

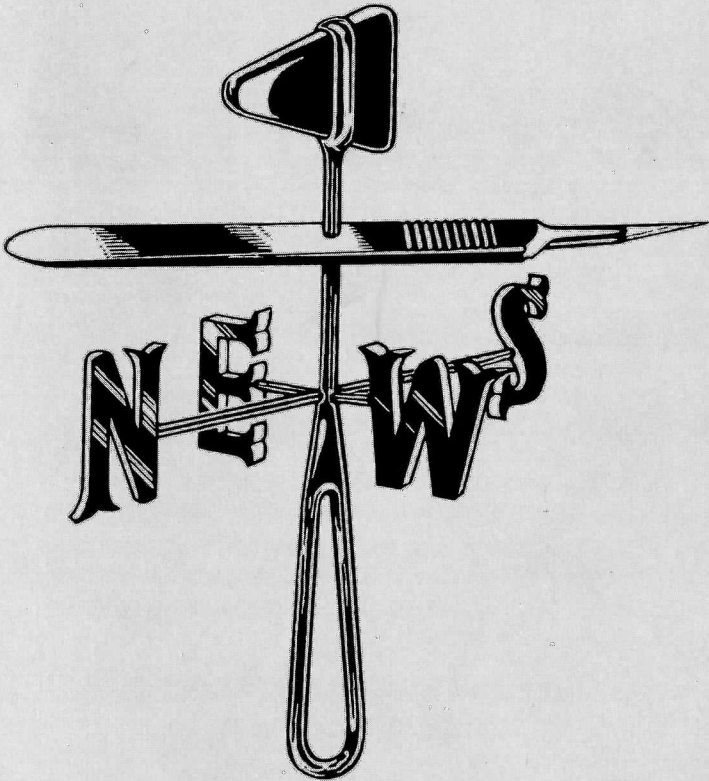
BULLETIN

of the
MAHONING COUNTY
MEDICAL SOCIETY

Volume LVIII

JUNE, 1988

Number 5





" ...Some types of (life insurance) policies are such appealing shelters that cash-rich investors pump their money into them instead of municipals or mutual funds. What's more, this protection is not endangered by provisions in the tax bills under consideration by Congress... "

NEW YORK TIMES



AMERICAN PHYSICIANS LIFE

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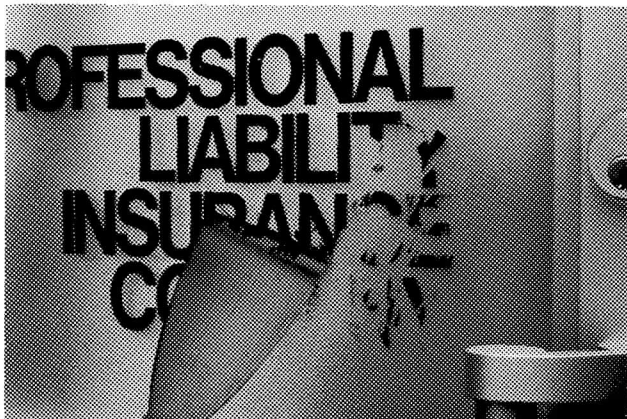
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JUNE

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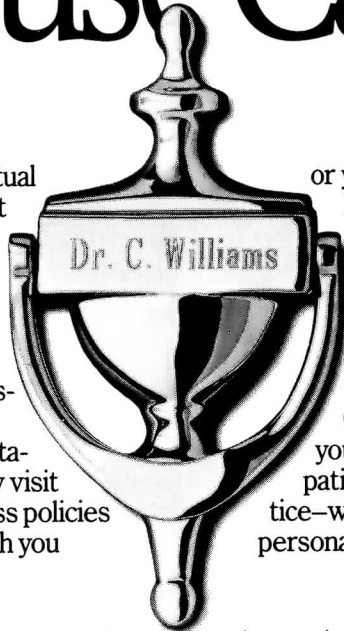
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1988 - MAHONING COUNTY MEDICAL SOCIETY MEETINGS - 1988

Tuesday	Tuesday	Tuesday	Tuesday	Tuesday	Tuesday
Jan. 23	Mar. 15	May 17	Sept. 20	Nov. 15	Dec. 20

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From the Desk of the President



LONG TERM CARE OF THE ELDERLY

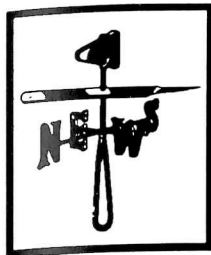
As The Mahoning County Medical Society kicks off the OPEN Program on Doctor's Day of this year, let's look a little deeper into the problems of the elderly. Today the elderly comprise 12% of our population, 28.5 million Americans are age 65 years or older. 6.6 million of them or 23% are in need of long term care.

The average income of the elderly in this group today is \$11,500.00 per annum. The average annual nursing home cost is \$22,100.00. This does not include medical care, x-ray, lab tests, etc. The obligation to care for these persons is as deeply ingrained in us as is love of the flag and the enjoyment of apple pie. No one would deny it. But the question remains, how are we going to take care of these persons and who is going to pay the staggering bills thus incurred? Who is getting older? We all are.

Census data show that both the percentage and the actual number of persons over 65 is increasing steadily. It is predicted that the elderly population will increase by nearly a million per year. By the year 2050, 22% of the U.S. population will be 65 years or older. This also implies a smaller pool of working persons contributing to their support. How much is a young family who has just started married life together going to be able to add to their expenses? And what of a middle aged person who has one or two children in college, what can he add? How well can the business man in the face of a huge income tax rise this year, and ever escalating health care premiums for his employees, pay more. And this at a time when more capital is required to improve industry's international competitiveness. Who is able, who is willing to fund such support? For unless some formula is designed, and done quickly; these two trends will collide.

As the election draws closer, many special interest groups will bring sharp focus on this subject. Where do you see your favorite candidate campaigning on your living room television screen? In nursing homes, of course, shaking hands and patting shoulders. The nation's elderly have become ever more powerful in political influence and in the decision making process as is rightly so. The new President, whether he is a Republican or a Democrat, moving into the White House will face a huge budget deficit, trade imbalances, the needs of the homeless, and long term care for the elderly. At the same time, he has promised the average tax payer no tax increase. Only a magician could accomplish all of this.

The care of older Americans is a huge and unsolved dilemma. Project OPEN is but a small step to take, but it may be the small light to show others the way. It is better than cursing the darkness.



BULLETIN

of the Mahoning County Medical Society

Published Monthly for and by the Members

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July and August.

Volume LVIII

JUNE, 1988

Number 5

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:

THE BUSINESS OF MEDICINE

Henry Thoreau said, "This world is a place of business." If we define business as the manufacture, distribution, buying or selling of goods or services, then, at least in part, the practice of Medicine is a business. Regardless of how strongly the practitioner believes that his professional activity is more than just the distribution and selling of a service, the fact is that the "business" aspect of our medical activities is occupying more and more of our energies. Some good examples would be the incredible amount of time we or our office staffs spend filing 3rd party claims forms, the endless discussions regarding Maximum Allowable Actual Charges (MAAC), and the worried complaining that we do about the skyrocketing costs of "doing business". None of these particular things directly involves what we consider to be our primary activity - the provision of quality medical care to our patients, and the majority of the time, we are able to keep separate the professional activity and the business activity.

A number of enterprises in the past 10 years have made the separation of professional and business activities more difficult, and with these new activities, there are pitfalls for both the physician, and his patient. One such activity that is pertinent to Mahoning County is the ownership of health facilities by physicians. "Current Opinions of the Council on Ethical and Judicial Affairs of the American Medical Association" should be required reading of anyone involved in the ownership of a facility that provides medical services such as outpatient surgical clinics, emergency clinics, CT scanners, ultrasounds, MRI facilities, labs, and any other venture in which a referring physician might have a financial interest. According to the AMA, a "physician may own or have a financial interest in a... health facility... However, the physician has an affirmative ethical obligation to disclose his ownership of a health facility to his patient prior to admission or utilization." The referring physician who is also a part owner of a facility has an ethical and moral obligation to inform his patient of his financial interest, and "the patient should have free choice either to use the physician's proprietary facility or therapy or to seek the needed medical services elsewhere." We should inform our patient of the available services and allow them to make the choice if the quality of the various services are equal.

(Continued on Pg. 134)

**MAHONING COUNTY MEDICAL SOCIETY
PROCEEDINGS OF COUNCIL
April 12, 1988**

The monthly meeting of the Council of the Mahoning County Medical Society was held on Tuesday, April 12, 1988 in the Board room of South Side Medical Center.

The president, Dr. H. S. Wang, called the meeting to order at 7:15 p.m. and welcomed Dr. Lori Pierson, a junior student from NEOUCOM and a guest of Dr. LaManna. Upon motion duly made and seconded the Council unanimously determined to dispense with the reading of the minutes of the March meeting, which had been previously mailed to all members.

The treasurer's report was given and upon motion duly made and seconded the Council unanimously authorized payment of bills as listed with the agenda. The report noted 24 members had paid dues since the March meeting, bringing the total number of paid members to 345. Another reminder notice will be sent to the 31 members who have not paid their dues.

The following applications for membership were presented: ASSOCIATE: Richard A. Michaels, M.D.; Gary Allen Young, M.D.; ACTIVE: Jane R. F. Butterworth, M.D.; Mark Campano, M.D.; Raul Lopez, M.D.; Larry A. Woods, D.O.

The applications were approved and the applicants will become members of the Mahoning County Medical Society in the voted category 15 days after the names have been printed in the minutes of the April meeting of Council that are mailed to all members, unless an objection is received in writing by the executive director before that effective date.

Communications included: A letter from District XI Area Agency On Aging, Inc. thanking the Society for its leadership; A letter from the A.M.A. announcing a new plan to curb "Medically Unnecessary" problems; A request for reimbursement of Park Rental Fee for the Summer Picnic; A letter from the Concerned Citizens for Mahoning County 9-1-1 and a letter from the Mahoning County Bar Association concerning a physician's request for payment of his services.

Regarding the letter from the Concerned Citizens, following a general discussion and upon a motion duly made and seconded, the Council unanimously adopted the following resolution: WHEREAS the Council of the Mahoning County Medical Society deems it to be in the best interest of the Society and the Community to support the adoption of the 911 Emergency System to shorten response time in an emergency situation, THEREFORE BE IT RESOLVED that the Mahoning County Medical Society support and endorse the 911 Emergency System Tax Levy.

Regarding the letter from the Mahoning County Bar Association, the problem has been referred to the Medical Legal Committee.

COMMITTEE REPORTS

The AIDS Awareness Committee reported nine requests for speakers have been received by the Society office plus six phone queries.

The Project Open Committee has received nine applications which have been assigned.

The Marketing Committee reported that seven more advertisements will run in the Sunday Vindicator. Since March 15, the Society has received twenty-three requests in response to the physician referral advertisement.

The Scholarship Dinner Chairman reported that forty eight students representing 24 area high schools will attend the Scholarship Dinner on April 21. A letter was sent from a member of the Society questioning the method of selecting candidates for the Scholarship

(Continued on Page 129)

PROCEEDINGS OF COUNCIL (Continued from Pg. 128)

Recognition Dinner. Following a general discussion and upon a motion duly made and seconded, the Council unanimously agreed to follow past procedure for this year. An Ad Hoc committee has been appointed to evaluate the procedure.

Dr. LaManna, chairman, presented the Ad Hoc committee's recommendations concerning the proposed Hepatitis Screening Program planned by the Mahoning County Board of Mental Retardation and Developmental Disabilities which were set forth in the committee's report that was attached to the agenda. One member of the committee informed the Council that he dissented from the recommendations contained in the report.

Following discussion and upon motion duly made and seconded the Council authorized Dr. LaManna to present the report stating the Society's position to Douglas A. Burkhardt, Ph.D., Superintendent.

Sixth District Councilor Dr. Anderson reported that seventy-one resolutions will be presented at the Sixth District Caucus and urged the attendance of alternate delegates. He noted that the State office will be moving for lack of space. He also noted that with a new CEO and diligent board PICO is an excellent company for liability insurance for the State of Ohio. Dr. Anderson announced his plans to run for President Elect of the OSMA. Nominations will be submitted after the House of Delegates meeting 1988.

UNFINISHED BUSINESS:

Council decided to forgo the Ciba/Geigy sponsorship of the September 20 Society Meeting. An "old fashioned" non-structured meeting will be held instead.

NEW BUSINESS:

Members viewed a video cassette that addressed some of the major changes in Medicare reimbursement policies.

The meeting was adjourned at 9:15 p.m.

**MAHONING COUNTY MEDICAL SOCIETY
PROCEEDINGS OF COUNCIL
May 10, 1988**

The monthly meeting of the Council of the Mahoning County Medical Society was held Tuesday, May 10, 1988 at the Moonraker Restaurant.

The president, Dr. H. S. Wang, called the meeting to order at 7:10 p.m. and welcomed Dr. R. J. McMahon, Jr., the speaker for the evening. Upon motion duly made and seconded the Council unanimously determined to dispense with the reading of the minutes of the April meeting which had been previously mailed to all members.

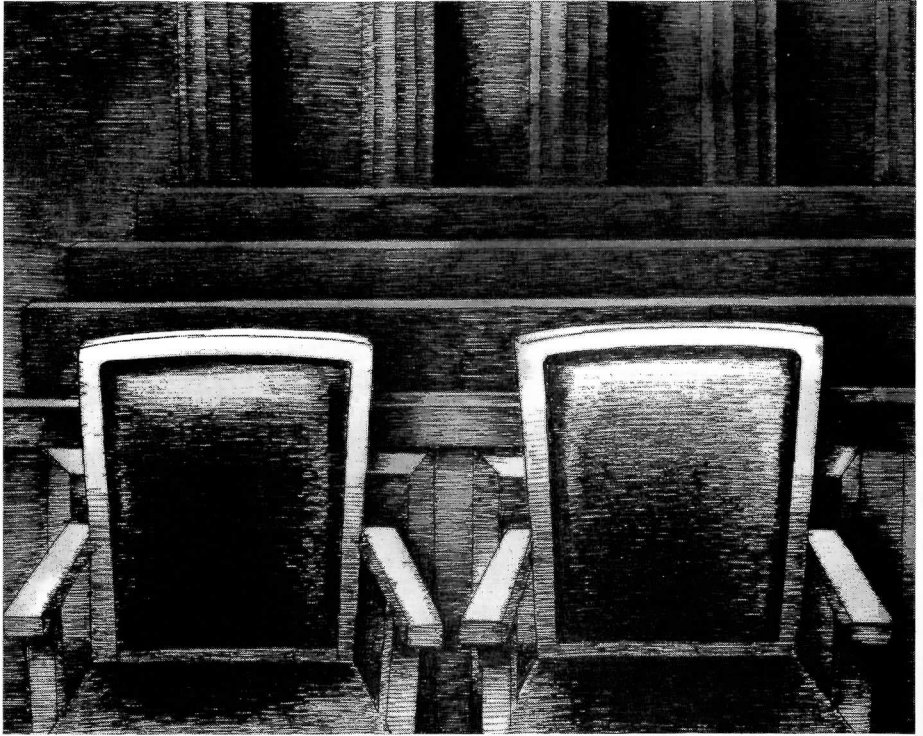
The treasurer's report noted a total of 347 members have paid 1988 dues while 27 have not. A financial report was given and upon motion duly made and seconded the Council unanimously authorized payment of bills as listed with the agenda.

Discussion concerning an audit ensued and upon motion duly made and seconded the Council unanimously authorized the president to appoint an audit committee.

COMMUNICATIONS: A letter from Metropolitan Life Insurance Co. concerning General Motors health care coverage; a letter from Dr. Frances Couch relating her experiences with a European healthcare system.

COMMITTEE REPORTS:

The Scholarship Dinner Committee reported 45 students attended the Recognition



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Proceeding of Council (Continued from Pg. 128)

Dinner on April 21. A meeting will be held later in the year to evaluate the program.

The Marketing Committee noted 3 more advertisements will run in the Sunday Vindicator. The Society has received a total of 35 requests in response to the Physician Referral advertisement.

The Aids Awareness Committee reported two requests for speakers, bringing the total number of requests to 8.

The Project Open Committee has received a total of 10 applications.

The Ad Hoc Committee on Hepatitis Screening reported on the joint meeting of representatives of the Mahoning County Board of Mental Retardation and Developmental Disabilities and members of the Ad Hoc Committee. The Medical Society's offer of assistance was welcomed by the Board of M.C.B.M.R.D.D.

Sixth District Councilor Dr. Anderson commented on the 6th District Spring Caucus held at Congress Lake Club April 27, noting that Mahoning County was well represented. He urged those attending the House of Delegates meeting in Cincinnati to be present for the 1st caucus meeting, Friday, May 20 at 4 p.m.

UNFINISHED BUSINESS:

Patient Advocate Committee: action was deferred until more information on the program is received.

Health-O-Rama: upon motion duly made and seconded the Council unanimously determined to take part in the 1989 Health-O-Rama.

NEW BUSINESS:

Dr. R. J. McMahon, Massillon, Ohio, the 6th District representative to OMPAC, presented a program on the "Impact of Politics on Medicine". He urged physicians to become more involved in the political arena in the state. He noted physicians can take an active role in their destiny by becoming active in government.

There was discussion concerning the need for additional office space and the replacement of equipment. Upon motion duly made and seconded the Council unanimously authorized the president to appoint a committee to look into alternative prospective office space and to analyze future equipment needs.

ANNOUNCEMENTS:

The next Society meeting will be held on Tuesday, May 17 at Antone's Restaurant. The topic is "Avoiding Malpractice Litigation".

May 20-23 is the O.S.M.A. Annual Meeting in Cincinnati.

The meeting was adjourned at 9:45 p.m.

AMA VIDEOTAPE ON MEDICARE REIMBURSEMENT AVAILABLE

The Mahoning Medical Society has a copy of a 20 minute video cassette that addresses some of the major changes in Medicare reimbursement policies. Members interested in borrowing the tape can call the office, 747-4956.

SPOUSE'S CORNER

For the past few years, I have been a member of the Ohio State Medical Association Auxiliary Board of Directors. Membership on the board requires one to attend meetings about four times a year. And believe me, driving to Columbus and leaving the family has been, at times, inconvenient to say the least.

I have had to ask myself, why? And of course, I come up with all sorts of reasons. Some of those reasons you really could care less about reading. But, some of the reasons are what I would like to discuss in this article.

One of the benefits that I have gained from attending state meetings is a first-hand knowledge of the relationship between local, state and national auxiliaries. Judy Jackson, Mahoning County's other state board member, and I have become more knowledgeable about how to run an effective, vital auxiliary. We have been able to bring this information back to our county. And, over a period of time, and with the commitment of many fine auxiliaries, our county auxiliary is steadily improving.

At our May, 1988, Ohio State Medical Association Auxiliary Convention, the Mahoning County Medical Society Auxiliary won three awards. Two for our health projects and one for membership. Our auxiliary should be proud, these awards are not easy to come by. Our group, with Florence Wang's fine leadership did an outstanding job.

By taking advantage of the resources available to us, we have been able to improve our organization. And that is the message of this article.

The American Medical Association Auxiliary is also an enormous resource to medical spouses. And it's our for the taking. For most of you, perhaps, you occasionally read an article in Facets, the AMA-A publication, and that is the limit of your interaction with the national federation. The AMA-A offers more to the county auxiliaries and most members are not really aware of it.

In addition to Facets, counties can use the national Project Bank, a resource book of membership, health and legislation projects that other counties have found successful. The AMA-A has a wide variety of professionally printed brochures and pamphlets that counties can use in their many projects. There are posters, videos, TV health messages and more.

One last benefit that I would like to discuss is the National Confluence. Twice a year, the AMA-A offers dynamic workshops for county president-elects. The purpose of Confluence is to bring these future leaders together, and give them as much training as they can squeeze into 2-1/2 days and send them back to their counties filled with ideas and enthusiasm. The local, state and national auxiliaries pick up a good portion of the expense, so it is really to a young leaders advantage to attend the meeting.

Confluence has been held for about ten years. Over the years, more and more counties have been able to reap the benefits of sending a leader to Confluence. I would guess that about 8 of our Past Presidents have attended Confluence and we as a county auxiliary are richer for it.

The AMA-A cannot solve all of a county auxiliary's problems. But, they are a tremendous resource and are able to provide us with a great deal. The benefits are ours for the taking. Let's use them!

Dolly Handel
Communications Editor,
Mahoning County Medical
Society Auxiliary

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

Finnegan Auditorium, 3-South Friday Mornings 8:15 a.m. to 9:15 a.m.

ACCREDITATIONS

As an organization accredited for Continuing Medical Education, the Mahoning Shenango Area Health Education Network (MSAHEN) certified that this continuing medical education activity (each weekly program) meets the criteria for one credit hour in CATEGORY 1 of the Physician's Recognition Award of the American Medical Association.

This program has been reviewed and is acceptable for one prescribed hour (for each weekly program) by the American Academy of Family Physicians (AAFP).

July 15—**CARDIOLOGY** "Rehabilitation of the Cardiac Patient", Lyle A. Siddoway, M.D., Assistant Professor of Medicine, Division of Clinical Pharmacology and Cardiology, Johns Hopkins University. Staff Physician, Johns Hopkins Hospital, Baltimore, Md., A BRISTOL Visiting Fellow.

July 22—**INFECTIOUS DISEASE** "Fluoroquinolones: A New Class of Antimicrobials", Frank E. Thomas, Jr., M.D., Assistant Professor of Internal Medicine, Meharry Medical College, Chairman, Infectious Disease, Hubbard Hospital, Nashville, TN. a MERCK, SHARP AND DOHME Visiting Fellow.

July 29—**PEDIATRICS** "Diagnosis and Treatment of Exercise Induced Bronchospasm", Joseph Golish, M.D., Staff Physician, Dept. of Pulmonary Medicine, Cleveland Clinic, Cleveland, Ohio. A SHERING Visiting Fellow.

August 5—**CARDIOLOGY** "Hypercholesterolemia: Screening and Treatment", Wayne Peters, M.D., Assistant Clinical Professor of Medicine and Preventive Medicine and Biometrics, Univ. of Colorado, Medical Director Health Mark Centers, Inc. Englewood, CO. A BRISTOL Visiting Fellow.

August 12—**HYPERTENSION** "Evolving Goals of Hypertension", Speaker to be announced. Program supported by SEARL.

August 19—**GERIATRICS** "Geriatric Pharmacology", G. John DiGregorio, M.D., Ph. Professor of Pharmacology and Medicine, Director, Division of Toxicology, Dept. of Pharmacology, Hahnemann Univ., Philadelphia, PA.

August 26—**OBSTETRICS/GYNECOLOGY** "Current Concepts in the Treatment of Sexually Transmitted Diseases and Urinary Tract Infections", Speaker to be announced. Program supported by NORWICH-EATON.

September 2—**INFECTIOUS DISEASES** "Septicemia", Joseph Myers, M.D., Associate Professor of Internal Medicine, Northeastern Ohio Universities College of Medicine, Associate Program Director, Internal Medicine Residency, Member, Infectious Disease Division, Akron General Medical Center, Akron, OH. a SMITH, KLINE AND FRENCH Visiting Fellow.

September 9—**PULMONARY** "Physician's Thought Processes During the Role of the Diagnosis and Therapy of Chronic COPD Patients", Donald M. Pell, M.D., Assistant Professor of Clinical Medicine, Univ. of South Florida, Medical Director of Respiratory Therapy, Bay Front Medical Center, St. Petersburg, FL. A WAL-LACE Visiting Fellow.

September 16—**PAIN MANAGEMENT** "Ambulatory Evaluation of Chronic Pain and Pain Center Referral", Sam Moon, M.D., Program Manager, Pain Control and Rehabilitation Institute of Georgia, Inc., Decatur, Ga.

(Continued on Pg. 134)

The Business of Medicine (Continued from Pg. 127)

The ownership of health facilities and the ethical obligations imposed are rather clear cut in the AMA's guidelines, however participation in health plans in which the physician has a financial risk pose a more complicated problem. If a physician participates in a health plan in which he is the primary physician, and through means of a "holdback" on his fees he is put at financial risk for utilization of diagnostic or referral services, is there a potential conflict of interest? Likewise, if he is the gatekeeper in a capitated plan, and must pay for the diagnostic and referral services out of his own pocket (as is the case in one such HMO plan in Cincinnati), will he be tempted to underrefer, or underutilize diagnostic services? If the AMA has stated that we must disclose our potential for financial gain from referral to a facility or therapy, then it should follow that we should disclose the fact that we have a financial incentive NOT to refer. The AMA addresses the question of limitation of the scope of referrals by PPOs and HMOs, but only from the aspect of informing the patient that his condition requires services outside the PPO or HMO so that the patient may decide whether to accept the outside referral at his own expense. The question of the patient's seeking a referral or test at the physician's expense needs to be addressed.

If we are to remain the patient's advocate in all aspects of his medical care, we can't exempt ourselves from following the highest standards in our "business" relationship with him.

John R. LaManna Jr., M.D.

CME at St. Elizabeth Hospital (Continued from Pg. 133)

SYMPOSIUM SERIES:

SURGICAL- Finnegan Auditorium 3-South Thursday Mornings, 9:00 a.m.-12:00 noon.

June 16—"Current Trends In The Treatment of Brain Tumors With Stereotactic Brachytherapy," Peter Dyck, M.D., F.A.C.S., Clinical Professor of Neurological Surgery, Univ. of Southern California School of Medicine, St. Vincent Medical Center, Los Angeles, CA.

July 21—"Surgical Immunology and Transplantation"

August 18 — "Preoperative Evaluation of the High Risk Surgical Patient."

Sept. 15 — "Endocrine Physiology"

GERIATRIC- Finnegan Auditorium 3-South

Sept. 14—8 a.m. - 3:15 p.m. "Promoting Quality of Life In The Older Adult With Illness"



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Current Therapy of Acute and Chronic Leukemia in Adults	3465 PE		

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PHYSICIAN LAUDS U.S. HEALTH CARE

The following letter was sent by Dr. Frances G. Couch to the Mahoning County Medical Society.

Dear Dr. Wang and Members of the County Medical Society;

In the last several weeks I had a heart-wrenching as well as enlarging experience that served to broaden my professional perspective immensely. It was heart-wrenching because a beautiful 20-year old daughter of a dear friend was subjected to brain surgery and lost the sight of one eye from an optic nerve glioma. But what I would share with you was the professional view from the other side, as it were, a European healthcare system.

It had been several months and many hundreds of miles traveled for this family, from the onset of peripheral vision loss to neurosurgery. In initially taking advantage of a government "public" medical system, a haphazard series of diagnostic tests were undertaken. A CAT scan necessitated driving one hour to a regional core clinic where, after a two hour wait, we boarded an "ambulance" to drive to the facility which housed the scanner. The ambulance, though driven by a convivial gentleman, was sparse in equipment and negligent in cleanliness. Non-sterile gauze, an isopropyl alcohol bottle and emergency medicine two and sometimes four years out of date rode with us. After the scan, we were obliged to buy the driver a beer and snack before the long return ride to the primary clinic.

When physicians could not come to agreement as to a probable diagnosis, the family in desperation sought "private" medical care. In order to facilitate this, 10 thousand dollars (up front money) was required and then cashed prior to all services rendered. The services included repeating every previous radiological study but in private facilities, at an out of pocket cost in five figures. The family criss-crossed their country in quest of a prestigious, experienced and assertive physician-surgeon who would render the medical care needed.

Feeling at the mercy of this confusing and evanescent medical system, they ultimately consented to surgical exploration. Their choices: availing themselves of "public care" wherein they would be given the services of the "surgeon of the day" and a multi-patient ward recovery room. Or they could pursue "paid private care". They elected the latter because public care put them on a waiting list the time of surgery being dictated by demand rather than medical urgency.

The site was a renowned teaching medical center and physically eloquent in its structural antiquity. Although its halls were modernized, they were startlingly unkempt. Upon arriving on the neurosurgical floor, to the right was the "public" ward with obvious suboptimal housekeeping, minimally staffed and resembling a commune with patients families encamped everywhere. To the left were the "paying" clientele, and the division of housekeeping was blatantly apparent with a somewhat tidied appearance. The public ward was locked to visitors who had one hour a day in which to spend time with their loved ones. The paying hallway was open 24 hours a day and unlocked.

These \$600 a day (\$5,000 in advance) rooms indeed boasted private bath with tub (and bidet) but as a patient you were on your own. Private nurses were generally unavailable and cost an additional \$150 a day. Otherwise, the family was responsible for all nursing care i.e., they themselves attended the patient. Once a day an aide came in and took a blood pressure.

(Continued on Pg. 138)

Physician Lauds U.S. Health Care (Continued from Pg. 137)

The family was responsible for taking the patient's temperature and seeing to all comforts. No drinking water was provided. The family had to purchase bottled water and bring it in as well as toiletries, gowns, bed linens and eating utensils.

For eight days (at the aforementioned \$600 a day), the patient waited in the hospital with no medical care being administered until the operation could be scheduled. Immediately post-operatively, the patient was returned to her family and her room for recovery. She had a Foley catheter and an intravenous 10% Dextrose and water. She was grossly hematuric and vomiting blood. She received one intramuscular pain injection a day. I watched her diaphoretic febrile course wax and wane in clinical spikes without record. The I.V. bottle was regulated by a device similar to the metal clip cleaners use to attach clothing to a hanger. It was up to the family to notify the staff when the bottle ran out. There was no post operative intensive care unit or other individualized intensive care. The professor "rounded" thirty seconds once daily, but neither he nor any other health professional ever physically examined the patient. There was no vital sign graphic record of any kind. I observed and met at least 15 physicians. They wore soiled, rumpled lab coats and open casual shirts. No one carried any medical accoutrements such as stethoscope, pen light, beeper or identification. The patient was scheduled for 20 more days of this. We took turns sitting at her bedside 24 hours a day caring for her needs. It was during those long hours through the night I learned to expand my visions.

To their credit, perhaps, there is certainly no duplication of costly technological resources. An abuse of "high tech" is not possible. When questioned by the family on the availability of laser surgical therapy modality, the answer was, "only a few doctors do that in this country and they aren't very good at it". Perhaps also, there may be something said for "intensive" 24 hour family care to decrease tedious non-medical duties ordinarily required of an RN in this era of nursing shortage. We fed and bathed the patient, changed linens and performed all housekeeping chores. Medication was administered by the family as well.

Intellectually, we must all believe, despite our daily complaints to the contrary, that we are fortunate to enjoy a sophisticated standard of medicine. But I am not sure that emotionally we realize that in this community and in this country, we have available to us the highest quality of health care in the world. Let us never cease to strive for improvement, but let us address daily the realization that any person, privileged or otherwise, in this country can expect and receive a standard of health care that surpasses what even the privileged elsewhere in the world may haphazardly afford. And as physicians, we embody a standard of conduct in our personal professionalism highly important in the fabric of our society. Imperfect as we may be, we can be proud of the profession in which we dedicate our lives.

Sincerely,
Frances G. Couch, M.D.
Medical Director
Women's Care Center
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AMERICAN MEDICAL ASSOCIATION HEADLINES

A formal petition with the Food and Drug Administration (FDA) urging the agency to regulate the "smokeless cigarette" has been filed by the AMA.

AMA guidelines on physician responsibilities for protecting partners of patients with AIDS were given prominent coverage in *The Washington Post's* health section. The AMA advises physicians that they should initially seek to persuade AIDS patients to halt high-risk behavior. "If patients won't do that, then the doctor should notify public health authorities," Alan R. Nelson, M.D., chairman of the AMA's Board of Trustees, said in the story. "If they take no action, the physician then has an obligation to notify the endangered third party..."

S. 1220, The AIDS Information and Research Act of 1988 was passed by the Senate. The bill, which provides for a comprehensive program to address AIDS education and research, was strongly supported by the AMA.

The AMA will ask the nation's next president to create a Medicare Commission just as soon as he gets settled into office. The AMA will suggest that the proposed national commission function like the Social Security commission does in addressing Social Security problems.

HCFA has reported that physicians have continued to accept Medicare assignment at record levels during the final quarter of 1987. It said the overall rate for accepting rose to 70.8% which was 7.6% above the level attained for the comparable quarter only one year earlier.

Development of risk management/quality assurance programs will be a new priority thrust of the AMA-Specialty Society Medical Liability Project. Since its inception three years ago the Project has concentrated its efforts on formulating a fault-based alternative dispute system that it unveiled earlier this year.

Significant membership gains occurred in the regular, house staff and medical student categories, which increased by 1.7%, 9.6% and 16.3%, respectively, compared with the same period in 1987. Demographic trends among AMA members show growth in the AMA's market share of female MDs, physicians younger than 45 and physicians who do not provide direct patient care.

The Division of Television, Radio and Film Services has announced the development of American Medical Television, the official AMA network for organized medicine and the health care industry. The AMA, in conjunction with major specialty organizations, medical schools, and the National Institutes of Health, will address the continuing education needs of physicians through this new network. In addition to Continuing Medical Education programming, American Medical Television will cover regulatory and socioeconomic news, AMA special events, and videoclinic updates. Starting in the fall of 1988, programming will air each Sunday 10:00 a.m. to 12:00 noon Eastern Time on cable television's Discovery Channel.

The Department of Practice Management offers workshops to help physicians make decisions on what to do after residency. They include the following: "Starting Your Practice," "Joining a Partnership or Group Practice: Making an Informed Decision" and "HMOs, PPOs, IPAs: Evaluating Contracts with Alternative Delivery Systems." Each workshop is offered periodically throughout the year in locations across the country.

A Compendium of State Peer Review Immunity Laws, produced by the AMA Department of State Legislation, highlights each state's peer review statutes in terms of who is covered, statutory definitions and immunity.

Also prepared by the Department of State Legislation is a comparison of the Massachusetts and Hawaii programs mandating health insurance coverage. The document compares scope of coverage under the two laws, financing mechanisms, required benefits and other major provisions.

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June 22 - M. A. Kachmer J. A. Ruiz	July 27 - N. D. Belinky M. M. Yarmy	August 25 - A. G. Bitonte F. A. Carbonelli H. A. Latorre J. A. Molisky
June 23 - J. J. McDonough J. A. Patrick	July 29 - J. A. Abram, Jr. R. Aiello S. M. Zervos	August 26 - R. P. Iqbal C. E. Molloy D. E. Person
June 24 - J. K. Altier	July 30 - J. H. Fuiks	August 27 - W. R. Torok
June 27 - B. M. Lim	July 31 - J. J. Buckley, Jr.	August 28 - C. A. Ariza E. T. Saadi
June 28 - Wm. Katz	August 2 - A. M. El Mahdy	August 30 - M. A. Campano J. S. Conti D. R. Dockry
June 29 - H. L. Khanna	August 3 - J. Buttenworth I. Werbner	August 31 - L. J. Gasser
June 30 - A. V. Banez K. M. Prasad	August 4 - S. Hayat D. A. Salcedo	Sept. 1 - Jose Lopez-Gonzalez B. Taylor
July 1 - A. M. Qadri J. R. Tallam	August 6 - R. S. Boniface P. A. Miller H. S. Wang	Sept. 3 - D. E. Beynon
July 2 - S. D. Grossman I. Mendel	August 7 - B. J. Klahr J. A. Lambert	Sept. 4 - M. B. Krupko E. Kessler
July 3 - R. J. Piroli W. J. Stechschulte	August 8 - M. E. Lowry F. J. Stefanec	Sept. 5 - H. X. Kramer A. V. Whittaker
July 4 - I. Nenadic	August 9 - R. B. McConnell	Sept. 6 - H. Holden C. Watanakunakorn
July 5 - F. A. Miller	August 10 - J. Politi	Sept. 8 - I. Maeda
July 6 - M.L. Fok	August 11 - G. D. Ariza I. N. Dombczewsky	Sept. 9 - M. Awad A. R. Hoffmaster C. E. Pichette
July 7 - C. L. DeMario	August 14 - M. Amin	Sept. 10 - A. K. Phillips
July 8 - R. R. Houston	August 15 - E. E. Kornhauser H. B. Pearce S. L. Perni	Sept. 12 - S. N. Habib C. A. Knight
July 9 - G. L. Altman J. R. LaManna, Jr.	August 16 - B. M. Hayek P. W. Ho	Sept. 13 - R. Bailey-Newton K. A. Wilson
July 11 - L. M. Pass	August 17 - J. A. Colella S. W. Ondash	Sept. 14 - D. J. Tamulonis, Jr.
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July 17 - J. J. Lee		
July 18 - G. H. Dietz J. L. Finley L. S. Lyras		
July 19 - N. A. Jaffer		
July 20 - S. A. Basile J. B. Werning		
July 23 - G. S. Sevachko W.F. Stanford		

In Memoriam

LEON BERNSTEIN, M.D. 1908-1988

Dr. Leon Bernstein, 80, died of cancer May 26, 1988 at his home. He was a neurosurgeon.

Dr. Bernstein was born in Russia, graduated from the University of Edinburgh, Scotland, School of Medicine and received his neurosurgical training in Canada. He practiced in Edinburgh, Scotland; Brooklyn, N.Y.; and Topeka, Kansas where he was chief of the Division of Neurological Surgery at Winter Veterans Hospital. He also served in the Royal Canadian Medical Corp.

Dr. Bernstein came to Youngstown in 1951 and maintained a private practice here for twenty-five years. He was a member of the American, Ohio and Mahoning County Medical Associations.

Dr. Bernstein moved to California in 1974 where he worked in Veterans Administration Hospitals.

ALFRED R. CUKERBAUM, M.D. 1907-1988

Dr. Alfred R. Cukerbaum died of a cerebral hemorrhage on March 28, 1988 in Pompano Beach Hospital, Pompano Beach, Florida. He was a dermatologist.

Dr. Cukerbaum was a native of Youngstown and a graduate of Ohio State University Medical School. He interned at Youngstown Hospital Association and had a two year fellowship in New York in skin and cancer.

Dr. Cukerbaum practiced in Youngstown from 1937 until 1942 when he entered the Navy. He spent time in New Zealand and New Herbrides, where he treated American servicemen suffering from many tropical skin ailments. Dr. Cukerbaum was promoted to lieutenant commander in 1944 and to commander in 1945. Following service, he re-established his practice here.

Dr. Cukerbaum was a member of Rodef Sholom congregation and was President of the Jewish Community Center in 1966-67. He was a member of the American, Ohio and Mahoning County Medical Association and retired in 1974.

BERNARD TAYLOR, M.D. 1916-1988

Dr. Bernard Taylor, 71, died of lung cancer May 26, 1988 at his home. He was a pathologist.

Dr. Taylor was born in Brooklyn, N.Y. He received his Bachelor of Arts degree from New York University and his medical degree from the School of Medicine of the Royal Colleges of Edinburgh, Scotland. He served residencies at Harlem Hospital, New York; Mount Sinai Hospital, Cleveland; and Michael Reese Hospital, Chicago. During World War II he was a captain in the Medical Corps of the Army.

Dr. Taylor came to Youngstown in 1953 as associate pathologist at St. Elizabeth Hospital Medical Center and director of its laboratories and held the same posts at St. Joseph Riverside Hospital in Warren. At St. Elizabeth's he was the founder and director of the School of Cytology for Cancer Detection and was director of the School of Medical Technology and also of pathology from 1953 to 1983. Beginning in 1980, he was an associate professor of pathology at the Northeastern Ohio Universities College of Medicine.

Dr. Taylor was named a diplomate of the American Board of Pathology in 1952 and was elected a fellow of the College of American Pathologists in 1981. He was also a member of the American Society of Cytology, the Ohio Society of Pathologists, the American, Ohio and Mahoning County Medical Associations. He retired in 1987 and that same year was named *Man of the Year* by Ballet Western Reserve.

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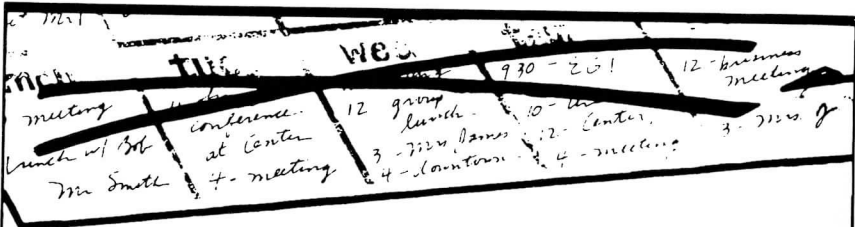
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Did You Know...

At the 1987 Annual Meeting of the Ohio State Chiropractic Association, \$95,648.00 was raised in a single fundraising event for their Political Action Committee (PAC). This amount represented contributions from 80% of their membership.

IT'S YOUR OPPORTUNITY

The Ohio Medical Political Action Committee, (OMPAC) with support from its national counterpart the American Medical Political Action Committee (AMPAC), is one of the most influential professional political action organizations in the country.

You can support the candidates who agree with your concerns for a better government and quality health care for your patients, your community and your family. As a member of OMPAC, your contributions will help those who speak out and respect the professional goals of the Ohio State Medical Association.

— — —

Recent results from a survey performed by the A.M.A.'s Center for Health Policy Research conclude that physicians have unusually long work lives. When questioned at age 65, internists, surgeons and psychiatrists foresee 11 more years of practice. Other specialties predict 9-10 more years of practice beyond age 65.

— — —

Additional survey highlights of the A.M.A. include the topic of physician advertising. This year, 47% of physicians agreed that physicians should be allowed to advertise their professional credentials. However, in 1977, only 28% of physicians shared this view. When asked whether they promote their practices by sending out brochures or publishing patient newsletters, only 18% of the respondents said they currently promote their practices through print media.

MARK YOUR CALENDAR

Sunday, July 24 is the date for the combined Auxiliary-Society Couples Picnic to be held at Pioneer Pavilion, Mill Creek Park. Flyers will be mailed in early July.

The next Society meeting is scheduled for Tuesday, September 20 at Anastos Restaurant in Mineral Ridge. John Van Doorn, OSMA, Director of State Legislation, will present the program for the annual Old Fashioned Medical Meeting.

The Bulletin will suspend publication for the summer. The next issue of the magazine will be the September issue.

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MEDICAL SOCIETY NAMES NEW DIRECTOR

Mrs. Eleanor Pershing assumed the position of Executive Director of the Mahoning County Medical Society on April 1, 1988. Her appointment was confirmed at the February Council meeting following the recommendation of the Search Committee.

A graduate of The Rayen School who attended Westminster College, Mrs. Pershing was associated with the Greater Youngstown Center of the National Multiple Sclerosis Society for seven years. She was Director of Development for five years and Director of the Center the last two years.

Active in the community Mrs. Pershing was president of Women's Committee for Children's Concerts, West Boulevard PTA, Boardman High School PTA, Boardman Council PTA and Sigma Kappa Alumnae. She has served on the Boards of Trustees of the Y.W.C.A., the Youngstown Symphony Ballet Guild, the Youngstown Symphony Society, the Junior Guild of St. Elizabeth Hospital Medical Center, the Youngstown Federation of Women's Clubs, the March of Dimes and the Youngstown Panhellenic Association. She is currently a member of the Board of Trustees of the Family Services Agency. She was a nominee for the annual Y.W.C.A. "Woman of the Year" award in 1979 and a recipient of an Honorary Life Membership in the Ohio PTA in 1981.

Mrs. Pershing resides in Boardman with her husband John and they have a daughter, Attorney Lenore Pershing Streff of Shaker Heights, Ohio.



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1988 Roster of Scholars

The 22nd annual Mahoning County Medical Society Scholarship Dinner was held April 21, 1988. Forty-eight students from twenty four high schools were honored for outstanding academic achievement.

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Tracey Trgovac

BOARDMAN

Sheri Martin
Kelly Reedy

CAMPBELL MEMORIAL

Themelina Barker
Anthony T. Kantaras

CANFIELD

Brian Roberts
Emidio Checcone

CARDINAL MOONEY

Matthew Grecko
Stacey David

CHANEY

Kristine C. Foster
Tracie Lynn Gaia

EAST

Cathy Brownlee
Crystal Davis

GIRARD

Ronald Mamrick
Corie Kovach

HUBBARD

Michele Madeline
Renee Shultz

JACKSON-MILTON

Vaughn Vasil Smider
Andrea Lynn Baringer

LIBERTY

Marcus John Julius
Valli Paruchuri

LOWELLVILLE

Lena Ballone
Alan Ritzert

POLAND SEMINARY

Kean T. Oh
Deborah A. DeLuca

THE RAYEN SCHOOL

Jordan Schildcrout
Daisy Rodriguez

SEBRING MCKINLEY

Russtina Miller
Robin Snyder

SOUTH

Eugene Washington
Philip Comer

SOUTH RANGE

Susan Bowen
Michael Nuhfer

SPRINGFIELD LOCAL

Erika Aldan
James Bolkovac

STRUTHERS

Wendy Uber
Mollie Hynes

URSULINE

Teresa Gatto
Carolyn Camie

VILLA MARIA

Savita Ginde
Tricia Terrado

WEST BRANCH

Amy Baird
Chris Bricker

WESTERN RESERVE

Jeffrey Scott Koning
Dawn Marie Stiffler

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Heather Kutz
Martha Gubany



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WESTERN RESERVE CARE SYSTEM CONTINUING MEDICAL EDUCATION

- July 7, Internal Medicine Grand Rounds, "Acute Myocardial Infarction", George J. Aromatorio, M.D., Assistant Professor of Internal Medicine, NEOUCOM, Cardiologist, Western Reserve Care System.
- July 12, Sports Medicine Lecture Series, "Preseason Evaluation and Preventive Measures", Michael J. Vuksta, M.D., Associate Professor of Surgery, NEOUCOM, Director, Sports Medicine, Western Reserve Care System.
- July 14, Internal Medicine Grand Rounds, "Management of Acute Respiratory Failure", Rebecca S. Bailey-Newton, M.D., Assistant Professor of Internal Medicine, NEOUCOM, Pulmonologist, Western Reserve Care System.
- July 16, Tumor Conference, Ludwig M. Deppisch, M.D., Moderator, Professor of Pathology, NEOUCOM, Chairman, Department of Pathology and Laboratory Medicine, Western Reserve Care System.
- July 19, Emergency Medicine Lecture Series, "Musculoskeletal Low Back Pain", Nelville J. Reehlmann, M.D., Orthopedic Surgeon, Western Reserve Care System.
- July 21, Internal Medicine Grand Rounds, "Diabetic Acidosis", Paul M. Rosman, D.O., Associate Professor of Internal Medicine, NEOUCOM, Director, Endocrinology Service, Western Reserve Care System.
- July 23, Tumor Conference, Lawrence M. Pass, M.D., Moderator, Associate Professor of Internal Medicine, NEOUCOM, Chairman, Department of Internal Medicine, Western Reserve Care System.
- July 26, Emergency Medicine Lecture Series, "Pediatric Case of the Month Presentation", Dale L. Kile, Jr., M.D., F.A.A.P., Assistant Professor of Pediatrics, Clinical Assistant Professor of Emergency Medicine, NEOUCOM, Coordinator, Pediatric Emergency Medicine, Western Reserve Care System.
- July 28, Internal Medicine Grand Rounds, "The Differential Diagnosis of Vasculitis", Ralph J. Rothenberg, M.D., Assistant Professor of Internal Medicine, NEOUCOM, Rheumatologist, Western Reserve Care System.
- July 30, SPORTS MEDICINE HIGHLIGHTS - Topics Include: Movie:
"Warning, It Could Happen to You" Michael J. Vuksta, M.D., Moderator
"Head and Neck Injuries" Hira L. Khanna, M.D.
"Acute Care of Injuries on the Field" Robert A. Farr, Jr., P.T.
"Drug and Steroid Abuse in the Athlete" Michael J. Vuksta, M.D.
"Heat Problems and Preventive Measures" John Doneyko, A.T.C.
"Eye Injuries in the Athlete" Keith A. Wilson, M.D.
"Lower Back Injuries and Rehabilitation" Leonard N. Green, M.D.
"Rotator Cuff Injuries" Raymond S. Duffett, M.D.
"Range of Motion, Flexibility and Massage" Daniel Wathen, A.T.C.
"Braces and Orthotics - Lower Extremity" William Detoro, C.O.
- August 2, Emergency Medicine Lecture Series, "Contact Dermatitis", Robert Brodell, M.D., Assistant Professor of Internal Medicine, NEOUCOM, Assistant Clinical Professor of Dermatology, Case Western Reserve University School of Medicine, Dermatologist/Dermatopathologist, Trumbull Memorial Hospital.
- August 4, All Divisions - OB/GYN, "Advising the Female Patient on Exercise", Mona M. Shangold, M.D., Assistant Professor of OB/GYN, Director of Sports Gynecology, Georgetown University Hospital, Washington, D.C.

(Continued on Pg. 151)

JUNE

Western Reserve Care System (Continued from Pg. 150)

- August 6, Anesthesiology Lecture Series, "AIDS and the Anesthesiologist" John B. Werning, M.D., Assistant Professor of Anesthesiology, NEOUCOM, Anesthesiologist, Western Reserve Care System.
- August 6, Tumor Conference, Bertram Katz, M.D., Moderator, Associate Professor of Surgery, NEOUCOM, Vice Chairman, Department of Surgery, General Surgeon, Western Reserve Care System.
- August 9, Sports Medicine Lecture Series, "Warm-up and Flexibility - Endurance", Daniel Wathen, A.T.C., Head Athletic Trainer and Conditioning Coach, Youngstown State University.
- August 9, Emergency Medicine Lecture Series, "Differential Diagnosis of Leg Pain Syndrome", Adam E. Costarella, M.D. Instructor of Emergency Medicine in Internal Medicine, NEOUCOM, Emergency Physician, Western Reserve Care System.
- August 11, Internal Medicine Grand Rounds, "Disorders of Hemostasis", Lawrence M. Pass, M.D., Associate Professor of Internal Medicine, Chairman, Department of Internal Medicine, Western Reserve Care System.
- August 13, Anesthesiology Lecture Series, "Narcotics in Anesthesia", Ramiro M. Albarran-Sotelo, M.D., Assistant Professor of Anesthesiology, NEOUCOM, National Faculty for the American Heart Association, Anesthesiologist, Western Reserve Care System.
- August 16, Emergency Medicine Lecture Series, "Blunt Abdominal Trauma" NEOUCOM, Raul Lopez, M.D., Associate Professor of Surgery, NEOUCOM General Surgeon, Western Reserve Care System.
- August 20, Anesthesiology Lecture Series, "Update on Inhalational Agents", Veeraiah C. Perni, M.D., Assistant Professor of Anesthesiology, NEOUCOM, Chairman, Department of Anesthesiology, Western Reserve Care System.
- August 20, Tumor Conference, Masud R. Bhatti, M.D., Moderator, Assistant Professor of Internal Medicine, NEOUCOM, Director, Hematology/Oncology Service, Western Reserve Care System.
- August 23, Emergency Medicine Lecture Series, "Blunt Chest Trauma", Arturo P. Mirasol, M.D., Emergency Physician, Western Reserve Care System.
- August 25, Internal Medicine Grand Rounds, "Case Presentation" Lawrence M. Pass, M.D., Moderator, Associate Professor of Internal Medicine, NEOUCOM, Chairman, Department of Internal Medicine, Western Reserve Care System.
- August 27, Anesthesiology Lecture Series, "High Frequency Jet Ventilation", Madhavarao S. Dasu, M.D., Anesthesiologist, Western Reserve Care System.
- August 27, Tumor Conference, Karl F. Wieneke, M.D., Moderator, Assistant Professor of Surgery, NEOUCOM, Director, Head and Neck Surgery Service, Western Reserve Care System.
- August 30, Emergency Medicine Lecture Series, "Pediatric Case of the Month Presentation", Dale L. Kile, Jr., M.D., F.A.A.P., Assistant Professor of Pediatrics, Clinical Assistant Professor of Emergency Medicine, NEOUCOM, Coordinator, Pediatric Emergency Medicine, Western Reserve Care System.
- September 6, Emergency Medicine Lecture Series, "Current Management of Otitis Media", Richard D. Gentile, M.D., Otolaryngologist/Head and Neck Surgeon, St. Elizabeth Hospital Medical Center.
- September 10, Anesthesiology Lecture Series, "Anesthesia for the Diabetic Obstetric Patient", Sundaram Harikrishnan, M.D., Anesthesiologist, Western Reserve Care System.
- September 10, Tumor Conference, Eric W. Svenson, M.D., Moderator, Clinical Assistant Professor of Radiology, NEOUCOM, Director, Radiation Oncology, Western Reserve Care System.

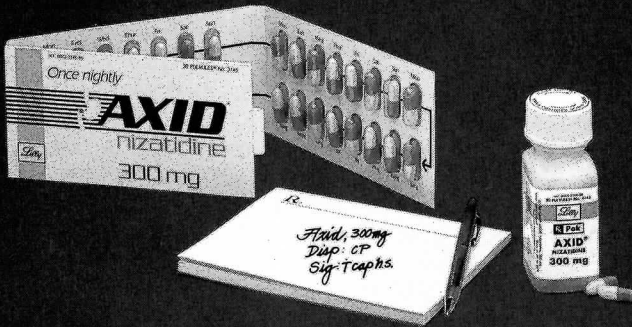
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nizatidine capsules

Brief Summary. Consult the package insert for prescribing information.

Indications and Usage: Axid is indicated for up to eight weeks for the treatment of active duodenal ulcer. In most patients, the ulcer will heal within four weeks.

Axid is indicated for maintenance therapy for duodenal ulcer patients, at a reduced dosage of 150 mg h.s. after healing of an active duodenal ulcer. The consequences of continuous therapy with Axid for longer than one year are not known.

Contraindication: Axid is contraindicated in patients with known hypersensitivity to the drug and should be used with caution in patients with hypersensitivity to other H₂-receptor antagonists.

Precautions: General—1. Symptomatic response to nizatidine therapy does not preclude the presence of gastric malignancy.

2. Because nizatidine is excreted primarily by the kidney, dosage should be reduced in patients with moderate to severe renal insufficiency.

3. Pharmacokinetic studies in patients with hepatorenal syndrome have not been done. Part of the dose of nizatidine is metabolized in the liver. In patients with normal renal function and uncomplicated hepatic dysfunction, the disposition of nizatidine is similar to that in normal subjects.

Laboratory Tests—False-positive tests for urobilinogen with Multistix® may occur during therapy with nizatidine.

Drug Interactions—No interactions have been observed between Axid and theophylline, chlorthalidone, lorazepam, lidocaine, phenytoin, and warfarin. Axid does not inhibit the cytochrome P-450-linked drug-metabolizing enzyme system; therefore, drug interactions mediated by inhibition of hepatic metabolism are not expected to occur. In patients given very high doses (3,900 mg) of aspirin daily, increases in serum salicylate levels were seen when nizatidine, 150 mg b.i.d., was administered concurrently.

Carcinogenesis, Mutagenesis, Impairment of Fertility—A two-year oral carcinogenicity study in rats with doses as high as 500 mg/kg/day (about 80 times the recommended daily therapeutic dose) showed no evidence of a carcinogenic effect. There was a dose related increase in the density of enterochromaffin-like (ECL) cells in the gastric oxyntic mucosa. In a two-year study in mice, there was no evidence of a carcinogenic effect in male mice; although hyperplastic nodules of the liver were increased in the high dose males compared to placebo. Female mice given the high dose of Axid (2,000 mg/kg/day, about 330 times the human dose) showed marginally statistically significant increases in hepatic carcinoma and hepatic nodular hyperplasia with no numerical increase seen in any of the other dose groups. The rate of hepatic carcinoma in the high dose animals was within the historical control limits seen for the strain of mice used. The female mice were given a dose larger than the maximum tolerated dose, as indicated by excessive (30%) weight decrement compared to concurrent controls, and evidence of mild liver injury (transaminase elevations). The occurrence of a marginal finding at high dose only in animals given an excessive, and somewhat hepatotoxic dose, with no evidence of a carcinogenic effect in rats, male mice, and female mice (given up to 380 mg/kg/day, about 60 times the human dose), and a negative mutagenicity battery is not considered evidence of a carcinogenic potential for Axid.

Axid was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity, including bacterial mutation tests, unscheduled DNA synthesis, sister chromatid exchange, and the mouse lymphoma assay.

In a two-generation, perinatal and postnatal, fertility study in rats, doses of nizatidine up to 650 mg/kg/day produced no adverse effects on the reproductive performance of parental animals or their progeny.

Pregnancy—Teratogenic Effects—Pregnancy Category C—Oral reproduction studies in rats at doses up to 300 times the human dose, and in Dutch Belted rabbits at doses up to 55 times the human dose, revealed no evidence of impaired fertility or teratogenic effect; but, at a dose equivalent to 300 times the human dose, treated rabbits had abortions, decreased number of live fetuses, and depressed fetal weights. On intravenous administration to pregnant New Zealand White rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, coarctation of the aortic arch, and cutaneous edema in one fetus and at 50 mg/kg it produced ven-

tricular anomaly, distended abdomen, spina bifida, hydrocephaly, and enlarged heart in one fetus. There are, however, no adequate and well-controlled studies in pregnant women. It is also not known whether nizatidine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers—Nizatidine is secreted and concentrated in the milk of lactating rats. Pups reared by treated lactating rats had depressed growth rates. Although no studies have been conducted in lactating women, nizatidine is assumed to be secreted in human milk, and caution should be exercised when nizatidine is administered to nursing mothers.

Pediatric Use—Safety and effectiveness in children have not been established.

Use in Elderly Patients—Ulcer healing rates in elderly patients are similar to those in younger age groups. The incidence rates of adverse events and laboratory test abnormalities are also similar to those seen in other age groups. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

Adverse Reactions: Clinical trials of nizatidine included almost 5,000 patients given nizatidine in studies of varying durations. Domestic placebo-controlled trials included over 1,900 patients given nizatidine and over 1,300 given placebo. Among the more common adverse events in the domestic placebo-controlled trials, sweating (1% vs 0.2%), urticaria (0.5% vs <0.01%), and somnolence (2.4% vs 1.3%) were significantly more common in the nizatidine group. A variety of less common events was also reported; it was not possible to determine whether these were caused by nizatidine.

Hepatic—Hepatocellular injury, evidenced by elevated liver enzyme tests (SGOT [AST], SGPT [ALT], or alkaline phosphatase), occurred in some patients possibly or probably related to nizatidine. In some cases, there was marked elevation of SGOT, SGPT enzymes (greater than 500 IU/L), and in a single instance, SGPT was greater than 2,000 IU/L. The overall rate of occurrences of elevated liver enzymes and elevations to three times the upper limit of normal, however, did not significantly differ from the rate of liver enzyme abnormalities in placebo-treated patients. All abnormalities were reversible after discontinuation of Axid.

Cardiovascular—In clinical pharmacology studies, short episodes of asymptomatic ventricular tachycardia occurred in two individuals administered Axid and in three untreated subjects.

Endocrine—Clinical pharmacology studies and controlled clinical trials showed no evidence of antiandrogenic activity due to Axid. Impotence and decreased libido were reported with equal frequency by patients who received Axid and by those given placebo. Rare reports of gynecomastia occurred.

Hematologic—Fatal thrombocytopenia was reported in a patient who was treated with Axid and another H₂-receptor antagonist. On previous occasions, this patient had experienced thrombocytopenia while taking other drugs.

Integumental—Sweating and urticaria were reported significantly more frequently in nizatidine than in placebo patients. Rash and exfoliative dermatitis were also reported.

Other—Hyperuricemia unassociated with gout or nephrolithiasis was reported.

Overdosage: There is little clinical experience with overdosage of Axid in humans. If overdosage occurs, use of activated charcoal, emesis, or lavage should be considered along with clinical monitoring and supportive therapy. Renal dialysis for four to six hours increased plasma clearance by approximately 84%.

Test animals that received large doses of nizatidine have exhibited cholinergic-type effects, including lacrimation, salivation, emesis, miosis, and diarrhea. Single oral doses of 800 mg/kg in dogs and of 1,200 mg/kg in monkeys were not lethal. Intravenous LD₅₀ values in the rat and mouse were 301 mg/kg and 232 mg/kg respectively. PV 2091 AMP [041288]

Axid® (nizatidine, Lilly)



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Indianapolis, Indiana
46285

From the Bulletin

FIFTY YEARS AGO JUNE 1938

The annual Internes' Contest made up the scientific meeting that month. Prizes were won by Densmore Thomas and Don Miller representing Youngstown Hospital and by Harold Reese and George Ambrecht representing St. Elizabeth's Hospital. These contests used to be an annual feature of our program but were dropped because the local talent did not draw the attendance that a big name speaker does.

Dr. Myron H. Steinberg wrote a very informative article on "Therapeutic Considerations in Rheumatoid Arthritis". After fifty years there is very little that could be added.

New members that month were: L. S. Shensa, Wm. E. Maine, J. A. Rogers, R. S. Lupse and R. W. Beede.

FORTY YEARS AGO JUNE 1948

Plans for the incorporation of the Medical Service Foundation were completed and the papers sent to Columbus.

The Ohio State Medical Association urged the members to protest passage by Congress of H.R. 6274. That was the unconstitutional, discriminatory piece of class legislation known as "Doctor's Draft".

THIRTY YEARS AGO JUNE 1958

President Detesco proposed the formation of a committee on Admissions, Conduct and Discharges to check on overuse and abuse of prepaid medical care in our hospitals. That was before the advent of Medicare, the utilization Committee and DRG's.

TWENTY YEARS AGO JUNE 1968

Two beloved black physicians passed away, both at the age of 71, within two days of each other. Both were men of stature in the community. Dr. Wm. R. Smith was a quiet, kindly general practitioner who was greatly loved by his patients. The other was Dr. Wm. P. Young, a family physician of great dignity and deep feeling. He was the first black President of the Mahoning County Chapter of the Ohio Academy of Family Practice. When Dr. Young made a speech, it was with such ecclesiastical elegance that it was difficult for his audience to refrain from clapping hands and shouting "Amen".

Dr. Arthur Whittaker returned from special training in Cardiovascular Medicine at the University of Pittsburgh, College of Medicine, to take his place beside Dr. Calvin as the Assistant Director of the Cardiovascular laboratory at the North Unit, YHA.

New members that month were Ikuo Maeda, M.D. and Ronald Roth, M.D. Dr. John McDonough was busy raising money for Project Hope. Dr. Wm. E. Sovik was elected President of the Ohio Ophthalmological Society. Dr. L. P. Caccamo addressed the local Chapter of the Research Society of America on recent advances in Coronary Care.

TEN YEARS AGO JUNE 1978

The Mahoning County Medical Society celebrated its 20th year for the establishment of the Society office space, still in use in the Bel-Park Building. Howard Rempes was still the Executive Secretary. The first Executive Secretary was Mary Herald, Director of the Medical Dental Bureau.

It should be noted here that, for many years, the Bel-Park Professional Co. maintained a two page centerfold Ad for the Bel-Park Building. Many Society members over the years have had their offices located in the Bel-Park Building.

Dr. Robert P. Meader died April 11, 1978. He was a former member of the Radiology Department at the South Unit of the Youngstown Hospital.

New members that month were: Active - Sheldon Binder, M.D., S.N. Habib, M.D., Edward L. McIver, M.D., Fred R. Pruitt, M.D., Ernesto F. Sabado, M.D., G.D. Sangvai, M.D. Associate member was J.V. Chaves, M.D.

Robert R. Fisher, M.D.

JUNE



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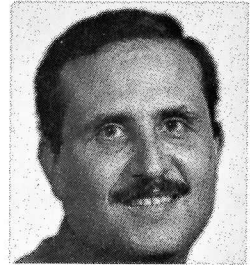
New Members Of The Mahoning County Medical Society



Bennie W. Allison, M.D.
1320 Belmont Ave.
Youngstown, OH 44504
Phone 747-2288 (IM)
W.R.C.S.



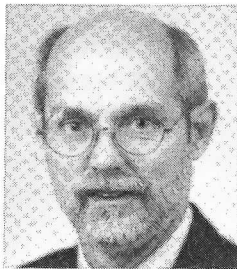
Frances G. Couch, M.D.
6505 Market St.
Youngstown, OH 44512
Phone 726-1333 (OBG)
W.R.C.S.



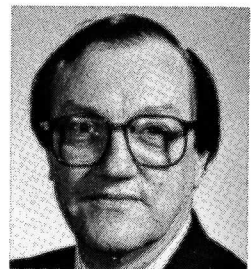
Amr H. El-Mahdy, M.D.
4333 Belmont Ave.
Youngstown, OH 44505
Phone 759-1269 (AN)
S.E.H.M.C.



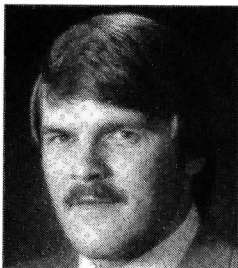
Randall J. Hartwig, D.O.
4780 Kirk Rd.
Youngstown, OH 44515
Phone 792-7704 (FP)
YOH



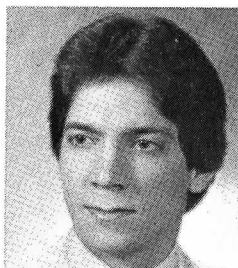
Arlington G. Kuklinca, M.D.
7655 Market St. #2500
Youngstown, OH 44512
Phone 758-5788 (PTH)
Austintown Clinical



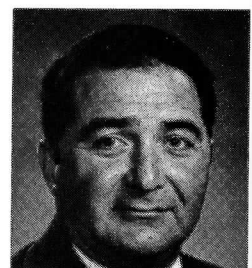
Jasper L. McPhail, M.D.
St. Elizabeth Hosp.
Medical Center
Youngstown, OH 44501
Phone 746-7211 (CTS)
S.E.H.M.C.



Richard A. Michaels, M.D.
548 Gypsy Lane
Youngstown, OH 44505
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Circulatory Center



Michael J. Miladore, M.D.
1340 Belmont Ave. #2300
Youngstown, OH 44504
Phone 747-2700 (ORS)
S.E.H.M.C.



Richard L. Osman, D.O.
2912 McCartney Rd.
Youngstown, OH 44505
Phone 743-1738 (GP)
Y.O.H.

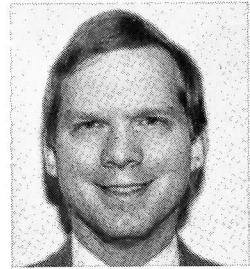
New Members (Continued from Pg. 156)



Robert J. Piroli, M.D.
 Southside Medical Center
 Youngstown, OH 44501
 Phone 740-4400 (RON)
 W.R.C.S.



Stephen L. Salcedo, M.D.
 755 Boardman-Canfield Rd.
 Youngstown, OH 44512
 Phone 758-7084 (DMP)
 W.R.C.S.



Carl R. Schaub, M.D.
 St. Elizabeth Medical Center
 Youngstown, OH 44501
 Phone 746-7211
 X 3768 (CLP)
 S.E.H.M.C.



Homer L. Skinner, D.O.
 319 N. Main St.
 Columbiana, OH 44408
 Phone 482-9203 (FP)
 Salem Community



Paul Stelek, M.D.
 452 Broadway #5
 Youngstown, OH 44504
 Phone 744-3278 (IM-C)
 S.E.H.M.C.



Gary A. Young, M.D.
 452 Broadway
 Youngstown, OH 44504
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