

BULLETIN

of the
MAHONING COUNTY
MEDICAL SOCIETY

Volume XLIII

Number 6

JUNE, 1973



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Mahoning County Medical Society Meetings—1973

January	March	May	September	November	December
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

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From the Desk of the President

(HMO's) X (TAX—\$) = SOCIALIZED MEDICINE

HMO's (euphemistically labeled Health Maintenance Organizations), are in their present form, really pre-paid, closed-panel, capitation systems for the delivery of medical care.

This type of organization is currently being espoused by its backers as a panacea for all the ills that befall medicine. The backers include members of the Nixon administration as well as Senator Ted Kennedy and many of the unions.

While it is not a new concept in the world (England in particular has experimented with it), millions of dollars have been and are currently being spent to organize these groups. Various legislative acts are at this moment being considered which would expend up to five billion dollars to foster, develop and support these schemes in various proportions in the near future.

Yet many physicians (39% of 833 clinicians) and many more laymen do not understand what an HMO is; what it is hoped to be by some; what it is known to be by others; and last but not least, what it can be.

This is appalling when one considers that some form of HMO legislation is likely to be the next major bit of legislation to pass Congress—long before any insurance plan squeezes out of committee.

The Department of Health, Education and Welfare's White Paper of May, 1971, defines HMO's as being "organized *systems* of health care, providing *comprehensive* services for *enrolled* members for a *fixed, prepaid* annual fee." No matter how each HMO may choose to organize itself (and there are various models), from a consumer's viewpoint they all provide a mix of outpatient and hospital services through a single organization and a single payment mechanism.

The purported advantages are (1) that an individual's health becomes the concern of a formal medical organization (clinic) not a single physician; (2) that there is a *fixed* advanced payment for each patient and therefore a fixed income; (3) in order to make a profit or break-even the organization must function in such a manner as to provide the patient with preventative care; that failing, outpatient care; and that being impossible, to get him (or her) into a facility and out at the lowest possible cost. The patient is locked into the system and accepts the medical staff men within the clinic group unless he chooses to pay additionally for care received from other sources than those contracted with by the organization.

In the event that the bills for services to subscribers exceed the income received from prepayment revenues, the physicians belonging to the group may have to accept a reduction in their salaries proportional to the amounts by which the income falls below the total received. If this last is allowed to prevail, it is possible the organization could fail financially. The heavy burden of not allowing costs to exceed income would fall upon the physicians. This could result in a less-than-exuberant class of medicine than the American people have been used to up to now. The spare-no-expense-to-cure-me (or mine) concept that has pervaded American medical care to date would have to yield to cost-control (hopefully with no quality loss) which is really the name of the game.

(Continued on Page 140)



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of the Mahoning County Medical Society

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JUNE, 1973



Number 6

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.

EDITOR

William Moskalik, M.D. D. J. Dallis, M.D.
J. L. Fisher, M.D.

ASSOCIATE EDITORS

J. C. Melnick, M.D.
F. A. Pesa, M.D.

Editorial

WILL THEY TELL US HOW? (They will if we let them!)

I imagine most of us have been taught to respect the men who run the country. The men who have the important — honorable — respected — responsible job of governing our country. They are the politicians, the mostly elected officials, of our political system. These are the men who write and pass the laws that will tell us how to practice medicine. These are the men who want a Peer Review System to make sure we practice medicine honorably.

And yet something bothers me about that! When I look at the various professions, Clergy — Doctors — Lawyers — Politicians, etc., I seem to note that except for the Clergy, we probably have the most honorable profession. We probably have, again except for the Clergy, the fewest number of thieves. We probably need Peer Review, again except for the Clergy, less than any of the other professions.

The Watergate scandal is a good example of the caliber of our political parties and it is just the tip of the iceberg; and yet these men are going to tell us how to practice medicine.

Granted we have problems in medicine. Granted we have a few charlatons and thieves. But I think (and hope) that we have less of a problem than do the other professions. In general we have tried to keep our house clean and have done a pretty good job of it; however we do have room for improvement, but it should be done by us. The quality care and the cost of medicine today has been made into a political football, and most of us know what that means. But it's our football and they can't play without us.

So please let's stick together and maybe we can keep the practice of medicine where it belongs — in the hands of the practicing physician.

—William Moskalik, M.D.
Editor

(Continued from Page 138)

Of course, if government revenues underwrite the loss, the taxpayer would pick up the tab.

Organizationally speaking, HMO's are most often governed by a Board of Trustees who are appointed or elected from the membership. The Board of Trustees of the Puget Sound group maintains control of the doctors on the Medical Staff through its function as the Hospital Board. It appoints each doctor yearly to the Hospital Medical Staff. Where no hospital is owned by the HMO, the lay-board contracts with individual physicians to serve in the clinic. Where no clinic is available to give "total care under one roof", the Board contracts with physicians willing to serve in their own offices. It should be restated that most Boards are envisaged as being either totally or almost totally dominated by laymen.

The advantages that accrue to full-time members of an HMO staff (as a doctor) are listed as adequate pay for a forty-hour week with fringe benefits of retirement pay, vacations, sick leave, disability pay, and life-insurance. To qualify for all of these, minimum requirements would have to be met.

If the doctor were practicing in other than his own office all managerial services would be cared for by the organization, such as appointment times allocated to each patient, standard forms and procedures, bill collections, notices, etc.

The physicians' records and services would be peer-reviewed periodically by his conferees, immediate superior and, ultimately, by the Board of Trustees.

In a recent edition of *American Medical News*, it was stated that 20% of physicians were engaged in group practice of some sort in 1969. Of these 6,371 groups, 396 provided *some* care on a pre-paid basis. The study also found that only 85 of the nearly 400 groups provided more than 50% of their medical care on a pre-paid basis. It is reasonable to suspect that, with the government pushing the HMO form of delivery of medical care, this number may well be larger now.

Whether the number of HMO's would ever mushroom without federal subsidies is doubtful. They have been in existence in this country for the last forty-four years. Their growth to 4% of the population has been less than outstanding up to now. In addition, according to a recent *Interpretive Report-Medical Group News*, "back-lash was whipping up last month against HMO-style prepayment clinic practice." The screams (from California) were emanating from "labor organizations, medical societies, newspapers, and recipients of Medi-Cal (the State's version of Medicaid)." They complained of sub-standard care, corruption, and profiteering.

All of which adds up to a warning that before we commit ourselves individually or collectively to the concept that HMO Clinics are a panacea for all the ills of the health care system we should consider all the pros and cons. They may, in fact, prove detrimental to the best interests of the patient.

—C. Edward Pichette, M.D.
President

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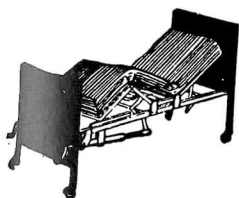
There are still 16 copies of the book, "A History of Medicine in Youngstown and Mahoning County" available at the medical society office. \$3.50 each.

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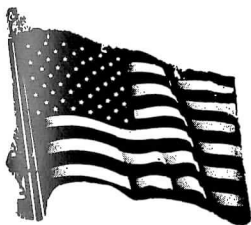
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 Youngstown

Mahoning Month in Review...

A summary of recent developments in the field of health in Mahoning County

AKRON MAN HEADS MEDCO CITIZEN'S GROUP — John L. Feudner, Akron, has been named chairman of the newly formed MEDCO Citizens Council. The nine-man executive committee includes J. Paul Mossman, chairman of Youngstown's Medical School Development Council, and two other Youngstowners, William J. Lyden and Mrs. Benjamin F. Roth. The Council will represent the 17-county area to be served by the proposed Northeastern Ohio Medical School. The new group is a joining-together of individual citizen committees formerly supporting each of the three universities now united in MEDCO.

* * * * *

CANFIELD SCREENING CENTER OPENS — The Mahoning County Health Department has opened an adult screening center operating each Wednesday, 9:00 to 3:00, in the nursing office above the Canfield fire station. Tests administered by a public health nurse include height, weight, blood pressure, pulse, respiration, vision, hearing, urine blood and spirometry. The nurse also takes a complete medical history, with results mailed to the family physician. Screening is available to any county resident over 21, by appointment.

* * * * *

MVHPA PLAN SPECIFIES HOSPITAL BEDS — A three county hospital bed count, projected to 1975, will provide Mahoning County with 1800 short-stay beds—920 for YHA, 700 for St. E. and 180 for Cafaro—in accordance with a health plan adopted by the Mahoning Valley Health Planning Association. Also included in the plan are 1000 beds for Trumbull and 510 for Columbiana counties. All Youngstown hospitals are in the midst of expansion programs that will bring them up to the specifications in the MVHPA plan.

* * * * *

HMO RECEIVES HEW GRANT — The Northeastern Ohio Health Care Foundation has received a one-year grant of \$115,664 for 1973. A previous grant funded feasibility studies and primary organization. According to Jerry Knight, Director, NEOHCF expects to begin enrolling members early in 1974.

* * * * *

VOTERS LEAGUE PLANS HEALTH SURVEY — The Youngstown League of Women Voters will survey local health facilities during the coming year to determine their effectiveness. Mrs. Frank Sekula is president of the Youngstown Chapter.

* * * * *

LEONARD KIRTZ NAMED OHIO PRESIDENT — Leonard Kirtz has been elected president of the Ohio Association for Retarded Children. He has been a member of the Ohio Board of Trustees for 15 years. He is chairman of Gateways to Better Living. His more than 20 years work with local retarded includes membership and leadership in: Mahoning County Mental Retardation Board, Mahoning County Mental Health and Mental Retardation Board, Parents Council for Retarded, Zone 13 area planning organization for the retarded and the Mahoning County School for the Retarded. In 1966, he was one of 21 Ohioans appointed by Gov. Rhodes to survey and recommend improvements in the State's program for the retarded.

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MAHONING DELEGATES AT OSMA MEETING



(LEFT) 168 delegates from Ohio's counties meet in the opening session of the House of Delegates. (RIGHT) Mahoning's delegates (l. to r.) Dr. Wm. Sovik, Dr. John Melnick, Dr. Jack Schreiber and Dr. Ed Pichette.



(LEFT) Reference Committee #2 in session, with Dr. Jack Schreiber serving on the Committee at table on the right. (RIGHT) Reference Committee #1 considered the all-important PSRO resolutions.

Prompted by the importance attached to resolutions pertaining to PSRO and MAI, Mahoning County Medical Society had four delegates and four alternate delegates in attendance at the OSMA House of Delegates meeting in Columbus, May 6-9.

Hotly debated in the resolutions committee, and hotly debated in a final meeting of the House, which ran from 3:30 to 11:30 p.m., the issue of whether the Medical Advances Institute would be allowed to accept outside financial aid and to contract with HEW was settled in the affirmative by a vote of 89 to 56. The same issue had been defeated at the House of Delegates both in 1971 and in 1972.

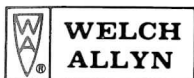
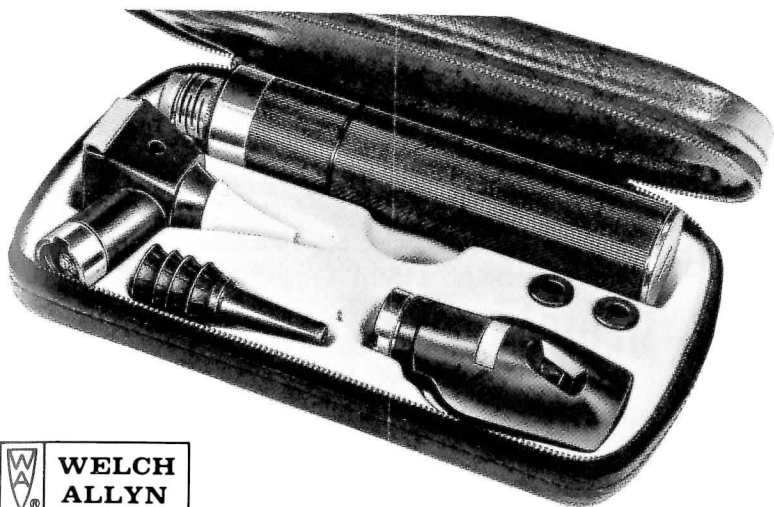
High point of the House debate was a speech by Dr. Ed Pichette in opposition to the resolution, which was loudly applauded, but which failed to carry the day.

In other business, Dr. Jack Schreiber was reelected to a two-year term as Alternate Delegate to the American Medical Association. Dr. Maurice F. Lieber was reelected to the position of Councilor for the Sixth District. Dr. Oscar Clarke, Gallipolis, was installed as president. Dr. James Henry was elected president-elect.

Mahoning County Medical Society delegates are Drs. Schreiber, Melnick, Pesa and Pichette. Alternates are Drs. Abdu, Anderson, Moskalik and Sovik. The latter two were pressed into service when the originally elected delegates were unable to attend the Columbus meeting.

Chairman of the Sixth District delegation was Dr. Robert Clark, Akron, who recently replaced Dr. Henry as president of Medical Advances Institute.

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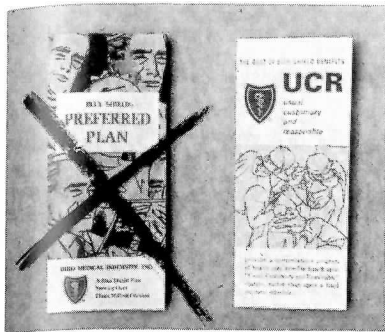
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HOSPITALIZATION GROUP PICKS TOP PLAN

By a substantial majority, members of the physicians' Hospitalization Group of the Mahoning County Medical Society voted to improve their Blue Shield coverage by replacing the old Preferred Plan with the new comprehensive UCR (Usual, Customary and Reasonable) Plan.

The final tabulation of votes was:

Preferred Plan (\$300 surgical maximum)	29
Major Plan (\$450 surgical maximum)	41
UCR Plan (comprehensive)	67

The Preferred Plan was the one originally subscribed to by the Group approximately fifteen years ago. There will be no change in the Blue Cross Plan, which had been updated several years ago.

Bills for the Group will be sent out beginning June 15th. The open date for the Group is July 1st, and final due date for payment will be July 15th. As before, all members of the Group will have identical coverage. There can be no switching of Plans within a Group. The billing will be for six-months coverage. The Group will be billed again in December.

At this time, during the "open date," all members of the Medical Society are eligible and are invited to join the Group. Those who do not join the Group at this time will not be eligible to do so until the next open date, which will be July 1, 1974.

New members coming into the Medical Society during the year may join the Group at the time that they join the Medical Society. Failing to do so within 30 days, they also will not be eligible until the 1974 open date.

Within the past week, a ballot has been sent out to all those belonging to the Medical Assistants Group. They are being given the same opportunity to vote for a better Blue Shield Plan or to remain with their current plan.

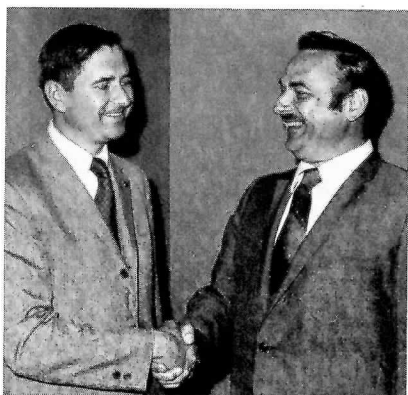
DR. MELNICK ELECTED TO OMI BOARD

Dr. John C. Melnick was elected to the 21 member Board of Directors of Ohio Medical Indemnity, Inc., at its annual meeting in Columbus, April 18.

New Chairman of the Board is Gordon M. Todd, M.D., Toledo. Re-elected president and chief executive officer is Jerry Ketchum, who was first elected to the post in 1972, when he succeeded Charles H. Coghlan. O.M.I. was founded with Mr. Coghlan as president in 1945.

O.M.I. reported a record 3,357,000 subscribing members, maintaining its position as fifth largest Blue Shield Plan in the nation.

Benefit payments in 1972 totalled a record \$91,553,000—up 20 percent from 1971. O.M.I. processed 1,608,000 claims for the year, an increase of 215,000 over 1971. Total assets of the Blue Shield Plan at the end of 1972 stood at \$64,545,000, compared with \$52,569,000 in 1971.



Jerry Ketchum (left) welcomes Dr. Melnick to the Board.

BULLETIN BOARD



Dr. Robert L. Jenkins, Jr. has been installed as president of staff at Youngstown Hospital Association. Dr. Jack Schreiber is president-elect. Dr. James H. Fulks is secretary-treasurer.

Dr. William E. Sovik has been elected to the board of trustees of the House of Delegates of the American Association of Ophthalmologists.

Dr. Frederick Schellhase was re-elected president of Martin Luther Lutheran Church at a recent annual meeting.

Dr. William J. Flynn served as medical and paramedical chairman of Mahoning County's 1973 Cancer Crusade.

Dr. Arthur E. Rappoport completed a speaking tour and research trip through Switzerland, Spain and Austria.

Dr. Frank K. Inui was elected vice-president of the Eastern Ohio Chapter of the Heart Association at their annual membership meeting in May. Named to the executive committee were: Dr. Robert A. Bacani, Dr. Gene A. Butcher, Dr. Elias T. Saadi and Dr. Frank C. Tiberio. Board members include: Dr. Juan A. Ruiz, Dr. Robert G. Warnock, Dr. Earnest Perry, Dr. Robert J. Gilliland and Dr. Bacani.

Recently announced chief and vice chiefs of the clinical staff at Youngstown Hospital Association are: Anesthesiology, Dr. D. W. Metcalf, chief, and Dr. F. E. Shaw, vice chief; Family practice, Dr. U. H. Boening, chief, and Dr. F. A. Resch, vice chief; Medicine, Dr. W. H. Bunn Jr., chief, and Dr. H. N. Bennett, vice chief; Obstetrics-gynecology, Dr. J. G. Guju, chief, and Dr. J. A. Patrick, vice chief; Pathology, Dr. A. E. Rappoport, chief, and Dr. J. R. Gillis, vice chief; Pediatrics, Dr. J. J. Anderson, chief, and Dr. W. B. Dodgson, vice chief; Radiology, Dr. B. S. Brown, chief, and Dr. B. C. Bonarigo, vice chief; Surgery, Dr. Bertram Katz, chief, and Dr. J. J. Turner, vice chief.

HAPPY BIRTHDAY



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June 18

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H. E. Hathhorn

June 19

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P. J. Mahar, Jr.

June 22

M. A. Kachmer

J. A. Ruiz

June 23

J. J. McDonough

J. A. Patrick

R. L. Thomas

June 24

M. C. Raupple

J. K. Altier

J. V. Chaves

June 27

F. A. Pesa

June 28

W. S. Curtis

R. A. Hall

Wm. Katz

June 30

A. V. Banez

July 2

E. Weltman

I. Mendel

July 4

F. S. Coombs

July 5

F. A. Miller

July 6

M. M. Kendall

M. L. Fok

G. A. Butcher

July 9

G. L. Altman

S. A. Myers

July 11

L. M. Pass

July 13

D. W. Metcalf

G. Boullis

DINNER-DANCE HONORS PRESIDENTS

Dr. J. J. Turner and Mrs. Carolyn Turner, chairman; Mrs. Eleanor Pichette, Auxiliary president and Dr. Ed Pichette, Medical Society president; Mrs. Carolyn Dietz and Dr. George Dietz, chairman.

The President's Ball this year turned out to be the *Presidents' Ball*. In honoring Dr. Ed Pichette, president of the Mahoning County Medical Society, the affair also honored his wife, Eleanor Pichette, who was still president of the Women's Auxiliary at that time. Three days later she became past president when the Auxiliary installed new officers.

Held Saturday, May 19 at the Youngstown Country Club, the annual dinner-dance lived up to its tradition of being the outstanding medical social event of the year. A special delight was the music of the Tom Michlas Quartet for dancing.

Chairmen were Dr. George Dietz for the Medical Society and Carolyn Turner for the Auxiliary along with Anne Buckley, Auxiliary Social Chairman.

SPEAKERS BUREAU ANNOUNCED

Reorganization of the Speakers Bureau has been completed and a mimeographed brochure is being prepared to announce the available speakers. Copies will be sent to each doctor's office and more copies will be available at the medical society office.

Dr. Banez, chairman, said that this does not close the door to others in the Mahoning County Medical Society who wish to prepare talks for public groups. The Speakers Bureau will accept new members at any time, and the brochure will be updated and reprinted as often as is necessary. New speakers are welcome.

When any of your patients ask for a speaker for a club or special event, refer them to the medical society office for a copy of the brochure with the printed topics and speakers. Arrangements for a speaker may be made through the medical society office. Topics and speakers will be limited to the printed listing.

Bulletin

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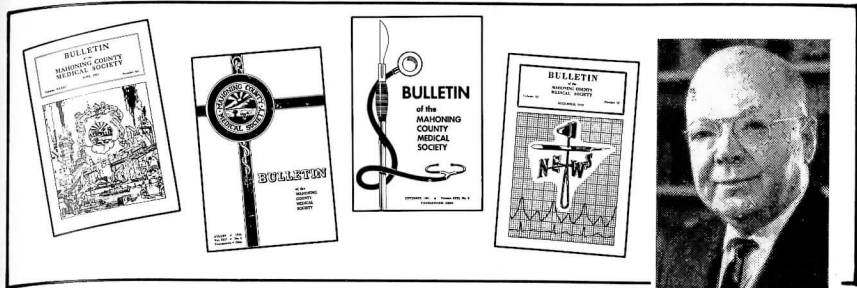
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From the Bulletin

FORTY YEARS AGO — JUNE 1933

The June issue was dedicated to the great Philadelphia surgeon John Chalmers DaCosta who died in May. F. W. McNamara who studied under him at Jefferson in 1912 wrote an eulogy from which some of his famous epigrams are quoted: "Diagnosis by intuition is a rapid method of reaching a wrong conclusion." "While a young man is trying to climb up the ladder of fame his chief difficulty is to avoid being knocked off by older men coming down." "Each one of us however old is still an undergraduate in the school of experience. When a man thinks he has graduated he becomes a public menace."

J. U. Buchanan, B. B. McElhaney, J. P. Harvey, E. C. Baker, Sidney McCurdy, W. W. Chambers, Sam Tamarkin, O. D. Hudnut and R. R. Morrall attended the fracture meeting in Cleveland. Buchanan was surgeon for the Republic Steel. McCurdy was the same for the Youngstown Sheet and Tube. McElhaney was our first orthopedist and Morrall was second. Baker, Hudnut and Tamarkin were active in x-ray. Harvey is a well known internist but at that time he was surgeon for the U. S. Steel.

Joe Rosenfeld was away studying allergy. John R. Buchanan had an orthopedic residency in Iowa City. Sam Weaver was in New York studying neuro-surgery. Herman Zeve was taking a course in Urology. Henry Osborn was painfully injured when struck by a motorcycle. Rosenfeld came back to be the leading allergist. Buchanan was a good orthopedist. Weaver is now living in California. Hank Osborne was a fine surgeon. Herman Zeve is still with us, Director of the VD clinic after a distinguished career in the Navy and Public Health Service.

THIRTY YEARS AGO — JUNE 1943

"God knows I tried hard" wrote Louis Deitchman "to throw out my chest and suck in the hypertrophied embonpoint. My poor viscera cried out 'Give us liberty or give us breath' and after months of torture I discovered that it only made me uncomfortable without adding a whit to my military bearing, so I gave it up as a bad job."

Capt. Neidus wrote "I have been out in the woods and swamps of Mississippi all winter. Thirty-five mile marches with a full pack are common-place. We get up at 6:00 a.m. and are on the go by 7:30. My health has been excellent."

From Harold Reese: "We have a meeting every Tuesday evening. Tonight we are going to hear something about Penicillin."

"North Africa is a beautiful country but not for comfort," wrote McElroy, "Cold as hell at night and hot during the day. Everything plenty dirty."

Luke Reed was at Muroc, California, busy discharging men with diabetes, heart disease and epilepsy who had been passed by enthusiastic draft boards. Barclay Brandmiller and his Jean motored to his new station at Fort Ord, California, and enjoyed the trip. A. R. Cukerbaum was in San Francisco waiting to shove off somewhere in the Pacific theater. Brack Bowman was transferred to Santa Ana Air Base, Cal.

Genevieve Delfs and Edwin Brody became new members of the Society. Some of the old members were complaining about the twenty dollar dues.

TWENTY YEARS AGO — JUNE 1953

An impressive list of new members that month: R. L. Tornello, F. M. Lamprich, L. J. Gasser, Alexander Calder, Joseph V. Newsome, Donald R. Bernat and S. W. Chaisson.

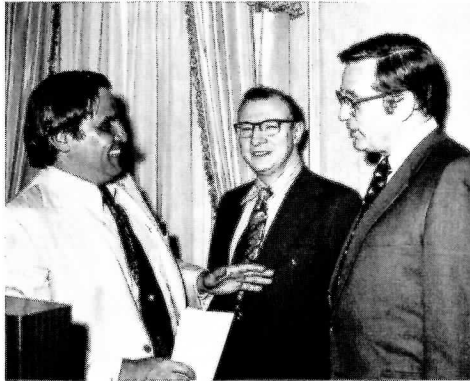
TEN YEARS AGO — JUNE 1963

Dr. Stewart Patton died last month at the age of 90. He was a family physician in North Jackson and was active in public health and education. He became Health Commissioner for Mahoning County and President of the Board of Education. His old office has been moved to the Canfield Fairgrounds where it will be preserved as a typical doctor's office in the Pioneer Village.

The state of health in Mahoning County was fairly good. There were 548 births and 251 deaths. There was no polio or smallpox or typhoid fever. Much measles, mumps and varicella among the children and gonorrhea was on the rise.

John Buckley became a member. John Rodgers was made President-Elect of the Ohio Heart Association.

"FOUNDATIONS" DISCUSSED AT MAY MEETING



Dr. Porterfield (left) debates a point with Dr. Pichette. He was introduced by Dr. Dietz (center).

Dr. Bill Porterfield, Columbus, was a very popular and personable speaker as he explained the Foundation concept of health care delivery at the May 15th meeting of the Mahoning County Medical Society, held at the Youngstown Club.

Dr. Porterfield is chairman of the OSMA Committee on Government Medical Care Programs and a member of the ad hoc committee on Health Care Delivery Systems. In explaining a foundation, he stressed that this would be the doctor's plan and under doctor control. He cited a number of States that have already formed umbrella-foundations, and estimated that there might be 6 to 10 area foundations formed in Ohio. Cincinnati already has a foundation. Dayton is about ready to launch one in that area. Cleveland is in the early stages of foundation-planning.

Dr. Porterfield was the second in a series of speakers being brought in to inform our members about PSRO and its options. Another speaker is being considered for the next meeting in September with the idea that then the membership will be well-informed and ready to vote at the November meeting on the options available to the Society as a result of PSRO legislation.

In the business portion of the meeting, the following were elected to Intern-resident membership in the Mahoning County Medical Society:

Ford A. Chaney, D.O.

Vinta Janardhana Reddy, M.D.

Dr. Porterfield was introduced by Dr. George Dietz, program chairman, who made arrangements for his visit to Youngstown.

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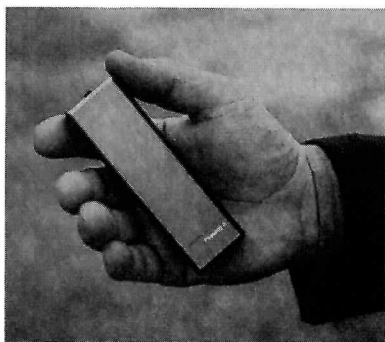
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PROCEEDINGS OF COUNCIL

May 1, 1973

Discussion ensued concerning when to bring before the membership the proposal to raise dues, which was passed by council at the January meeting. It was noted that the constitution states that it should be brought to the November meeting.

A financial statement from AHEN, which council had requested, was noted.

A letter was read from the Bar Association asking that the Medical Society publish the Physician-Lawyer Code again. The code, being lengthy, was referred to the Medical-Legal Committee for summation.

A letter from the Ohio Department of Health, along with other related correspondence, was read concerning the Governor's Task Force on Health Care, with the area meeting to be Monday, May 7, 9:00 a.m., at Holiday Inn in Niles. The motion was made by Dr. Anderson, and properly seconded, that the president use his discretion and designate some one or more members to attend. Motion was passed.

A letter was read from Thomas G. Bard, Public Health Representative of the Ohio Department of Health, working with the Youngstown Health Department on a VD program, explaining the program. The secretary was instructed to thank Mr. Bard for the letter and offer our help.

Dr. Bloomberg, Public Relations Chairman, reported a successful Scholarship Dinner, and that Dr. Perry's talk was well received.

Dr. Pichette reported on the Sixth District Caucus at Congress Lake, where Dr. Robert Clark was elected to head the Sixth District delegation and where action was taken by the district to support the Stark County resolution on PSRO (restating that no action be taken without House of Delegates approval).

The motion was made by Dr. Brucoli, and properly seconded that the Mahoning County delegates be instructed to table or be against Foundations at the OSMA meeting. Motion was passed.

Dr. Anderson, chairman of an ad hoc committee on writing a PSRO Policy Resolution, announced that Dr. Schreiber and Dr. Crans are on his committee.

Dr. Abdu, chairman for the ad hoc committee to present PSRO information to the public, will have a report at a later date.

Dr. Tandatnick, chairman of the Constitution Committee explained how the concept of a two-year office for president would work. Following discussion, he was asked to rewrite his proposal to suggest the office of a vice-president.

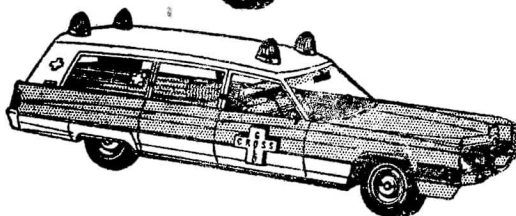
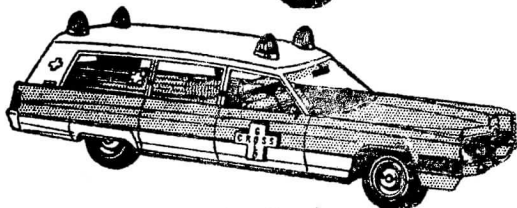
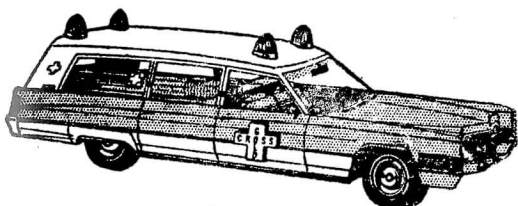
Dr. Abdu presented a malpractice questionnaire. Council approved sending it to Medical Society members.

MEDICAL ASSISTANTS CONSIDER BLUE SHIELD CHANGE

Physicians' nurses, technicians, secretaries and receptionists, who belong to the Medical Assistants Hospitalization Group, administered through the medical society office, will be given the same opportunity to improve the Blue Shield portion of their plan that the doctors had last month.

A ballot and explanation has been sent out to every member of the Group Plan giving them the same three options that the doctors had. A majority vote will determine whether to change or not at the next billing date, which is August 1st.

The group currently carries the Preferred Plan, with a \$300 maximum surgical benefit. One of the options will be to retain the current plan. The physicians voted to upgrade their plan for one with increased benefits, as reported elsewhere in the *Bulletin*.



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Warnings: Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired. Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia (>5.4 mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently—both can cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe patients on 'Dyazide' regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agran-

ulocytosis, and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

Precautions: Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Anti-hypertensive effects may be enhanced in post-sympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Rarely, necrotizing vasculitis, paresthesias, icterus, pancreatitis, and xanthopsia have occurred with thiazides alone.

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