals receiving federal funds generally agree to "deliver" a minimal amount of gratis care. On the other hand, we physicians find ourselves in a quandary. Given the number of un- and underinsured individuals in the community we serve, it is ironic that we are informed that we are under mandate to bill for and collect from such individuals. It is paradoxical that we as practitioners attempt to work with our patients to assure availability of quality care.

Doing one's fair share and contributing to and assuring the quality of care is at least partially the responsibility, if not the driving force, of the practitioner. A physician's care is the milieu in which he or she works. Physicians can only be effective if they function within a team of effective health care providers. What is health care provision, if not an attitude? The person who puts in their time as a chore to complete and depart as soon as socially acceptable (as soon as their shift is complete) is meeting the job description of a business. A hospital intensive care unit conversation perhaps exemplifies the problem:

> Physician: "What is this 'desalid' on the nursing medication cardex?"
>
> Nurse: "I don't know. Let me look in the pharmacy drawer. Two medications in the pharmacy drawer match with two on the medication cardex. The third medication in the drawer doesn't match with any in the cardex, so it must be the desalid."
>
> Physician: "Are you going to give the patient French or Italian dressing with 'de salid'?"

The actual order sheet read disalcid. The nurse involved, and her supervisor, seemed not to understand that this presented a problem. Provision of medication is well documented in the hospital record. It is a shame that multiple nurses documented giving a "medication" which to my knowledge does not exist. I never did learn which salid dressing the patient actually received. Giving a patient a medication (without verifying that is was the medication actually ordered) is but one of many medication error concerns. While called a nursing error, it probably is not. It suggests that the health care team has broken down. Going through the motions is not the same as performing by rote. Unfortunately, one can lead, and at least in this case, apparently led to the other.

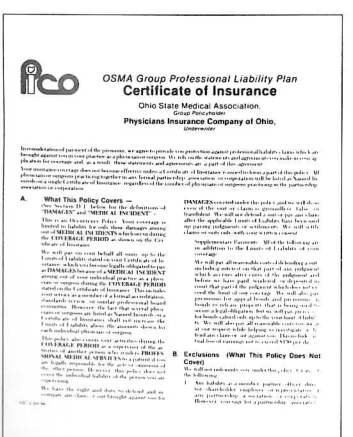
What can we do to constructively impact the problem? How do we communicate to nurses and other health care providers that we cannot function in isolation, that they are an important component of the health care team? Perhaps the problem of lines of communication is that they appear to be directed in an adversarial direction. While formal incident report sheets are available to complain about an individuals function, I am unaware of available of analogous "sheets" to compliment good care or service. The issue, however, transcends those people we traditionally consider as "health care providers." Frustrated as we often are by incomplete bedside patient charts, how often do we compliment the ward secretaries and others responsible for "ramrodding" the chart, when they have gone the extra step to assure what we (and the patient needs) is present? If health care is viewed as a service "industry," the staff that keeps the rooms clean and equipment serviced is as important as any one of us. We should routinely acknowledge their services.

If we are not part of the solution, we are part of the problem. Registering the problem is often a matter that could be expressed on the Richter scale. It is easy to place blame elsewhere. Solutions sometimes appear to be still small voices, crying in the wilderness. Let us add to that din! □

Bruce M. Rothschild, M.D.

IT'S IN WRITING.

"WE WILL SETTLE CLAIMS OR SUITS ONLY WITH YOUR WRITTEN CONSENT."



OSMA Group Professional Liability Plan
Certificate of Insurance
Ohio State Medical Association
Group Policyholder
Physicians Insurance Company of Ohio,
Underwriter

A. What This Policy Covers —

B. Exclusions (What This Policy Does Not Cover)

Physicians Insurance Company of Ohio
Bates Drive • Pickerington, Ohio • 43147
(614) 864-7100 • (800) 282-7515

Every malpractice policy issued by **PICO** contains this consent-to-settle clause.

It's been a vital part of our claims philosophy since we issued our first contract. It also has become increasingly vital to the security of our policyholders.

- **PICO** vigorously fights unwarranted and frivolous claims.
- **PICO** will not settle a claim quickly just to avoid the time and expense of a court trial.
- And **PICO** will never settle a claim prior to court judgment without the *written consent* of the insured doctor.

Today, with stringent new requirements for reporting *any payment which results from a malpractice settlement* to a federal data bank, protecting our policyholders is more important than ever.

Dr. Frederick A. Resch Honored

Dr. Frederick "Art" Resch, a long time resident of Poland, was honored by the Western Reserve Care System's Family Practice Center, Friday, February 15, at the Moonraker Restaurant in Poland.

Dr. Resch served as Associate Director at the Family Practice Center from 1982 until his retirement in December of 1990.

Dr. Resch began his medical career in 1944 after graduating from Jefferson Medical College in Philadelphia. He served as an intern at St. Lukes Hospital in Cleveland and went on to complete his medical training at the Caylor Medical Clinic in Indiana in 1946 and the Cleveland Clinic Foundation in 1950. Dr. Resch also served as the Chief of Medicine of the U.S. Army Hospital ship Charles A. Stafford during World War II. He went into private practice in Canfield in 1950. In 1959 he joined with Dr. Jack Schreiber and in 1960 with Dr. Gene Shrum and Dr. G.W. Richter to form Canfield Professional Park, Inc., and build Doctor's Park in Canfield. After retiring from private practice, Dr. Resch joined the Family Practice Center at Northside Hospital where he served as Associate Director for eight years.

Dr. Frederick A. Resch

Dr. Resch's distinguished career also included serving as president of the Mahoning County Medical Society in 1966. He was also responsible for the Mahoning County Medical Society's "Ask the Doctor" booth at the Canfield Fair.

Highlights of the evening included a taped message from long time friend and partner Dr. Schreiber and several letters of appreciation from former Family Practice residents from out of state.

Dr. Resch was joined by his wife Carolyn and his three sons, David, Philip, Jeffrey and their families. □

Senate Bill 2: The Comprehensive AIDS Bill For Ohio

The following is the last installment of Senate Bill 2, the Comprehensive AIDS Bill for Ohio:

6. AIDS Notice Requirement
(O.R.C. Sec. 3701.243 (E))
An individual who knows that he has received a positive result on an HIV test or has been diagnosed as having AIDS or an AIDS-related condition, shall disclose this information to any other person with whom he intends to make common use of a hypodermic needle or engage in sexual conduct. Note that O.R.C., Section 3701.244 states that no person with knowledge that another has AIDS shall be held liable for failing to disclose that information to any person unless such disclosure is expressly required by law.

7. Antidiscrimination Provisions
(O.R.C. Sec. 3701.245)
(a) No state or local agency or private nonprofit corporation receiving state or local funds shall refuse to provide services solely on the basis of an individual's refusal to consent to an HIV test or disclose HIV test results.
(b) A physician may refer any individual who he believes, in good faith, may have AIDS to another more appropriate provider.

8. Court Order to Compel HIV Testing (O.R.C. Sec. 3701.247)
(a) Any of the following persons may bring an action in Probate Court for an order compelling another person to undergo HIV testing:
(1) A person who believes he may have been exposed to HIV infection while rendering health or emergency care.
(2) A peace officer exposed in the performance of duty.
(b) The complaint shall be accompanied by an affidavit in which the Plaintiff attests to the following:
(1) Significant exposure occurred while rendering health or emergency care or in the performance of a peace officer's duty.
(2) Plaintiff has reason to believe the defendant may have an HIV infection.
(3) Plaintiff made a reasonable attempt to have the defendant submit to HIV testing and notified the defendant that an action would be brought if testing was not performed (Note that under O.R.C. Sec. 3701.243, Item 8 above, the plaintiff could go to court to compel release of results if the test was already performed).
(c) Plaintiff must have taken an HIV test within seven days of exposure and received counseling.
(d) Defendant must identify patient by a pseudonym.
(e) The court must hold a hearing within 72 hours after defendant is served with complaint.
(f) Clear and compelling need for testing must be demonstrated by the plaintiff before the court will order testing.

9. Reporting of HIV Test Results to Emergency Care Worker
(O.R.C. Sec. 3701.248)
(a) An "Emergency Care Worker" who

Neil H. Altman, MPH
Health Commissioner

believes he has suffered "significant exposure" through contact with a patient may submit to the healthcare facility or coroner that received the patient a request to be notified of the results of any test performed on the patient to determine the presence of a contagious or infectious disease.

(b) Such requests shall include the name, address and telephone number of the worker; the worker's employer and immediate supervisor; and the date, time, location and manner of exposure.

(c) The Emergency Care Worker shall receive an oral notification within two days of whether the patient was tested and, if so, the results. The supervisor is also notified. A written report is required within three days. Positive test results must be accompanied with information about the disease, symptoms, treatment, etc. Such notification will not include the name of the patient.

10. Employer Immunity

(O.R.C. Sec. 3701.249)

(a) The employer of a person with HIV infection is immune from liability to any person in a civil action for damages for injury, death, or loss for any claim arising out of a transmission of the HIV virus from the infected employee to another employee or to any other person, unless as a result of the reckless conduct of the employer.

(b) Similar immunity is granted against any claim arising from an illness or injury to the employee that is stress-related and results from the employee being required to work with an individual who has AIDS.

PROCEDURES FOR PERSONS INCARCERATED

(a) Mandatory testing is required for all persons charged with several types of sexual crimes.

(b) Additional tests can be mandated at any time during incarceration if the head of the institution determines there is "good cause."

(c) Separation from other inmates may be required if the Director of Health deems it necessary to prevent the spread of the virus.

The legislation also provides for the creation of Community Alternative Homes, residences for between three and five unrelated individuals who fall anywhere along the spectrum of HIV disease. I will not outline this section in this article.

INSURANCE PRACTICES

(a) No insurer may:

(1) Take into consideration an applicant's sexual orientation in determining insurability. However, applicant may be asked if ever positively diagnosed as having AIDS or ARC...;

(2) Cancel policy based solely on the fact that the policyholder has or develops AIDS or ARC.

(b) If applying for individual policy, insurer may require applicant to submit to confidential HIV test if in conjunction with tests for other health conditions. Informed consent must be obtained.

(c) Under a group policy, no HIV test-

ing is permitted (a group is considered as coverage provided to more than 25 individuals).

CIVIL RIGHTS PROTECTIONS

(a) Non-Discriminatory Health Service

(1) If a health service receives any government funds, then it cannot refuse to admit as a patient, or provide services to, any individual solely because he refuses to consent to an HIV test or disclose HIV test results;

(2) A physician or dentist can make a referral if it is based upon reasonable professional judgment;

(3) Any reference to treating certain diseases (AIDS) as a "handicap" was deleted.

I have recently obtained some amendments which were passed subsequent to the passage of S.B. 2; they are as follows:

1. Allow physicians and other health care providers to disclose the results of an HIV test or the identity of an individual on whom an HIV test is performed or who is diagnosed as having AIDS or an AIDS-related condition to a federal, state, or local government agency for the purpose of Medicare, Medicaid, or other public assistance reimbursement.
2. Make the definition of an "emergency medical services worker" and "peace officer" under section 3701.248 of the Ohio Revised Code consistent with the definitions in section 3701.24 of the Ohio Revised Code.

"Emergency Medical Services Worker" means all of the following:

A. A peace officer (the definition of a peace officer includes a sheriff);

B. An employer of an emergency medical service;

C. A firefighter employed by a political subdivision;

D. A volunteer firefighter, emergency operator, or rescue operator;

E. An employee of a private organization that renders rescue services, emergency medical care, or emergency medical transportation to accident victims and persons suffering serious illness or injury.

3. Allow the explanation under the informed consent requirement that an HIV test is voluntary to be a written explanation or an oral explanation.
4. Provide that informed consent for an HIV test may only be withdrawn within one hour after the blood is taken if the test is performed on an inpatient basis and at any time before the individual leaves the premises if the test is performed on an outpatient basis.
5. Require the Ohio Public Health Council to adopt rules specifying the diseases that are reasonably likely to be transmitted by air or blood during the normal course of duties performed by an emergency medical services worker and to require the Ohio Public Health Council to consider the types of

contact that typically occur between patients and emergency medical services workers in specifying such diseases.

6. Clarify that when an emergency medical services worker who believes he has suffered a significant exposure and requests notification of the results of any test performed on the patient to determine the presence of a contagious or infectious disease, the request for notification is valid for ten days after it is made.

   If at the end of the ten day period no test has been performed to determine the presence of a contagious or infectious disease, no diagnosis has been made, or the results of the test are negative, the health care facility or coroner is required to notify the emergency medical services worker accordingly. Such notification could not include the name of the patient or deceased person. If necessary, the request may be renewed.

   In addition, the health care facility or coroner who receives such request for notification would be required to give an oral notification of the presence of a contagious or infectious disease, or of a confirmed positive test result, if known, to the emergency medical services worker or his supervisor within two days after determining the presence of a contagious or infectious disease or after a confirmed positive test result.

7. Include under the penalty provision failure to comply with the aforementioned notification procedures. □

MCMA to Host State Convention

The Mahoning County Medical Assistants will host the 34th Annual Convention of the Ohio State Society of Medical Assistants at the Holiday Inn Metroplex in Girard, Ohio, April 25-29, 1991. "Medicine Under the Big Top" is the theme for the four day program.

An educational workshop is planned for Saturday, April 27. Speakers and topics include John McElroy, M.D. — "Kidney transplant Surgery"; Jopseph Donofrio of Lyons Medical — "Physician Office Laboratory Testing Requirements"; Huberto A. Latorre, M.D. — "Juvenile Diabetes"; and Eugene O'Brien, Ph.D. — "Substance Abuse Among Professionals."

CEU's will be available for those needing credits for certification.

On Friday and Saturday, local medical suppliers will provide exhibits of their latest medical equipment. Exhibits are open to all physicians and medical personnel.

Kathylynn Feld, RN, CMA, and Betty Ann Perschka, LPN, CMA, are convention co-chairpersons. Anyone with questions concerning the program may contact Nena Labarbera at 758-2449 or June Kyle at 758-2630. □

A Clinically Proven Home Regimen To Treat Venous Insufficiency

The SCD™ Therapeutic System

*Delivering calibrated, gradient pressure to manage the factors associated with chronic venous hypertension.**

Case One

Patient: Female, 67 years of age, retired school teacher.

Diagnosis: Clearly infected ulcer on lower left leg, present for six years. Non-invasive venous testing revealed deep venous insufficiency. Findings confirmed by duplex imaging.

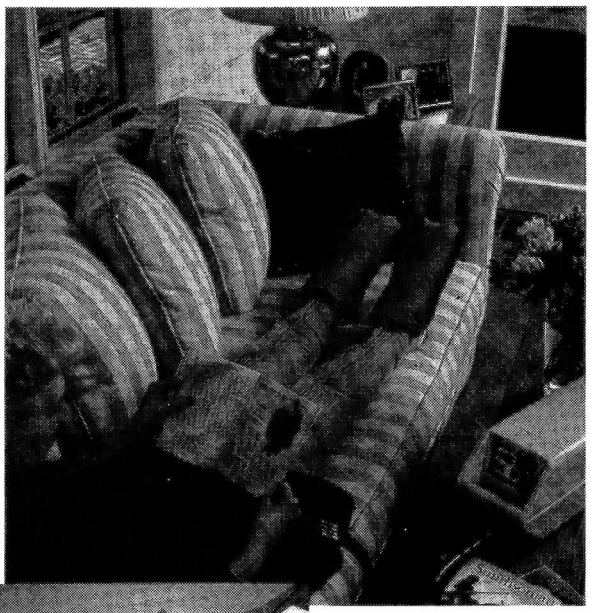
Prior Treatment: A variety of gauze and adherent dressings had been applied without success.

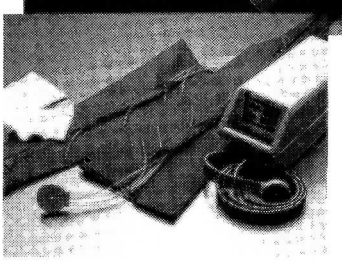
Solution: Wet/dry dressings were combined with intermittent pneumatic compression using the SCD Therapeutic System. After two weeks, considerable healing progress was evident.

Complete healing was achieved in twelve weeks. Compression stockings were prescribed.

In the nine months since healing, no recurrence has been observed.

The Kendall SCD System™ is one of many comprehensive programs provided by Family Home Medical. Our professional staff of R.N.'s and L.P.N.'s work with your patients from initial consult to final examination with reports to you including photos when applicable. We assure the complete success of our programs.





The SCD Therapeutic System is:

- lightweight
- portable
- easy to apply
- simple to operate

It's ideal for home use under the prescription and guidance of a physician.

*References: Gerit Mulder, DPM, MS; James Robison, DPM; Jeannie Seeley, RN: Study of Sequential Compression Therapy in the Treatment of Non-Healing Chronic Venous Ulcers, Wands: A Compendium of Clinical Research and Practice 1990; Volume 2, Number 5

Coleridge Smith P.D., Scurr, J.H.; Hasty, J.: The Effect of Intermittent Pneumatic Compression on the Healing of Venous Ulcers, American College of Surgeons, October 23-27, 1988, Chicago.

Pekanmaki, K.; Kolari, P.J.; Kiistala, U.: Intermittent Pneumatic Compression Treatment for Post-thrombotic Leg Ulcers, Clinical and Experimental Dermatology 1987; 12: 350-353

Joseph A. Caprini, M.D.; John H. Scurr, M.D.; James H. Hasty, Ph.D.; Role of Compression Modalities in a Prophylactic Program for Deep Vein Thrombosis, Seminars in Thrombosis and Hemostasis, 1988; 14: 77-87

Family Home Medical

A Division of Foley Medical, Inc.

• BOARDMAN:
6007 SOUTH AVE
726-6575

•YOUNGSTOWN:
1917 BELMONT AVE
744-9071

• WARREN:
394-4119

Let Our Family Help Your Family

Dr. Keck Receives Albert B. Sabin Distinguished Public Health Service Award

"It was the most electrifying moment in my life; a moment I will never forget," said C. William Keck, M.D., M.P.H., referring to the moment he received the Albert B. Sabin Distinguished Public Health Service Award.

What made the moment electrifying, according to Keck, was the fact that Sabin, 84 years old, personally presented the award to him, followed by a warm embrace and words of wisdom concerning public health.

Albert Sabin, M.D., devoted his career to the development of protective vaccines against viruses that cause death and crippling illness in children. He worked years to produce an oral live-virus vaccine against polio.

Dr. Sabin is still surrounded by work. He lectures around the world and is working toward what he calls his dream, the eradication of measles.

Dr. Keck is director of the Division of Community Health Sciences and clinical professor of Community Health Sciences at the Northeastern Ohio Universities College of Medicine.

He is president of the American Public Health Association and has served as director of health of the Akron Health Department for 14 years.

His work in public health started in 1966 when he spent three years as a Peace Corps physician in La Paz, Bolivia. His work there included efforts to control tuberculosis. He was also a commissioned officer in the Public Health Service during that time.

After returning to the United States, he completed a medical residency and obtained an MPH degree at the Harvard School of Public Health and, in 1973, became health officer of the Kentucky River District Health Department. He was also field professor of community medicine for the Medical College of the University of Kentucky.

Dr. Keck has served as president of the Ohio Public Health Association and as president of the Association of the Ohio Health Commissioners.

C. William Keck, MD

Keck said receiving this award from Sabin has been the highlight of his professional career.

"Dr. Sabin has always been a hero of mine," he said. Keck is the first recipient of the Albert B. Sabin Award presented in recognition for outstanding service to public health. The award was presented during Public Health Day in Columbus in January.

Public Health Day was coordinated by the Association of Ohio Health Commissioners, Ohio Association of Boards of Health, Ohio Department of Health, Ohio Environmental Health Association, Ohio Public Health Association, and the Ohio Public Health Veterinary Association.

Objectives for Public Health Day include increasing the awareness and positive image of public health and the projection of a uniform message about the importance and viability of public health. □

Accolades

On February 16, the Youngstown Symphony presented a Greater Youngstown Night which featured Youngstown native Peter Riberi, son of Dr. Angelo and Claudine Riberi, as one of three guest artists.

Mr. Riberi made his operatic debut with the Connecticut Grand Opera as Pinkerton in Madama Butterfly. His first Rudolfo in La Boheme was with the new Israeli Opera in Tel Aviv. His second was with the Sarasota Opera. Recently he played Alfredo in La Traviata with The Mobile Opera Company and debuted with the Cincinnati Opera as Don Ottavio in Don Giovanni. For his debut in Youngstown, Riberi sang arias from La Boheme, Madama Butterfly and Rigoletto and two Neapolitan Songs.

60 Years Ago — March 1931

The *Bulletin* is now sixty years old. The first issue was published in January, 1931. The first Editor was Dr. James L. Fisher, and Dr. William Skipp was the business manager. The *Bulletin* was the brainchild of Dr. A.W. Thomas who was the new president that year. Vice president then was Dr. A.E. Brant; secretary was Dr. J.P. Harvey; and treasurer was Dr. W.X. Taylor.

50 Years Ago — March 1941

Area doctors were spending their morning hours examining draftees for the government for free. There was some grumbling, but council passed a resolution: "That it shall be the accepted duty of all members...that they shall contribute their part in doing this work as shall be presented by the Committee on Medical Preparedness." The influenza epidemic was going strong. Sulfanilimide was ineffective, regardless of the dose. Antiphlogistine was still a popular remedy, applied to the chest as a plaster.

40 Years Ago — March 1951

Local and OSMA dues were $50. Membership in the AMA was another $25.

The Walter F. Barts Post of the American Legion contributed to the building fund of both St. Elizabeth's and the Youngstown Hospital. Dr. Richard Gifford was elected post commander and Dr. Asher Randall, vice commander. Other officers were Nathan Belinkey, Arthur Rappoport and Raymond Hall. Dr. Belinkey had spent five years as a prisoner in Japan after being captured in the Philippines.

New members that month were Fred Schlecht, Robert S. Donley, Frederick A. Resch and Paxton L. Jones.

Robert R. Fisher, MD

30 Years Ago — March 1961

President A.K. Phillips noted in his President's Message that this column, "From The *Bulletin*," originated by Dr. J.L. Fisher, was first published in the February, 1950, issue, (making it now 41 years old).

Dr. Patrick Kennedy retired as head of the medical department of the Youngstown Sheet and Tube Company. He was succeeded by Dr. Paul Longaker from Joliet, Illinois.

More than 500 persons attended a testimonial dinner at the Mural Room for Mahoning County Coroner, Dr. David A. Belinkey. Dr. Belinkey had been Coroner since 1945. (His brother, Nathan, now continues the tradition).

New members that month were Edmund A. Massulo and Joseph Mersol.

20 Years Ago — March 1971

The big issue was the recent enactment of "Bill 41" which conscripted the Canadian physicians and forced them to practice under the Medicare plan with a penalty of $500 per day and a month in jail if they refused. President John Stotler invited Dr. E.A. MacCallum from Montreal to speak at the March meeting.

MCMS history was made when six osteopathic physicians were elected as intern-resident members. The six, all St. Elizabeth Hospital interns were Ronald Aiello, Robert S. Bakondy, Gary M. Courter, David J. Dortin, Jr., Porfirio Lozano, Jr., and James E. Thesing.

10 Years Ago — March 1981

President D.J. Dallis and editor Richard Memo seemed to be looking at the practice of medicine from different perspectives. Dr. Dallis felt that we should be more compassionate with our patients. Dr. Memo cited the need for better preparation for the business management of the practice of medicine.

New members that month were Amarjeet S. Nagpaul and Marshall E. Lowry. □

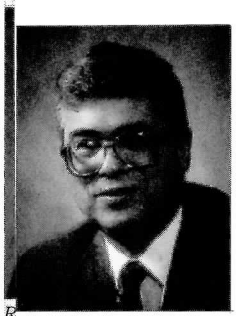
Commitment To Recruitment

"...continued effort must continue on the part of the profession to bring bright, caring individuals into the profession."

The month of March heralds the onset of spring and a new year for us all. It also, in the area of medical education, heralds two significant events which occur in our area. For three consecutive weeks, the BSMD Admissions Committees at the three campuses interview and consider incoming candidates for the BSMD Program at NEOUCOM. Also within the hospitals, the National Residency Matching Program (NRMP) finishes another recruitment year with the publication of the match results in mid-March. The general metropolitan area is not aware of these two activities which both will have an important impact upon not only current but future health care delivery in the Youngstown metropolitan area. Seventy potential physicians are in training at any one time on the YSU NEOUCOM campus and 190 postgraduate physicians are in their training programs between St. Elizabeth Hospital Medical Center and Western Reserve Care System.

A common denominator for both of these events is recruitment. An obligation of any profession is to sustain its continued growth by the selection and teaching of new individuals for the profession. Although the recent ratio of applicants to positions for medical school has started to increase, continued effort must continue on the part of the profession to bring bright, caring individuals into the profession. These activities mean that the profession must reach out to bright, young individuals in our secondary education system and start to attract curious individuals at a time when they might consider medicine as an exciting career choice. The business of medicine places a heavy strain upon practitioners to meet the demands of time and energy. However, there is a need for physicians to be more attentive to the needs of counseling and intellectual stimulation for a future generation of physicians. There is an increasing need for energy on the part of the local Medical Society and both major hospital systems to spend more time with our high school counselors and also to potentially act as a shadowing "role model" for a curious individual who might perceive a career in medicine as a possibility.

As we approach closure for the annual match, the results are dependent upon many factors. A frequent cop-out that I have heard is that this is Youngstown and what can you expect. Although there is obvious room for improvement in many areas, there are very few physicians in the Youngstown area who have not found it an attractive and productive place to practice medicine. Recruitment to our residency programs should also be a concern to our local Chamber of Commerce since many of the residents who complete our residency program will continue to stay on in the area and provide a valuable resource to the community, not only in the practice of medicine but also in adding to the local economy. Has anyone recently seen a good public relations piece that extols the virtue of Youngstown? This should be a project which should involve both major hospital systems, the County Medical Society, and also the local Chamber of Commerce. Recruitment of medical school graduates for our residency programs also demands commitment on the part of the teaching faculty of the hospital system to participate in the recruitment process. Often times the medical student will be brought to see our community only to have his interview schedule interrupted by a physician who has committed to interview the medical student but suddenly becomes unavailable. A clear message whether perception or reality is conveyed to the potential recruit. The success and failure of our graduate medical education programs in the future will depend upon how hard we work at the recruitment process and whether physicians are ready to be committed and not just involved in the process. The practice of medicine and the Youngstown area both have significant virtues. We should become better salesmen for both. □



Gene A. Butcher, MD

Brief Summary.
Consult the package literature for prescribing information.
Indication: Lower respiratory infections, including pneumonia, caused by *Streptococcus pneumoniae, Haemophilus influenzae,* and *Streptococcus pyogenes* (group A β-hemolytic streptococci).
Contraindication: Known allergy to cephalosporins.
Warnings: CECLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY. POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS.

Administer cautiously to allergic patients.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis.
Precautions:
• Discontinue Ceclor in the event of allergic reactions to it.
• Prolonged use may result in overgrowth of nonsusceptible organisms.
• Positive direct Coombs' tests have been reported during treatment with cephalosporins.
• Ceclor should be administered with caution in the presence of markedly impaired renal function. Although dosage adjustments in moderate to severe renal impairment are usually not required, careful clinical observation and laboratory studies should be made.
• Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
• Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients.
Adverse Reactions: (percentage of patients)

Therapy-related adverse reactions are uncommon. Those reported include:
• Hypersensitivity reactions have been reported in about 1.5% of patients and include morbilliform eruptions (1 in 100). Pruritus, urticaria, and positive Coombs' tests each occur in less than 1 in 200 patients. Cases of **serum-sickness-like** reactions have been reported with the use of Ceclor. These are characterized by findings of erythema multiforme, rashes, and other skin manifestations accompanied by arthritis/arthralgia, with or without fever, and differ from classic serum sickness in that there is infrequently associated lymphadenopathy and proteinuria, no circulating immune complexes, and no evidence to date of sequelae of the reaction. While further investigation is ongoing, **serum-sickness-like** reactions appear to be due to hypersensitivity and more often occur during or following a second (or subsequent) course of therapy with Ceclor. Such reactions have been reported more frequently in children than in adults with an overall occurrence ranging from 1 in 200 (0.5%) in one focused trial to 2 in 8,346 (0.024%) in overall clinical trials (with an incidence in children in clinical trials of 0.055%) to 1 in 38,000 (0.003%) in spontaneous event reports. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy; occasionally these reactions have resulted in hospitalization, usually of short duration (median hospitalization = two to three days, based on postmarketing surveillance studies). In those requiring hospitalization, the symptoms have ranged from mild to severe at the time of admission with more of the severe reactions occurring in children. Antihistamines and glucocorticoids appear to enhance resolution of the signs and symptoms. No serious sequelae have been reported.
• Stevens-Johnson syndrome, toxic epidermal necrolysis, and anaphylaxis have been reported rarely. Anaphylaxis may be more common in patients with a history of penicillin allergy.
• Gastrointestinal (mostly diarrhea): 2.5%
• Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
• As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.
• Rarely, reversible hyperactivity, nervousness, insomnia, confusion, hypertonia, dizziness, and somnolence have been reported.
• Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1% and, rarely, thrombocytopenia and reversible interstitial nephritis.
Abnormalities in laboratory results of uncertain etiology.
• Slight elevations in hepatic enzymes.
• Transient lymphocytosis, leukopenia, and, rarely, hemolytic anemia and reversible neutropenia.
• Rare reports of increased prothrombin time with or without clinical bleeding in patients receiving Ceclor and Coumadin concomitantly.
• Abnormal urinalysis; elevations in BUN or serum creatinine.
• Positive direct Coombs' test.
• False-positive tests for urinary glucose with Benedict's or Fehling's solution and Clinitest® tablets but not with Tes-Tape® (glucose enzymatic test strip, Lilly).

PA 8791 AMP [021490LRI]

Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285.

Lilly

Eli Lilly Industries, Inc
Carolina, Puerto Rico 00630
A Subsidiary of Eli Lilly and Company
Indianapolis, Indiana 46285

Timeless Elegance, Watercolor on Arches, 15 x 11

by Mary Kay D'Isa (1926 –)

Mary Kay D'Isa was born in Youngstown, Ohio, in March of 1926 to Judge and Mrs. John Buckley. Since her early years, Mary Kay has been interested in art and has received constant encouragement from her family. One of her fond memories of those years was "...the joy of always finding a paint set under the Christmas tree." Mary Kay's determination to stay with art was reinforced during eighth grade when she had a painting accepted in a student show at the Butler Institute of American Art. After graduating from Ursuline High School, Mary Kay began her art education by becoming certified in commercial art at the College of William and Mary. She later received her B.S. in Education with an art major from Youngstown State University in 1950 and a Master's in Education (art major) from Kent State University in 1966. Since 1960, she has been an art instructor at YSU while independently establishing herself as a noted watercolorist. Art continues to bring Mary Kay fulfillment as she "...still find(s) that blank sheet of paper a challenge."

In describing her painting style, Mary Kay D'Isa states, "I try to paint directly and freely in order to maintain the freshness which is essential to watercolor. I am always interested in design and use realistic subject matter to convey this interest. I prefer to do close-ups of my subjects as I enjoy the beauty of nature and like to be a part of it." In her watercolor, "Timeless Elegance", Mary Kay gives us a perfect example of her painting style while also showing her desire to play with lights and shadows on the paper. To achieve the brilliance of sunlight on the urn, she has left these areas completely untouched on the paper. "The painting has a violet saturation of color, indicated in the flowers, shadow areas and background. It was done rather quickly as is necessary when painting outdoors, because the sun changes shadows rapidly. The darks in the background are exaggerated to put more emphasis on the subject matter of the urn." The painting is from a scene on location at the Hoyt Institute of Fine Art in Pennsylvania and is part of a local private collection.

Mary Kay D'Isa's artistic career has been filled with many exhibitions, one person solo shows (last 3 months at Butler), and major shows (National Mid-Year at Butler, Ohio Watercolor Society Annuals-Traveling-Regional Shows, and National Aqueous Shows of Pittsburgh Watercolor Society). She is an elected signature member and board member of the Ohio Watercolor Society and an elected member of the Pittsburgh Watercolor Society. She has judged many art shows and has received countless first, second, and third prizes, honorable mentions, merits, juror's awards and three purchase awards including the permanent collection of the Butler Intitute of American Art. Major collections of D'Isa watercolors include the Butler, area hospitals, churches, banks, schools and private collections. Mary Kay D'Isa is represented at the Tom Krakar Gallery in Youngstown. □

Jeannine Lambert

Advertising List


Guest Relations for
Physician/Hospital Staffs
Thursday, May 2, 1991
8–10 a.m. (including breakfast)
or
6–8 p.m. (including a light supper)
held at Mr. Anthony's, Boardman, Ohio
$35 per person
Call
Medical
Marketing
Associates
216–758–8772
Practice Potential: Acquiring
and Keeping Patients
(for Physicians and Office Managers)
Friday, May 3, 1991
6 p.m. Cocktails
7 p.m. Dinner
Guest Speaker
Carol Neidenberg
Strategic Marketing Consultant
Saturday, May 4, 1991
8:30 a.m.-Noon
Two Concurrent Workshops
Your Patients: Present and Future
and
Relationships and Practice Growth
held at Mr. Anthony's, Boardman, Ohio
$125 first person, $100 additional
Medical Marketing Associates provides consultations to those in medical practice
wishing to keep their practice stable, make it grow, or to open a new practice.

BULK RATE
U.S. POSTAGE
PAID
PERMIT NO. 317
YOUNGSTOWN, OHIO

Mahoning County Medical Society
5104 MARKET STREET, YOUNGSTOWN, OH 44512-2147
Address Correction Requested