

BULLETIN

of the
MAHONING COUNTY
MEDICAL SOCIETY

Volume LVIII

Number 9

DECEMBER, 1988



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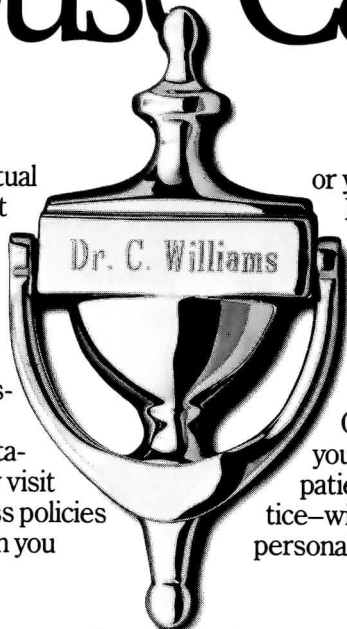
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DECEMBER

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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



The Future of Medicine

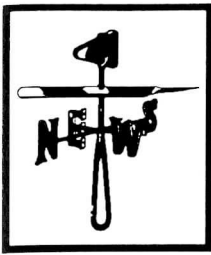
Nearly every week, there are break throughs; new discoveries in diagnostic methods, new surgeries, new drugs to cure the impossible. This is the computer electronic age. Revolution is going on daily in every specialty. We ought to be overjoyed with this new knowledge and technology available to us to heal and cure, yet, the morale of most physicians is at an all time low. Many of us forecast a bleak future for ourselves and for those who will succeed us.

The issue is not science and technology. The issue is socioeconomics. The adversary facing us is the demand for medical care which is increasing while the ability to pay is decreasing. There is a conflict between providers of health care, hospital vs physician, M.D. vs non M.D. Contracted and managed care decreases free assess of patient choice (in 1984, 96% of commercial issued insurance policies, the patient had free choice which decreased to 44% in 1987). Increasing regulations of social agencies means that we are responsible for the patients well-being while many decisions are made by faceless bureaucrats. There is ever increasing paper work. It is estimated that 40-50 billion dollars, 10% of total health care expenditure will be squandered upon this bureaucratic yoke. Reduced reimbursement, reduced volume of patients, but escalating office overhead gives concern.

The malpractice mess with litigation of frivolous claims, and the burdensome premiums that increase our personal stress are an additional worry. No one believes that the physicians today are less qualified or more negligent than in the past or in a foreign country. Yet numbers of suits and awards are unprecedented and ever escalating. It is the perception of the society to compensate the injured party in a fair and efficient system. The present system is not acceptable to us either as physicians nor as citizens. In a democratic society, changes occur only following public outcry.

Where are we heading? We all know we have a huge federal budget deficit and trade deficit. One way or another we have been able

(Continued on Pg. 284)

**BULLETIN****of the Mahoning County Medical Society**

Published Monthly for and by the Members

5104 Market Street

Youngstown, Ohio 44512

Phone (216) 788-4700

*Not published in May,**July and August.***Volume LVIII****DECEMBER, 1988****Number 9**

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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Eleanor Pershing

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Brian S. Gordon, M.D.

Emil S. Dickstein, M.D.

Editorial:**POTPOURRI**

This being my last editorial of the year, I've had a chance to express my views on a number of subjects that I thought were in need of consideration by all of us in the Society. There have been a number of other subjects that I would like to have discussed, but the subject matter might not have been enough for a full editorial column. I'd like to share my thoughts on several of these unrelated topics.

Malpractice. The most unpleasant of the pressures we face in the practice of medicine today is the constant threat of being sued for malpractice. The actual suits for negligence are only the tip of the iceberg. The real problem, in terms of emotional consequences to the practitioner, are the many inquiries from lawyers asking to review a particular case and then waiting to hear the results of the inquiry; or having to treat a particularly complicated case, doing the best you can, but having to worry that the patient can sue on the basis of bad results rather than bad treatment. The current status of the tort system regarding malpractice has turned the practice of Medicine into a giant lottery: for example, a parent who brings his child to a doctor for a DPT vaccine has at least 3-fold better chance to reap a cash bonanza from the Vaccine Injury Compensation Fund than if he goes out and buys a Super Lotto ticket. Although the scope of malpractice is much greater today, we can take some solace in the fact that our predecessors were also under some pressure. The Hammurabi Code of about 2000 B.C. stated: "If the doctor has treated a gentleman for a severe wound with a lancet of bronze and has caused the gentleman to die, or has opened an abscess of the eye for a gentleman and has caused the loss of the gentleman's eye, one shall cut of his hands."

Boxing. In 1983, the House of Delegates of the AMA resolved to encourage the elimination of boxing from amateur athletic programs as detrimental to the

(Continued on Pg. 289)

**MAHONING COUNTY MEDICAL SOCIETY
PROCEEDINGS OF COUNCIL
November 8, 1988**

The monthly meeting of the Council of the Mahoning County Medical Society was held on Tuesday, November 8, 1988 at the Golden Hunan Restaurant.

The president, Dr. Wang called the meeting to order at 7:15 p.m. Upon motion duly made and seconded the Council unanimously determined to dispense with the reading of the minutes of the October meeting, which had been previously mailed to the members.

The treasurer's report was given and upon motion duly made and seconded the Council unanimously authorized the payment of bills as listed with the agenda. It was noted there was no change in membership.

The following application for membership was presented:

ACTIVE: Andres G. Pangilinan, M.D.

The application was approved and the applicant will become a member of the Mahoning Medical Society in the voted category 15 days after his name has been printed in the November issue of the Bulletin that is mailed to all members, unless an objection is received in writing by the executive director before that effective date.

COMMUNICATIONS

A copy of the letter sent to a physician from the State Medical Board concerning certification.

The letter from OSMA drafted for the Mahoning County Medical Society regarding Medicare "medical necessity," and the news release which describes physicians' concerns regarding Medicare "medical necessity."

A letter from OSMA concerning the collection of AMA dues by the county medical societies.

Hartford, Connecticut Medical Society regarding a Commorative U.S. Postal Stamp.

Information concerning the new rules requiring diagnostic codes on all Medicare claims.

In regard to the "medical necessity" letter, upon motion duly made and seconded, the Council unanimously authorized the letter, as written and signed by the President of the Society, be sent to Senators John Glen, Howard Metzenbaum and the Presidents of OSMA and the AMA.

Concerning the news release describing the physicians concerns regarding Medicare "medical necessity," Dr. Baumblatt and Dr. Barton were appointed as spokesmen for the Society.

Regarding the letter from the Hartford, Connecticut Medical Society requesting the support of the Society for a Commemorative U.S. Postal Stamp to recognize the role played by Horace Wells in the discovery and development of general anesthesia, action was tabled to the next meeting to allow the Society to research the request.

COMMITTEE REPORTS

Medical Assistants' Dinner - A total of 306 people attended the dinner.

Project Open - One application was received and one completed form was sent back.

Aids Awareness - A meeting will be held on Tuesday, November 29, 1988 to discuss

the feasibility of an evening dinner meeting which would include CME credit. Youngstown Health Commissioner, Neil H. Altman, has been asked to attend.

Nominating Committee - The report was presented and accepted. It was noted that additional nominations may be made from the floor at the Society meeting, Tuesday, November 15, 1988.

Budget Committee - The proposed 1989 budget was approved with one dissenting vote.

Sixth District Councilor - Dr. Anderson reported on the proceedings of the OSMA November Council meeting. He noted that Jerry Campbell would be attending the AMA-sponsored meeting regarding the Harvard Resource-Based Relative Value Scale. He reminded members to become familiar with the RVS. He commented on the combined Sixth and Twelfth District legislative update meeting held in Akron and urged delegate attendance at future meetings.

UNFINISHED BUSINESS

President Dr. Wang reported on the Open House held on October 27, 1988 at the new office of the Society. Over fifty people had attended and several plants and floral arrangements had been received. A gift of a wall clock was sent by the Sixth District. Mrs. Nancy Adams, executive director of Stark County Medical Society and Mrs. Shirley Dalton, executive director of Loraine County Medical Society were present. Dr. Wang noted that the Mahoning County Medical Society Auxilliary coordinated the open house and thanked Mrs. Carol Kalvasky, president and her committee, Mrs. Maureen Crawford, Mrs. Nancy Leonelli and Mrs. Marcia Turocy.

NEW BUSINESS

New Members - Beginning January 1, 1989 new members of the Mahoning County Medical Society will be formally introduced at a Society meeting by one of their sponsors. They are also encouraged to attend a Council meeting.

Associate Dues - Upon motion duly made and seconded, the Council authorized a fifty dollar fee to be added to the first year Associate dues of twenty-five dollars. The amount will be pro-rated and the change will become effective January 1, 1989.

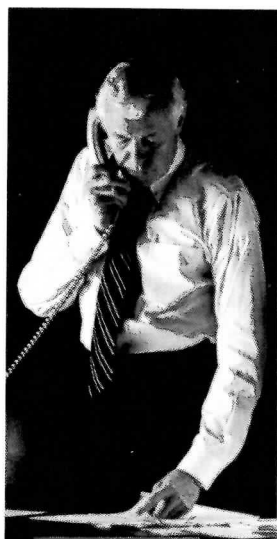
Awarding of Active Staff at both Hospitals - Upon motion duly made and seconded Council determined that a physician should be an active member of as many hospital staffs as he chooses. The motion passed with one dissenting vote. A like motion is to be presented to the Society at its November 15, 1988 meeting.

Society Advertisement in Phone Book - The marketing committee will review the current ads and will present a recommendation to Council.

ANNOUNCEMENTS

The Society meeting will be held on Tuesday, November 15, 1988 at the Moonraker Restaurant, Boardman. It is the nominating meeting to select nominees for election in December for the office of Council. Ms. Sue McGill, Provider Relations District Manager of Medicare, Nationwide Mutual Insurance Company, will present the program, "News about Medicare", Mr. William E. Fry, Director of Professional Relations/ Ombudsman Services -OSMA will also be attending. This meeting is open to all office personnel dealing with Medicare.

The meeting was adjourned at 9:30 p.m.


**Damages
Asked:**

\$7,500,000

\$3,500,000

\$1,000,000

\$ 300,000

\$ 200,000


**Medical
Specialty:**
Obstetrics/
Gynecology

Radiology

Neurosurgery

General Surgery

General Surgery


Verdict:

For the defendant

For the defendant

For the defendant

For the defendant

For the defendant

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From The Desk of the President:

The Future of Medicine (Continued from pg. 278)

to borrow from foreigners to pay our social bills. We all know no one can live beyond their means forever; yet people expect medical care not less than before. Today one day charge in an intensive care unit exceeds the paycheck of a service industry worker.

The Youngstown sky used to be covered with smoke from the steel mills; manufacturing workers used to bring home paychecks based on \$20-30 per hour wages with good fringe benefits. Now we are breathing in clean, fresh air, and workers from service industry bring home paychecks based \$5-10 dollars per hour with little or no fringe benefits. How long can a community sustain this kind of expenditure? Healthcare costs represents 11% of total GNP, while Canada and other European countries are in the 8-9% range, Japan and Pacific rim countries are in the 4-6% range. Of course those savings of other lands are directed towards capital investments, increasing productivity and furthering their competitiveness in the world market. This weakens our industrial base, decreases the tax revenue of our government, and further erodes the Medicare Fund. A 1% increase in GNP yields 11 billion dollars of government revenue. We are part of the economic system, we bear part of the economic outcome.

The future to me is very clear, we simply have to produce more with less, a belt tightening measure every race and nation has experienced in history. It is a challenge to provide quality care with less cost. We are part of the problem, we have to be part of the solution. I expect we will make less than in the past. We have to adapt to this reality and change with the environment. We need to make our office more efficient by whatever means that each of us sees fit in individual situation; otherwise we will become a dinosaur. As times get tough, I believe that the whole nation will be given the chance to vote on some type of health care rationing and a cost effective health care system. In Canada and Britain, it is not called rationed health care, but given such a long waiting time, many patients choose to die rather than to wait their turn. We will learn to re-define death and dignity of life, witness recent published data on resuscitation. Many successful resuscitated patients died during the same admission. It is unclear that prolonging those patients lives means improving that life, or merely increasing their suffering and medical bills. Efficient health care will become an ethical issue which will surface soon.

Of course there are many other challenges such as 37 million people who are uninsured or under insured. The method of delivering quality care for the long term ill and disabled; substance abuse among those young and productive citizens are problems yet to be solved. The AIDS epidemic remains an enigma.

Most important, we have to temper our reaction toward the recently published Harvard Hsiao, resource based reimbursement system (RBRVS) not to let it divide us.

Despite the above doom and gloom, I see medicine as bright as ever. We are attracted to medicine not because it provides us with a comfortable life. We are attracted rather by the intellectual challenge, and the gratification of hard work. Physicians characteristically display an eagerness for success that would lead to success in whatever field they endeavored. We are motivated by curiosity of the unknown, an eagerness to conquer, the desire to perform well, and a genuine concern for our fellow men.

It is still true that if we take good care of our patients the majority of them will take good care of us. It is still a privilege to be a PHYSICIAN

So my view of the future is a mixture of challenges and rewards. We are in the era of rapid change and 100 years from now, the physicians will view us as the good, good old days.

In closing, I would like to extend my sincere thanks to the officers, council members, committee members and staffs of the medical society. They are truly the working ants of the organization, often without recognition, but the job gets done in a satisfactory and timely fashion. To the members of the Mahoning County Medical County Medical Auxiliary; when the need is there, they are always there. They are the undivided partners of physicians both at home and at work. I would like to also extend my appreciation to my associates and staff of my office for their coverage and advice so that I could serve the functions of the society without sacrificing the patient care. Lastly, to the members of the society for the trust and confidence you have placed upon me to serve. It is an honor that myself and my family will endure. I wish you all will have a very happy Christmas and prosperous new year.

H.S. Wang, M.D.

Society Meeting Nov. 15, 1988

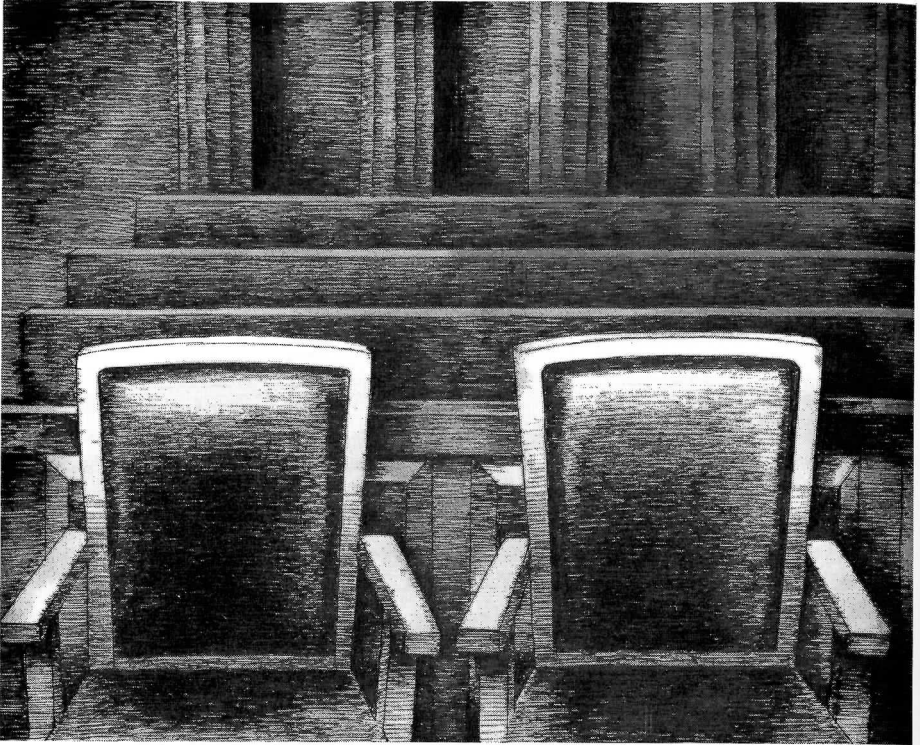
The November meeting of the Mahoning County Medical Society was held Tuesday, November 15, 1988 at the Moonraker Restaurant with 115 members and guests in attendance.

Dr. H.S. Wang, president, presided and upon motion duly made and seconded the membership unanimously determined to dispense with the reading of the September meeting minutes.

The following applications for resident membership were read and approved: Chandrasekhar Doniparth, M.D., James D'Apolito, M.D., James Goal, D.O., Amy Hutchinson, M.D., Jeffrey Stover, M.D., David Rich, M.D.

Dr. Wang commented on the Open House held at the new Society office on October 27, 1988. Mrs. Nancy Adams, executive director of Stark County Medical Society and Mrs. Shirley Dalton, executive director of Loraine County medical Society attended. A wall clock had been received from the Sixth District. Dr. Wang thanked Mrs. Carol Kalavsky, president of the Mahoning County medical Society Auxiliary and her committee, Mrs. Maureen

(Continued on pg. 292)



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DECEMBER

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From the Bulletin

FIFTY YEARS AGO NOVEMBER 1938

It was December and outgoing President Claude B. Norris called for committee reports. Many of the Problems of that day are still very familiar. President Norris was very pleased with his year. Secretary Robert B. Poling wrote that the Federal Government "has activated certain measures which begin to appear like the introduction of Socialized Medicine". As today it mostly evolved around the care of the indigent. A letter to Dr. Montgomery, Chairman of the Relief Committee, from the Mahoning County commissioners indicated that the Mahoning County Relief fund was exhausted and they were asking the members of the Society to please serve without pay until funds could somehow be made available. Until funds ran out, the fee was \$2.00 for an office call, \$3.00 for a house call.

The Associated Hospital Service was five months old and boasted of 9,300 Active Members.

FORTY YEARS AGO NOVEMBER 1948

Another successful year for the Medical Society...President John Noll reported the formation of the new "Medical Service Foundation". Post-Graduate Day brought us a group from the University of Illinois College of Medicine.

The Indigent Relief Committee reported that in 1948 the Mahoning Count Relief Organization spent \$16,448.50 for doctors' fees and \$7,358.89 for medical supplies. The Great Depression of 1930 to 1935 was over and this sum for care of the indigent sick in 1948 seems rather large. Chairman Getty made no comment.

The Legislative committee set up a program to give Youngstown a Board of Health with a full-time Health Commissioner. The program was set up with the approval of Mayor Henderson but action was postponed until next Spring so that the amendment could be placed on the ballot. It wasn't.

There were three new members that month: Robert J. Heaver, Herbert Bryan Hutt and Richard Renner Goldcamp.

THIRTY YEARS AGO NOVEMBER 1958

President Detesco said, "Prepayment insurance for illness is here to stay. Within ten years 90% of our professional fees will be paid by a third party."

Editor Morris Roseblum said that some members give willingly of their time while others, who are very capable, shirk their duties. A few are never satisfied or pleased, no matter what is published.

John McCann was presented the Purnell Award by the Junior Chamber of Commerce for outstanding service to Youngstown.

A vote was taken on whether we should take Wednesday or Thursday afternoon off. The result was 60 for Wednesday and 154 for Thursday.

James R. Sofranec and Jack Malkoff became Diplomates of the American Board of Otolaryngology. Leonard A. Blum was appointed the first full time Health Commissioner for Youngstown. He was a D.P.H.

Wendell Bennett, E.H. Kirkland and Dean Nesbit were elected to Honorary Membership.

TWENTY YEARS AGO NOVEMBER 1968

The re-registration of licenses for Ohio Physicians went into effect as a part of the Medical Practice Act of the State legislature. This had more than a few physicians grumbling at the \$5.00 fee and most members looked upon it as another tax.

New members that month were: A.B. Cinelli, Bertwin E. Einfalt, Armin Garcia and Louis P. Alexander, Gene D. Fry and Michael Galose became members by transfer from Trumbull County Medical Society.

TEN YEARS AGO NOVEMBER 1978

Outgoing President George Dietz was not too optimistic about the future; "We have more money in our pockets but it buys less. We have more people with diplomas but fewer with real education. We have more food and creature comforts but more mental illness, obesity, heart disease, etc."

He predicted that the present "Swing to the left" by government would be followed by a swing to the right.

PSRD was just five years old and Frank Gelbman had a short article explaining what it was all about.

Robert R. Fisher, M.D.

Editorial: Potporri (continued from pg. 279)

health of the participants. The American Academy of Pediatrics likewise supported the AMA's stand and opposed boxing in any sports program for children and young adults. Despite the stands taken by the national organizations, there has been little accomplished towards the ends of their resolutions. The amateur boxing bout can be won either on points, "RSC" (referee stops the contest), or by hitting the opponent in such a way that he is unable to get off the floor by the count of ten - a knockout. The knockout is caused by a concussion, by definition a brain injury. Approximately 5% of amateur bouts end in a knockout. If you consider that the USA/ABF reports that 26,000 young boxers per year participate nationally, and the Golden Gloves Association of America reports 40,000 to 50,000 youth participate yearly in their tournaments, a 5% figure could be quite significant. It is a fact that the number of significant injuries in other sports, especially football, is higher than boxing. However, there is no other sport that justifies the rendering of your patient unconscious as a means of winning. There are many people with the proper motivations, who have instituted measures to minimize the risk of recurrent head injuries, but as long as a knockout continues to be condoned as a way of winning a bout, we cannot support boxing as a sport for our youth. The Ohio Revised Code in its section on Endangering Children states: "No person, being the parent, guardian, custodian...of a child under eighteen...shall create a substantial risk to the health or safety of such child, by violating a duty of care, protection, or support." As parents, are we guilty of child endangering if we allow our children to box? As physicians, are we contributing to child endangering if we allow the 1983 resolutions to die from lack of action on our part?

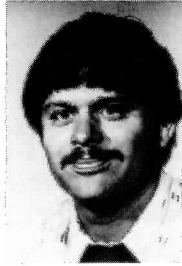
Coffee. It's more than a beverage or a vehicle for caffeine. A cup of coffee for many of us is a state of mind. Through our formative years in college and medical school, it evolved from a means to extend the hours of the day into the night, to a symbol of relaxation at morning conferences after a hard night on call, or leisurely conversations after dinner, or as an excuse to stop and relax for a few minutes during a hectic day. It doesn't intrude on anyone's "space" like cigarette smoking. With a little care, there's no noisy chewing, swallowing, or paper-rattling like snacking. A conference, no matter how good, does not seem as enjoyable without my cup of coffee in hand. With it, I am receptive to the speaker, I welcome new ideas. Without it, I fidget in my seat, I doodle on the notepad, and I watch the clock. Nearly every scientific meeting that I have attended in my career has recognized the need of some people for a "coffee state of mind", and has provided the beverage or a suitable substitute for those with a "tea state of mind" or "sodas state of mind". Judging from the number of my peers at weekly meetings with cups in their hands, I'm not alone in my needs. Yet, I continue to fidget empty-handed, or stand at the entrance door furtively sipping my beverage at the cleanest-auditorium-in-the-state-or-even-the-world in fear of being singled out by the pointing finger on the "HEY-YOU" slide. We're already besieged by the lawyers, government, insurance companies and hospital marketers. Is it fair to allow the housekeeping department to pick on us also?

John R. LaManna, Jr., M.D.

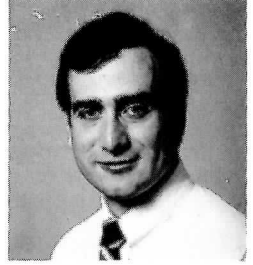
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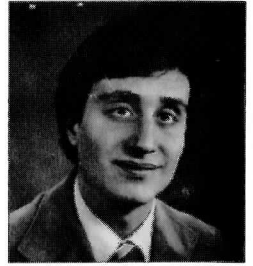
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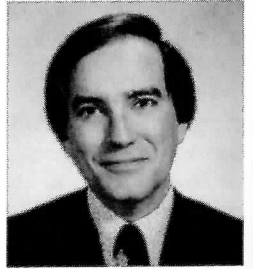
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Society meeting, Nov. 15 - (continued from pg. 285)

Crawford, Mrs. Nancy Leonelli, and Mrs. Marcia Turocy for helping to coordinate the event.

Dr. Wang noted that the audit committee met on November 10, 1988 and found the bookkeeping of the Society to be sound. An audit will be done once a year.

Beginning January 1989, new members of the Society will be formally introduced by one of their sponsors at a general meeting of the Society. New members will also be encouraged to attend a Council meeting.

Dr. Wang commented on the awarding of active staff at both hospitals. Upon motion duly made and seconded the majority of the membership determined that a physician should be an active member of as many hospital staffs as he chooses. A like motion had been passed at the Council meeting of November, 1988.

Sixth District Councilor, Dr. James Anderson, commented on the importance of voting. He also commented on the availability of the OSMA staff for our membership.

Dr. Wang introduced guests, Mrs. Betty Belsan, retired secretary - Bookkeeper of the Society and her husband, Reverend Richard Belsan. Dr. Wang presented Mrs. Belsan with a gift of an engraved music box in appreciation of her sixteen years of dedicated service to the Society.

Dr. G. Robert Barton gave the report of the nominating committee and appointed two tellers. The nominating information and ballots were distributed and voting on the nominations for Officers and Council members for 1989 was conducted. The following slate which was unanimously accepted by the membership will be presented to the Society members for selection at the December 20, 1988 meeting. Those nominated were: President - K.F. Wieneke, M.D., Vice President - J.A. Lambert, M.D., Treasurer - D. Chung, M.D., Delegate 1993 - J.J. Anderson, M.D., Alternate Delegate - A.G. Bitonte, M.D., T.N. Detesco, M.D., P.R. Lakhani, M.D., Council at Large - C.A. Amedia, M.D., G.J. Baumblatt, M.D., J.F. Butterworth, M.D., J.F. Ervin, M.D., C.E. Molloy, D.O., Foundation Trustee - N.I. German, M.D., B.M. Lim, M.D.

Dr. Wang proposed the following members for Emeritus Membership: Dr. Kalman C. Kunin, Dr. Craig C. Wales, Dr. Sidney L. Keyes, Dr. Paul E. Ruth and Dr. Barclay M. Brandmiller. They will be voted on at the December 20, 1988 meeting of the Society.

The program Chairman, Dr. Daniel Handel, introduced the speaker, Ms. Sue McGill, Provider Relations District Manager - Medicare, Nationwide Mutual Insurance Company and Mr. William E. Fry, Director of Professional Relations/Ombudsman Services - OSMA

Ms. McGill gave an update on Medicare and commented on the Procedure Codes, Medical Necessity Guidelines and the Medicare Participating Physicians Program. She noted that 70,000 claims are processed every day. Ms. McGill encouraged members to call her office whenever necessary.

Mr. Fry stated that the OSMA Ombudsman Program is in its eighth year. Inquiries from physicians have increased from 300 the first year to over 2,000 in 1987.

A lively question and answer period followed the program.

Dr. Wang announced that the next meeting of the Society will be held on Tuesday, December 20, 1988 at the Metro Plex and will be the election of officers. The Doctor of the Year Award will be presented as well as the OSMA 50 Years in Medicine Awards. The meeting was adjourned at 10 p.m.



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January 6, 1989 ANESTHESIOLOGY

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Department of Critical Care

University of Pittsburgh

Staff Anesthesiologist at Eye & Ear Hospital of Pittsburgh

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December 15, 1988, 8:00 a.m.

Internal medicine Grand Rounds, "Anticoagulation of Embolic Strokes", Amarjeet S. Nagpaul, M.D., Associate Professor of Internal Medicine, NEOUCOM, Director, Neurology Service, Western Reserve Care System, *1-(1) P-(1), Hitchcock Auditorium - Southside Medical Center

December 15, 1988, 8:00 a.m.

Pediatric Grand Rounds, "Post-Streptococcal Glomerulonephritis", K. Gurumurthy, M.D., Pediatric Nephrologist, Trumbull Memorial Hospital, *1-(1), Tod Classroom I - Tod Children's Hospital

December 17, 1988, 8:00 a.m.

Anesthesiology Lecture Series, "H2 Blockers", John B. Werning, M.D., Assistant Professor of Anesthesiology, NEOUCOM, Anesthesiologist, Western Reserve Care System, *1-(1), Tod Classroom I - Tod Children's Hospital

December 17, 1988, 8:00 a.m.

Tumor Conference, Thomas F. Barrett, M.D., Moderator, Associate Professor of Radiology, NEOUCOM, Radiologist, Western Reserve Care System, *1-(1) P-(1), Hitchcock Auditorium - Southside Medical Center

December 22, 1988, 8:00 a.m.

Internal Medicine Grand Rounds, "Case Presentation", Lawrence M. Pass, M.D., Moderator, Associate Professor of Internal Medicine, NEOUCOM, Chairman, Department of Medicine, Hematologist/Oncologist, Western Reserve Care System, *1-(1) P-(1), Hitchcock Auditorium - Southside Medical Center

January 3, 1989, 8:00 a.m.

Emergency Medicine Lecture Series, "New Pain Killers", Paul L. Witkowski, Director, Pharmaceutical Services, Western Reserve Care System, *1-(1) P-(1) E(1), Medical Education Center - Northside Medical Center

January 5, 1989, 8:00 a.m.

All Divisions - Surgery, "Adjuvant Chemotherapy in Clinical Cooperative Group Protocols", Reginald P. Pugh, M.D., Director, Medical Oncology, Allegheny General Hospital, Pittsburgh, Pennsylvania, *1-(1) P-(1), Hitchcock Auditorium - Southside Medical Center

January 7, 1989, 8:00 a.m.

Anesthesiology Lecture Series, "The Laser in Surgery and Anesthesia", Ramiro M. Albarran-Sotelo, M.D., Assistant Professor of Anesthesiology, NEOUCOM, National Faculty for the American Heart Association, Vice Chairman, Department of Anesthesiology, Western Reserve Care System. *1-(1), Tod Classroom I - Tod Children's Hospital

January 7, 1989, 8:00 a.m.

Tumor Conference, Robert J. Piroli, M.D., Associate Radiation Therapist, Western Reserve Care System, *1-(1) P-(1), Hitchcock Auditorium - Southside Medical Center

January 10, 1989, 8:00 a.m.

Sports Medicine Lecture Series, "Nutrition in the Athlete: Pregame Weight Loss and Gain", Julia A. Meredith, R.D., L.D., Clinical Dietitian, Western Reserve Care System, *1-(1), Medical Education Center - Northside Medical Center

January 10, 1989, 8:00 a.m.

Emergency Medicine Lecture Series, "Pericardial Disease", Keith H. Kuppler, M.D., Cardiologist, Western Reserve Care System, *1-(1) P-(1) E-(1), Medical Education Center - Northside Medical Center

January 11, 1989, 4:00 p.m.

Pathology Grand Rounds, "Review and Update in Clinical Blood Banking", Larry H. Klein, M.D., Pathologist, Western Reserve Care System, *1-(1), Pathology Education Center - Northside Medical Center

January 12, 1989, 8:00 a.m.

All Divisions - Pathology, "The Dilemma of Early Breast Carcinoma", Darryl Carter, M.D., Professor of Pathology, Member, Comprehensive Cancer Center, Yale University School of Medicine, New Haven, Connecticut, *1-(1) P-(1), Hitchcock Auditorium - Southside Medical Center

January 14, 1989, 8:00 a.m.

Anesthesiology Lecture Series, "ARDS", Veeraiah C. Perni, M.D., Assistant Professor of Anesthesiology, NEOUCOM, Chairman, Department of Anesthesiology, Western Reserve Care System, *1-(1), Tod Classroom I - Tod Children's Hospital

January 14, 1989, 8:00 a.m.

Anesthesiology Lecture Series, "Monitoring the Neuromuscular Junction", Madhavarao S. Dasu, M.D., Neurosurgical Anesthesiologist, Western Reserve Care System, *1-(1), Tod Classroom I - Tod Children's Hospital

January 14, 1989, 8:00 a.m.

Tumor Conference, John J. Turner, M.D., Moderator, Associate Professor of Thoracic Surgery, NEOUCOM, Director, Thoracic and Cardiovascular Surgery Service, Western Reserve Care System, *1-(1) P-(1), Hitchcock Auditorium - Southside Medical Center

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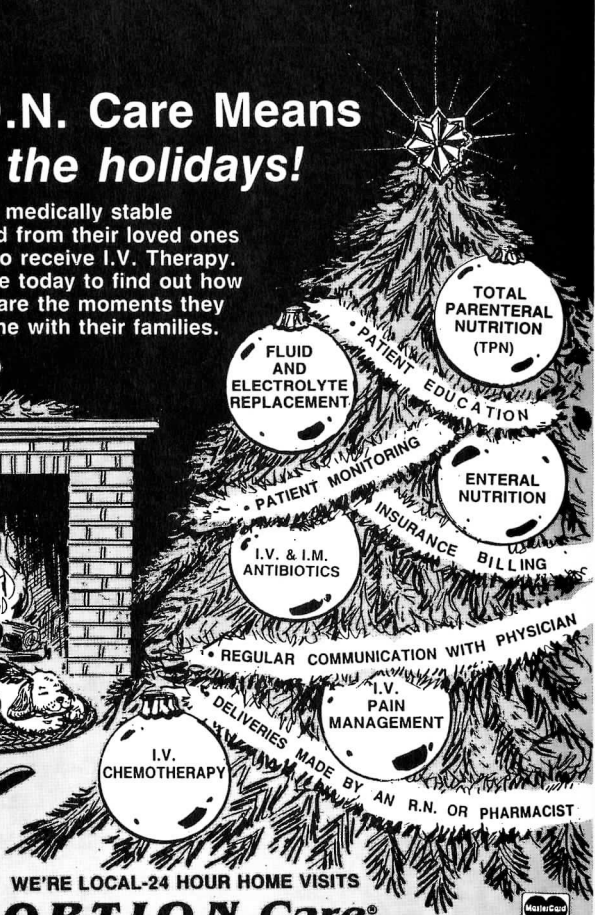
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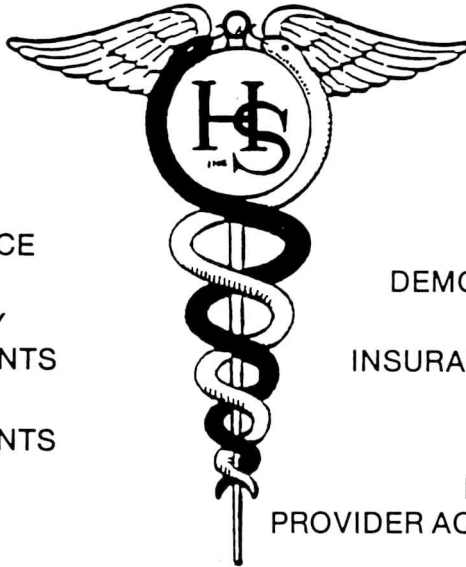
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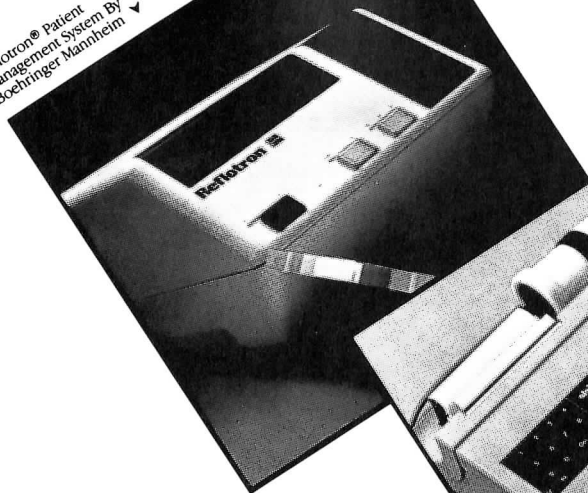


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Contraindication: Known allergy to cephalosporins.

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.

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- 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:

- Gastrointestinal (mostly diarrhea): 2.5%
- Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
- Hypersensitivity reactions (including morbilliform eruptions, pruritus, urticaria, and serum-sickness-like reactions that have included erythema multiforme [rarely Stevens-Johnson syndrome] and toxic epidermal necrolysis or the above skin manifestations accompanied by arthritis/arthralgia, and frequently, fever): 1.5%; usually subside within a few days after cessation of therapy. Serum-sickness-like reactions have been reported more frequently in children than in adults and have usually occurred during or following a second course of therapy with Ceclor. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.
- Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.
- 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.

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

Telephone Answering:

Oriented specifically to the needs of the Medical Community. Numerous different line services available to suit each office requirement.

Collections:

Tailored to collect past due patient accounts. Each account evaluated individually to collect the maximum amount of dollars. Fee contingent on what we collect.

These two Service Divisions offer the best quality to price value in the tri-county area. Your involvement with the Bureau will further enhance an already efficient organization to continue its dedicated service.▶

For complete details please telephone your

Medical-Dental Bureau, Inc.

901 Home Savings & Loan Bldg.
275 Federal Plaza West
Youngstown, Ohio 44503

(216) 744-4040

Judy Bloomberg, Manager