

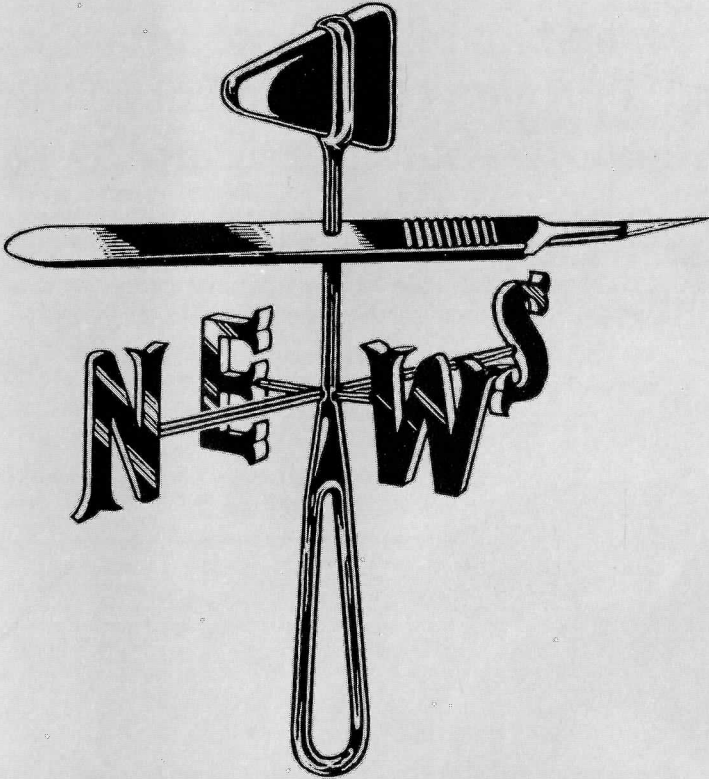
# BULLETIN

of the  
MAHONING COUNTY  
MEDICAL SOCIETY

*Volume LV*

OCTOBER, 1985

*Number 7*



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## 1985 - MAHONING COUNTY MEDICAL SOCIETY MEETINGS - 1985

Tuesday	Tuesday	Tuesday	Tuesday	Tuesday	Tuesday
Jan. 15	Mar. 19	May 21	Sept. 17	Nov. 19	Dec. 17

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## *From the Desk of the President*



During this year I have written on a number of occasions regarding some criticisms that have been laid on our profession by patients, industry and insurance carriers. Indeed, some of this criticism is valid and it does good for us every so often to review the things that are said about us because it has a direct impact upon our image before the public's eye and certainly upon the credibility that the medical profession has vis-a-vis other professionals.

I am certain that I do not need to make the distinction between criticism and condemnation. Unfortunately, sometimes I believe we are deserving of both.

At this time, I would like to address myself to a somewhat similar situation but involving the activities of people other than physicians. We have been so accustomed to being under attack lately, that it seems we are continually on the defensive. In my opening remarks upon accepting the presidency of the Mahoning County Medical Society, I stated that we as a group need not be ashamed of the achievements of our profession, and indeed, we do not need to apologize, since by and large the majority of physicians endeavor to practice medicine in a frame of reference as dictated not only by our social moral codes but as well as the code of ethics of our organization.

This, however, does not mean that we are to close our eyes to the faults of those in our midst that do not conform to these principles and that they should be condoned by the membership. We should rise not with an accusing finger pointing at the obvious failures of some of us, but we should view these criticisms as statements said in truth and in love and with open arms, with the desire that they should return, if they have departed, to the mainstream of the ethical principles of our time honored profession.

Recently many articles in the papers, as well as television and other news media, have been utilized to continue a campaign attempting to undermine the credibility of the physician and the medical profession in general. There are myriads of "news bedbugs", that are exclusively laying around waiting for some out-of-the-way item that seems to relate to the practice of medicine, and then flag it before the public's eye as though this particular item was something of common occurrence and has been totally overlooked by the medical profession. They seem to imply in every article that physicians do not know what they're doing. I am amazed at the fact that every business that advertises, including the legal profession, endeavors to publicize the number of years that

(Continued on Page 164)



# BULLETIN

## of the Mahoning County Medical Society

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**Volume LV**

**OCTOBER, 1985**



**Number 7**

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:**

**“Alas, . . . How Shall We Do”**

(reprinted from St. Louis Metropolitan Medicine)

It is paradoxical that now, when government, third party payors and patients are demanding ever greater responsibility (liability), integrity and competence from physicians, there is a progressive erosion of the ability of the profession to maintain the discipline and standards of quality that have brought today's achievements in medical care.

Until early in this century, requirements of competence were poorly defined and regulated. Standards had slowly evolved over the centuries. The development of effective transportation and communication, with the Industrial Revolution of the past 200 years, has eliminated cultural and professional isolation. The Flexner report of 1910 called to public attention the need for establishing and enforcing standards of medical education and practice. Preceptorships of earlier days had given way to a multitude of medical schools of widely divergent quality. Subsequent to the Flexner report, most of the “diploma mill” schools disappeared, along with the setting of standards for accreditation of ethical institutions.

In post-World War II, the policy of the United States government became to produce many physicians as soon as possible. Existing medical schools expanded student capacity, and new schools opened. Physicians from other countries trained and then remained here. In addition, and ominous for standards, has been the appearance of “offshore” schools that have become today's version of the old diploma mill.

The very news media that demand integrity, competence and responsibility titillate the public with the woes of students who have substandard training and who have secured “toe-holds” in hospital house staffs. Public sympathy is aroused for these “doctors.” The regulating boards of healing arts emerge as the “heavies” in these media scrambles, when in fact the boards are attempting to maintain standards.

“Discrimination” of one kind or another interferes in the selection of and privileges granted in hospital staffs. Indeed, medical staffs must now in many instances accept ancillary personnel as medical staff members. By-laws of some hospital staffs now delete “M.D.” or “D.O.” as requirement for membership. The Wilk chiropractic case in Illinois earlier this year indicated the difficulty in enforcing who is capable and authorized to practice medicine.

they have in accumulated experience between all of the partners of the particular business or firm. It seems to be perfectly proper for everybody else to use their years of expertise in practice as an indication of how well rounded they are in their knowledge. It is absolutely irritating when the same individuals, and the public in general, are given the impression that the longer a physician is in practice the less knowledgeable and the more stupid he becomes, as though the experience of dealing with people, diverse and complex problems, as well as repetition of boring complaints and illnesses, does not provide any growth of the mind and of the professional performance of doctors.

I am thoroughly fed up with this state of affairs. It reminds me very much of the psychology that pervaded the international scene regarding "the ugly American". We are witnessing lately a similar situation, "the ugly doctor" philosophy. This is not to say that the American government has not performed misdeeds abroad, or that physicians have not ever erred, but certainly, not every dealing of the government is crooked, neither is every professional interaction between doctor and patient pervaded with ulterior motives.

To illustrate the point, some time ago in the newspaper we were criticized, perhaps with a good deal of truth over that, regarding the illegibility of physicians' prescriptions. The person writing this particular article happens to have a Ph.D. in pharmacology and seemed to be raising an outcry from the pharmaceutical colleagues that dispense the medications we prescribe. During this last year or so, we have been waging a personal campaign with the local pharmacists regarding the issuing of medications to our patients. This has to do with refilling of prescriptions without written or verbal authorization from the office.

I had thought that this was a relatively uncommon occurrence. However, as I looked into the situation, there were more and more instances of this and some of them involved repeated occurrences over several years.

I do not intend to bore you with the details of each individual patient, but I shall tell you that it involves pharmacies in every locality around us including Youngstown, Boardman, Austintown, Campbell, Hubbard and Struthers. (The order does not imply the frequency of occurrence.) This also involves both privately owned and managed pharmacies as well as large chain pharmacies. In order to be more current in this brief study, I simply reviewed some of the charts of the patients that came into the office within the last three working days. I did not check into every single patient for this, but the ones that happened to require at that time a new prescription to be written. To my amazement, this is what I found.

A 78 year old white female, hypertensive, and had not seen a physician for ten years because her last doctor expired. Through that length of time her local pharmacist continued to give her Enduron 5 mgm. which she was taking daily.

A young diabetic woman, age 38, with an uncontrolled diabetes and hypertension, who failed consistently to return to the office for blood sugar and blood pressure checks and office visits, and regarding whom I've had a number of conversations with her local pharmacist, continued to receive a refill on her prescription for three years in spite of the fact that she had not been seen in the office.

Other instances involve patients of ours that have also been seen by someone else, and who received medications by the other physician and had been taking them from five to ten years without new prescriptions. Included are also patients of our own for whom the pharmacist almost routinely give them medications to last well beyond the prescribed time period. In the few days that I surveyed the situation, there were fifteen additional patients that were found to fit the description given above.

It is certainly true that physicians have a reputation for bad handwriting, and illegible prescriptions with hieroglyphics and instructions that sometimes defy the imagination of the druggists. The druggists, however, can call the physician in question and verify the nature of this shorthand. When we face the situation, however, that the pharmacist has a prescription and knows that the refills authorized by the doctor have run out, and continues to dispense that particular medication for years, beyond the expiration date of the prescription and beyond the time that the physicians have retired or died, I find that much more inexcusable. I would like to call this to the attention of the membership and I would certainly appreciate it if other physicians would look into this particular problem among their own patients. I would also like to have some feedback from the membership, because I would very seriously like to have this situation be brought before the local association of pharmacists so that they in turn can rectify this particular deficiency.

Juan A. Ruiz, M.D.

---

### Editorial— (Continued)

It is a sad day for the public when political considerations compromise professional standards.

Perhaps salvation for the profession is for physicians to support organized medicine financially far in excess of today's "contributions." If the Golden Rule is "he with the gold rules," then we *all* must tax ourselves far in excess of today's dues to be heard through the news media, in business circles and in legislative bodies.

John Payne Roberts, M.D.

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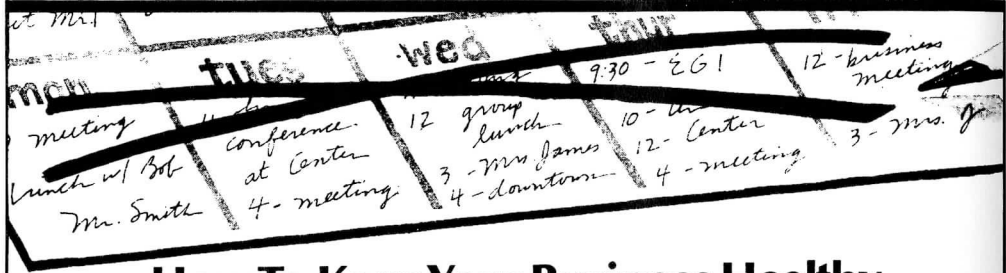
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**September 17, 1985**

The general membership meeting of the Mahoning County Medical Society was held Tuesday, September 17, 1985 at Anastos Restaurant in Mineral Ridge with Dr. Juan Ruiz, president, presiding. The meeting was called to order at 8 p.m.

Dr. Ruiz welcomed the members and then introduced those at the head table: Dr. William Bunn, Dr. Glenn Baumblatt, Dr. D. J. Dallis, Dr. J. J. Anderson.

A motion was made, seconded and passed to dispense with the reading of the minutes of the May meeting of the Society.

Dr. Ruiz read the following applications for resident membership in Society:

Steven Aubel, M.D.  
Denise Bobovnyik, M.D.  
Takae Chang, M.D.  
Linda Cuculic, M.D.  
Donald A. Dashiell, M.D.  
Ivan M. Raimi, D.O.  
Michael B. Evan, M.D.  
Carl E. Flor, M.D.  
Clark O. Taylor, M.D.  
David B. Gray, D.O.  
Youseff Hazimah, M.D.  
Wesley W. Hedges, M.D.  
Shaun A. Hennon, M.D.  
Dennis M. Jacob, M.D.

Guntis Kalnins, M.D.  
Frederick G. Kurz, M.D.  
Peter W. Lachiewicz, D.O.  
Frank Yanaishi, M.D.  
Daniel K. Madsen, D.O.  
David V. Meehan, D.O.  
Victor J. McKee, M.D.  
Joan N. Meehan, D.O.  
Doh Young Oh, M.D.  
Donald J. Deforno, Jr., M.D.  
Randolf H. Robertson, M.D.  
Nicos Stavron, M.D.  
Alma R. Garcia-Smith, M.D.

A motion was made, seconded and passed to accept the applications and grant resident membership to the applicants.

Dr. Ruiz gave the names of the members of the nominating committee. They are: Dr. Ruiz, Dr. Glenn J. Baumblatt, Dr. D. E. Pichette, Dr. William C. Bunn, Dr. William Moskalik, Dr. Robert Bacani. The committee meets October 15, 1985.

Dr. William Sovik, representative to HSAEO, announced a seminar for October 16 at the Avalon Inn in which Dr. Anderson will be one of the panel of speakers.

Dr. Ruiz requested any further business to come before the meeting and with nothing presented, he introduced Dr. Dallis, program chairman, who presented the entertainment.

The entertainment was Suzanne, a dancer, who performed some of the traditional Greek dance rituals, which was in keeping with the theme of the meeting that featured Greek cuisine.

The meeting was adjourned at 9:55 p.m. and socializing was enjoyed after the meeting.

Robert B. Blake, *Executive Director*

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*In Memoriam*


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**WALTER J. TIMS — 1908 - 1985**

Dr. Walter J. Tims, 77, died September 7, 1985 of a heart attack at his home. He was a proctologist.

Dr. Tims was born in Pittsburgh, graduated from South High School here, and received his medical degree in 1932 from Ohio State University. He did his residency at YHA and taught pathology at the YHA School of Nursing.

He was appointed city health commissioner in 1947 and served until 1952. In 1938, he served as deputy Mahoning County coroner and then was city physician in 1941.

During his tenure as city health commissioner, he succeeded in having fluoride added to the city water, after much controversy.

Dr. Tims was the Society's "Doctor of the Year" in 1980. He was elected in 1967 a fellow in the International College of Surgeons in Rectal Surgery. He was also a member of the Ohio Valley Proctology Society and was licensed to practice in England. He spent 36 months in the European Theatre during World War II on the medical staff of the Army Air Force, where he rose to the rank of Lt. Colonel.

Among his other accomplishments, he initiated the venereal disease clinic and the rabies prevention program in Youngstown.

Dr. Tims was a member of Westminster Presbyterian Church, the Elks Lodge, Hillman Masonic Lodge, was a 32nd Degree Scottish Rite Mason and a life member of Al Koran Shrine. He belonged to the Youngstown Club and was a former member of Rotary.


**M. CARL RAUPPLE — 1917 - 1985**

Dr. M. Carl Raupple, 68, died September 3, 1985 at his home of cancer. He was a family physician.

Dr. Raupple was born in Youngstown, graduated from the Rayen School and Ohio State University and received his medical degree from OSU School of Medicine in 1944. He interned at Grant Hospital in Columbus and at St. Elizabeth Hospital Medical Center, where he became a staff member in 1945.

He started private practice in 1945 on Elm Street and then moved to Market Street. His building received a Chamber of Commerce Award in 1968.

Dr. Raupple was treasurer of the Mahoning County Medical Society from 1967 to 1970 and was secretary of the Society in 1971. He was a fellow of the American Academy of Family Physicians and a member of Phi Chi Fraternity.

He was a member of St. Charles Church, Knights of Columbus Boardman Council, Ursuline Sisters Century Club, AMA and OSMA.


**MURRILL M. SZUCS — 1903 - 1985**

Dr. Murrill M. Szucs, 81, died September 16, 1985 of a heart ailment in Akron General Medical Center. He was a surgeon and cardiologist.

Dr. Szucs was born in Cleveland and came to Youngstown in 1935. He moved to Akron in 1974 to do research and writing.

He received his bachelor degree from John Carroll University and his medical degree at Marquette University, after studying bacteriology at Ohio



State University. He interned at St. Elizabeth Hospital from 1936 to 1937, did work in heart and electrocardiography in Chicago's Michael Reese Hospital and at the University of Michigan.

Dr. Szucs had a private medical practice here for more than 40 years and was on the staff at St. Elizabeth Hospital. He served as parochial school surgeon starting in 1939. He served 36 months as an assistant surgeon with the U.S. Maritime Commission and was appointed head cardiologist for the base hospital at Manhattan Beach, Brooklyn Health Service Reserve during World War II.

He served on the Youngstown Board of Education from 1953 to 1971, was named trustee of Central State College and received an honorary doctor of science degree from that university in 1969.

He was a member of the Society, Knights of Columbus, Elks Club, Kiwanis, and the Youngstown Club.

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### MILTON M. KENDALL — 1913 - 1985

Dr. Milton M. Kendall, 72, died Tuesday, September 24, 1985 of cancer in Northside Hospital. He was an emergency room physician.

Dr. Kendall was born in New York City, was a graduate of New York University and received his medical degree from Long Island College of Medicine in 1937.

He was on staff at Bellevue, Lennox Hill and King County hospitals in New York prior to establishing a private practice here in 1940.

He served with the 8th Air Force in England during World War II and attained the rank of captain. He was elected to the Royal Academy of Physicians and Surgeons while in England.

Dr. Kendall returned to his family practice in 1946 and then later spent 16 years as an emergency-room physician at both Northside and Southside Hospitals.

He was a member of the National Academy of Science, the American College of Emergency Room Physicians, the American College of Family Physicians, The American Medical Association, Ohio State Medical Association and the Mahoning County Medical Society. He held membership in B'nai B'rith as a Golden Menorah member and belonged to Sherith Israel Congregation in New York and Rodef Sholom Temple here.

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### PUBLIC EDUCATION PROGRAM

The physicians of the Mahoning County Medical Society launched a public education campaign which is of the most importance to the people of the Mahoning Valley.

The purpose of the campaign is to inform and educate people about how health care is changing and how these changes may affect the way they receive medical care and how they will pay for it in the future.

The campaign offers a free booklet entitled *Changes in Health Care: What you and your family should know*. Anyone can receive a copy by either asking their personal physician for one or by calling 1-800-MED-NEWS, which is an Ohio State Medical Society number. The Society office has a supply of the booklets for distribution to members who request them.

**Y. H. A. CME**

- Oct. 12, 1985 TUMOR CONFERENCE  
8:00 a.m. L. Pass, M.D., Moderator  
Associate Professor of Internal Medicine  
YHA \*1 - (1)  
Hitchcock Auditorium — Southside Medical Center
- Oct. 12, 1985 SURGICAL VISITING PROFESSOR  
9:00 a.m. "Current Approaches to Intra-abdominal Sepsis"  
D. B. Louria, M.D.  
Professor of Preventive Medicine and Community Health  
New Jersey Medical School, Newark, New Jersey  
\*1 - (1)  
Hitchcock Auditorium — Southside Medical Center
- Oct. 15, 1985 JOINT EMERGENCY / PEDIATRIC CONFERENCE  
8:00 a.m. "Shock in the Pediatric Patient"  
J. Michael Lonergan, M.D.  
Coordinator of Pediatric Emergency Medicine  
Department of Emergency Medicine  
YHA  
\*1 - (1) P - (1) - Pending  
New CCU Conference Room — Northside Medical Center
- Oct. 17, 1985 INTERNAL MEDICINE GRAND ROUNDS  
8:00 a.m. "Steroid and Non-Steroidal Inflammatory Drugs"  
T. D. Zizic, M.D.  
Associate Professor of Medicine  
Johns Hopkins University  
Division of Rheumatology  
\*1 - (1) P - (1)  
Hitchcock Auditorium — Southside Medical Center
- Oct. 19, 1985 TUMOR CONFERENCE  
8:00 a.m. L. Klein, M.D., Moderator  
Associate Professor of Pathology  
YHA \*1 - (1)  
Hitchcock Auditorium — Southside Medical Center
- Oct. 19, 1985 ANESTHESIOLOGY CONFERENCE  
8:00 a.m. "Respiratory Control — Anesthesia"  
R. Albarran, M.D.  
Assistant Professor off Anesthesiology  
Department of Anesthesiology  
YHA  
NEOUCOM  
\*1 - (1)  
Tod #2 — Northside Medical Center
- Oct. 22, 1985 EMERGENCY MEDICINE CONFERENCE  
8:00 a.m. "Common Fatal Overdoses"  
P. W. Cosby, M.D.  
Clinical Assistant Professor of Emergency Medicine in  
Internal Medicine  
YHA \*1 - (1) P - (1)  
Tower 2 Conference Room — Southside Medical Center
- Oct. 24, 1985 INTERNAL MEDICINE GRAND ROUNDS  
8:00 a.m. "Pericardial Diseases - Pericarditis"  
R. Botti, M.D.  
University Hospitals of Cleveland  
\*1 - (1)  
Hitchcock Auditorium — Southside Medical Center

- Oct. 26, 1985 ANESTHESIOLOGY CONFERENCE  
8:00 a.m. "Cardiac Arrhythmias in the O.R."  
S. Harikrishnan, M.D.  
Department of Anesthesiology  
YHA  
\*1 - (1)  
Tod #2 — Northside Medical Center
- Oct. 26, 1985 TUMOR CONFERENCE  
8:00 a.m. R. Hoffmaster, M.D.  
Assistant Professor of Urology  
YHA  
\*1 - (1)  
Hitchcock Auditorium — Southside Medical Center
- Oct. 29, 1985 EMERGENCY MEDICINE CONFERENCE  
8:00 a.m. "Basic Fracture Management"  
R. Cuttica, M.D.  
Instructor of Orthopedics  
YHA  
\*1 - (1) P - (1)  
Tower 2 Conference Room — Southside Medical Center
- Nov. 2, 1985 ANESTHESIOLOGY CONFERENCE  
8:00 a.m. "Physiology of Spinal and Epidural Anesthesia"  
V. C. Perni, M.D.  
Assistant Professor of Anesthesiology  
Department of Anesthesiology  
YHA  
NEUCOM  
\*1 - (1)  
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**Y**ou want what's best for your patients — not what's cheapest. Yet today's physicians are wrestling with a troubling array of cost-containment initiatives: fee freezes, arbitrary caps on Medicare reimbursement, even restrictions on access to care. The stakes are high — life or death.

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**The American Medical Association**  
535 North Dearborn Chicago, Illinois 60610



**ITEMS**  
*From the Exec's Desk*  
**ROBERT B. BLAKE, Executive Director**

About one third of all Americans belong to the more than 16,500 national associations in this country. Among their many services to members, associations inform of trends and developments; provide a forum for discussion of mutual concerns; provide continuing education to help cope with rapidly changing technology; and enable the collective establishment of policies and standards. Associations exist to meet the needs of their members. Without needs, there is no service to be performed. Without service to members, there are no programs. Without programs, there is no membership attraction. Without membership, there is no association! Without peer to peer membership contact, associations can die.

\* \* \* \* \*

According to figures from the Hospital Association, the level of outpatient surgery increased by 86 percent between 1979 and 1983. At the same time, inpatient procedures dropped by 4 percent and the total number of surgeries (both in and out) increased by 8.7 percent.

\* \* \* \* \*

It probably will come as no surprise to learn that physicians, dentists, and other health care professionals are usually the last to be paid when the public is forced to allocate its money. The American Collectors Association found that the average person will take care of his or her car payment, rent, the television set loan, utilities and just about everything else before paying the doctor. The reason, according to ACA: Cars can be repossessed; lenders can ruin one's credit rating; and the landlord can kick you out; but there is really not much a doctor can do to force payment of a bill!

\* \* \* \* \*

About 35 million Americans (15 percent of the nation's population) do not have any kind of health insurance. That's the information coming from a Census Bureau evaluation of 1983 data. The Bureau estimated that 75 percent of Americans have some type of private insurance; 10 percent are covered by various government programs; the remaining 15 percent are "bare."

\* \* \* \* \*

About nine months ago, this exec noted the formation of a new organization . . . the National Association of Unemployed Persons. It seems the success of the organization would depend on the questionable premise that there is a sizable segment of the population that sees unemployment as a lifetime career! No need for further speculation. NAUP has been disbanded. Its promoter doesn't admit his idea is invalid. He blames failure on a lack of media coverage.

\* \* \* \* \*

Trying to cut down on household expenses? Pare your pets. Veterinary statistics indicate that it costs \$8,353 to raise an 80-pound dog to the age of 11 years. Food for the hound will put an annual \$480 drain on the pocketbook. If you still want animal companionship, but at a lower price, trade your canine for a feline. Cats consume only about \$161 per year.

## From the Bulletin

### FIFTY YEARS AGO — OCTOBER 1935

The annual golf day on September 25, postponed from the 19th because of rain, was rained out. Members consoled themselves by sitting around holding hands and exercising elbows.

C. A. Gustafson opened his office at 101 Lincoln Ave. E. J. Wenaas returned from post-graduate study and joined W. H. Evans in the practice of Ophthalmology. Dr. Paul Harvey had an excellent article in this issue on "Peptic Ulcer". R. H. Middleton and Helen Heck were married. Karl Allison died. He was our first Proctologist.

### FORTY YEARS AGO — OCTOBER 1945

Doctors were streaming back from the war. Others out in the Pacific were counting their points and hoping. Some of the returnees had no office, no car, and very little money. Dr. Allsop's committee was busy checking office space, arranging telephone service and offering financial aid. Service men were assured they would be given their former hospital appointments their industrial and insurance jobs. The Home Savings and Loan Building kept every doctor's office just as he left it, cleaned and ready to move in and no charge for rent or storage.

John Keyes, Sears, Klatman, McConnell, DeCicco, Goldberg, Epstein, and Kaufman were home and ready to work. Bowman, Firestone, Tims, McElroy, Boyle, and Lawton were back in the country but not yet separated from military service.

Barclay Brandmiller was in Manila for V-I Day, where he found Denny Thomas and Kenneth Camp. John Rogers was convalescing at Sorrento from a streptococcal pharyngitis.

Last minute promotions: Andrew Detesco to Lieutenant U.S.N.R., W. H. Evans, J. L. Fisher, and M. B. Goldstein to Commander U.S.N.R.

The Ohio Medical Indemnity was organized in Columbus. Bill Skipp and Dave Endres were elected to the Board of Directors.

### THIRTY YEARS AGO — OCTOBER 1955

The first Indoctrination Dinner for new members was voted a great success. Speakers and their subjects were: Vern Goodwin on Medical Ethics, Ivan Smith on the Constitution of the Mahoning County Medical Society, James D. Brown on Hospital Relations, Joseph Wasilko on Insurance, C. A. Gustafson on the function of the American Medical Association.

New members that month were: Active: Chas. N. Giering, H. L. Allen, Jas. W. Barnes, D. B. Brown, Alex Calder, L. P. Caccamo, D. J. Cox, G. H. Davies, G. B. McAllese, George B. Push and Jack Schreiber; Associate: R. E. Carr, R. D. Murray and N. E. Sharrer; Intern: John Burke, James Medley, R. J. Paul, and K. H. White, Jr.

### TWENTY YEARS AGO — OCTOBER 1965

With the implementation of Medicare still nine months away, Chuck Stertzbach had an article outlining the pitfalls and benefits of Participation vs Non-participation. The article was very pophetic.

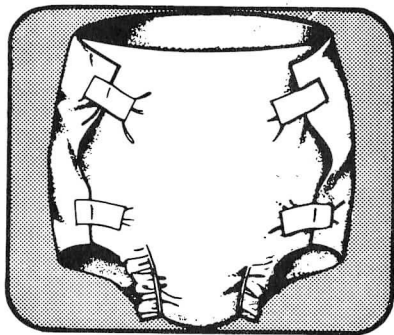
President John J. McDonough announced a day-long Health Care Symposium to be held at the Mural Room in November. The annual Postgraduate Day was held in Canton at the Onesto Hotel. It was reported that more than 80,000 visited the Medical tent at the Canfield Fair, sponsored by the Mahoning County Medical Society for the 14th consecutive year.

### TEN YEARS AGO — OCTOBER 1975

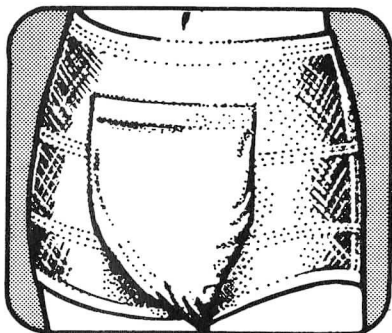
Editor Rashid Abdu quoted *Medical World News* in an article by a San Antonio Internist. "If all the various health plans were enacted, it would

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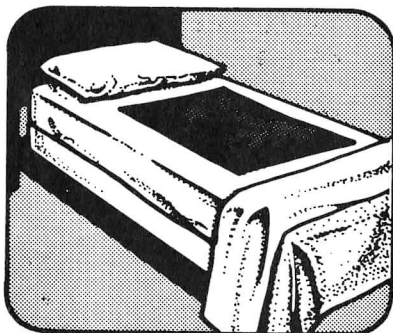
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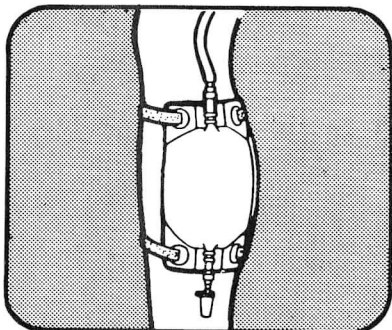
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require 75% of our population to deliver the non-existent goods that the hierarchy deems necessary." Our government has become too expensive and is bankrupting the moral and fiscal fiber of the country." That was written about PSRO, before the invention of HMO, PPO, DRG, PPRO, and all the other alphabet CRAP.

The October issue contained an article reminding all members that newspaper advertising by physicians "shall consist of an ad no larger than 2 inches high and 2 columns wide". This was the advertisement approved by Council, and was to run for three consecutive days only. Advertising was approved for the opening of an office, for a change in office location, for the formation of an association or partnership, or for the termination of a practice. Those were the good old days.

The Society mourned the passing of Dr. Joseph M. Basile at the age of 88. He was one of Youngstown's earliest Dermatologists.

The Medical Assistants' Dinner was held at the Ramada Inn and was attended by 340 assistants. Chairman for the affair was Dr. George Dietz, assisted by Society President Dr. Rashid Abdu and Nena LaBarbera, President of the Medical Assistants Society.

Robert R. Fisher, M.D.

## HAPPY BIRTHDAY

Get your annual check-up • Is it time to renew your driver's license?



<b>Oct. 17</b> J. Malkoff	<b>Nov. 3</b> D. R. Brody R. J. Brocker	<b>Nov. 10</b> N. K. Badjatia J. C. Melnick
<b>Oct. 18</b> C. A. Sarantopoulos	<b>Nov. 4</b> R. A. Hernandez K. J. Hovanic	<b>Nov. 11</b> P. W. Weiss
<b>Oct. 19</b> L. C. Zeller	<b>Nov. 5</b> V. D. Lepore M. A. Frangopoulos	<b>Nov. 13</b> Mahoning County Medical Society
<b>Oct. 23</b> V. A. Raval R. J. Hucek	<b>Nov. 6</b> L. O. Gregg	<b>Nov. 14</b> G. Nagpaul D. E. Pichette K. H. Kuppler
<b>Oct. 28</b> I. H. Chevlen	<b>Nov. 8</b> R. H. Wetzel	<b>Nov. 15</b> J. S. Gregori R. W. Juvancic J. P. Kalfas
<b>Nov. 2</b> R. A. Abdu	<b>Nov. 9</b> J. B. Birch	

### C.M.E. AT ST. ELIZABETH HOSPITAL

#### FAMILY MEDICINE GRAND ROUNDS

- Oct. 18 GERONTOLOGY / RHEUMATOLOGY "Arthritis In The Elderly". Thomas Zizic, M.D., Associate Professor of Medicine at John Hopkins University School of Medicine, Baltimore, Maryland.
- Oct. 25 ORAL MEDICINE "Diagnostic Workup of Facial Pain - TMJ". John Delfino, D.M.D., M.S., Professor and Chairman Department of Oral & Maxillofacial Surgery, Washington University School of Dental Medicine, St. Louis, Missouri.
- Nov. 1 OBSTETRICS / Gynecology — Speaker to be Announced.
- Nov. 8 UROLOGY — Speaker to be Announced.

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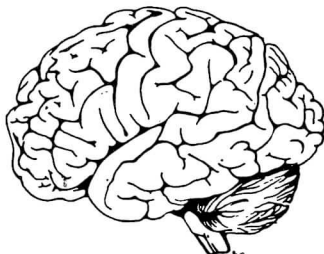


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R.N. desires work in physician's office. Some hospital and office experience. Call 782-6829. MrTf

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Medical office available for rent. 2111 Belmont Avenue, Youngstown, Ohio 44504.

Call (216) 747-5041.

### NOTICE

Limited space available in new medical office building on Parmalee Avenue. Suites will be completed to tenant's specifications. Occupancy scheduled for October / November 1984. Contact Dr. Pesa/Gilliland/Kohli, if interested. Stf.

### FOR RENT

1250 square foot medical or professional office. Keylen Building. 548 Gypsy Lane. Phone 744-1184. Flf.

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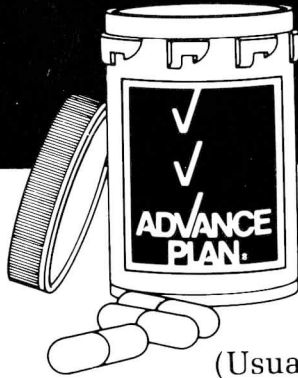
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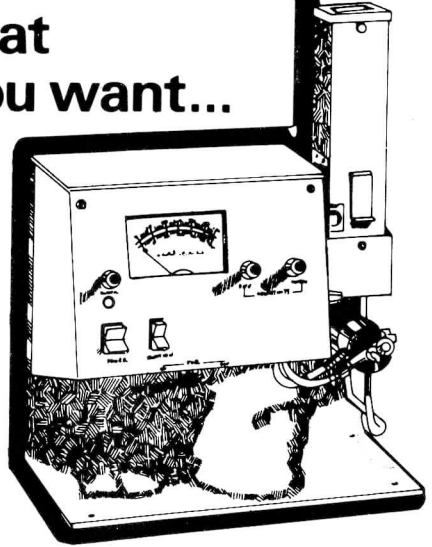
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**OLD TIMER REMEMBERS**

In 1918 I was an intern in the Youngstown Hospital. There were only three others, Dr. William Skipp from Ohio State, Dr. Paul Fuzy from the University of Buffalo, and Dr. James Walker from Jefferson in Philadelphia. The Hospital gave us private rooms, white uniforms, fed us well, and gave us \$10 per month cigarette money. There were 275 patients in that long stone building with its large wards.

Many doctors were away at our base hospital in France fighting the war "to make the world safe for democracy". The doctors left behind in Youngstown were being run ragged with the flu epidemic which began in the beautiful weather in September. Dr. William Osler in his book, "The Practice of Medicine", wrote, "Influenza is a disease that sweeps the world at intervals." This epidemic began in Spain, hence the name "Spanish Flu."

People were frequently calling the hospital and asking, "Please, send a doctor." Dr. Skipp and I conceived the idea of making some extra money by equipping a special bag for such house calls. Skipp found a brown Boston leather bag, and the Hospital (unknown to it) provided cotton, gauze, medicine, and instruments.

One night a man phoned to say that his wife was in labor and that he was unable to get a doctor.

"Will you send a Doctor right away, please?"

I told him that I could come if he would pick me up at the hospital and take me to his wife. He agreed and pretty soon he appeared in an ancient four-wheeled cart drawn by an equally ancient horse. The horse and wagon reminded me of the kind the "rag men" used when they canvassed the streets shouting, "Rags, Bottles, Old Iron". When the man and this rig pulled up to the door, I climbed up beside him on the hard board seat. There was no dashboard. There was only a horse up ahead. When we turned on to Oak Hill Ave. from Francis St., the man beat the horse with a whip. Instantly the horse broke into a trot, stumbled, and fell down. The driver and I were precipitated forward, both of us landing on top of the fallen horse. There was quite a scramble for a few moments while we sorted out humans and horse. There were no injuries other than some skinned areas on the horse's hip.

Once again (more carefully this time) we proceeded down Oak Hill. We headed out to W. Federal and W. Rayen to an area then known as "The Monkey's Nest". (Today it's the River Bend area.) We stopped in front of an old frame house and, with my precious bag, went in to find the wife in the first stages of labor. I was tired so I sat down in the kitchen to rest my eyes and wait. There were neighbor ladies present who looked with suspicion at this young doctor in white. They whispered among themselves (rating my competence, I suppose).

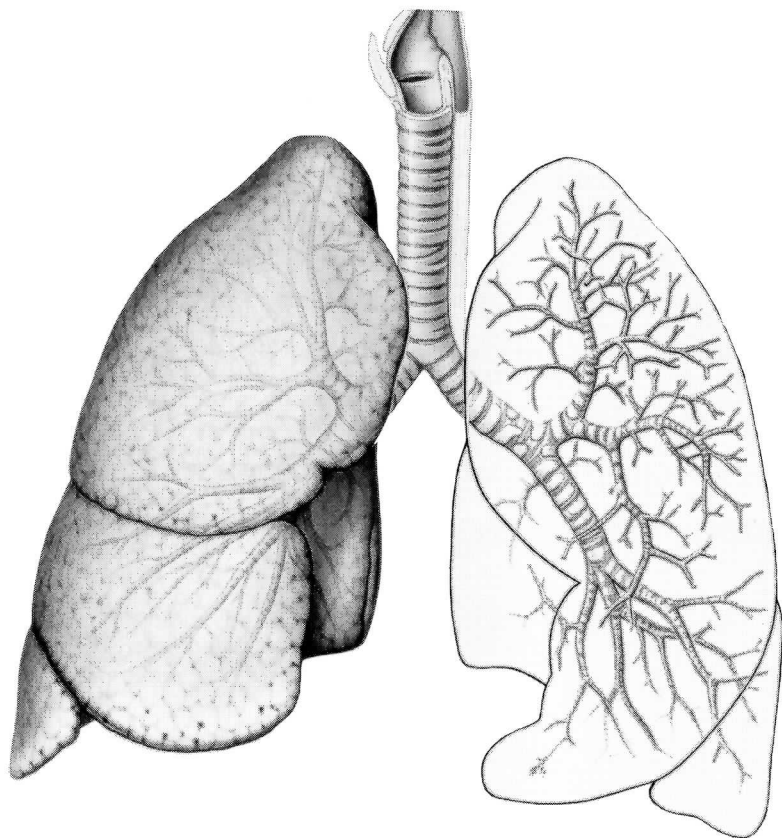
While I rested, old Dr. Proudfit appeared. He knew me from the Hospital and took charge at once. When the patient would cry out, he would rush in, examine her, and return to the kitchen to hold his hand under the spigot. He winked at me as he said, "Sterile water."

Soon thereafter, he said, "The head is down, so I think I'll use forceps if you will give the anesthetic." My bag contained chloroform. I often gave chloroform to women in labor. It was an anesthetic without an "excitement stage." Pregnant women seem to react most favorably to it.

Dr. Proudfit put on the forceps and produced the infant. Immediately the atmosphere in the home brightened. Alarm had become joy. The happy parents gave Dr. Proudfit \$25.00 and he gave me \$5.00 for the anesthetic. Dr. Proudfit also gave me a ride back to the hospital so that I avoided the ancient horse and cart.

Dawn was breaking as we entered the Hospital, and I faced another day of work in the wards. The \$5.00 in my pocket made me feel good for a long time.

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**Ceclor**<sup>®</sup>  
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**250-mg Pulvules<sup>®</sup> t.i.d.**

**offers effectiveness against  
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*H. influenzae*, *H. influenzae*, *S. pneumoniae*, *S. pyogenes*  
(ampicillin-susceptible) (ampicillin-resistant)

**Brief Summary. Consult the package literature for prescribing information.**

**Indications and Usage:** Ceclor® (cefalor, Lilly) is indicated in the treatment of the following infections when caused by susceptible strains of the designated microorganisms:

**Lower respiratory infections:** including pneumonia caused by *Streptococcus pneumoniae* (*Diplococcus pneumoniae*), *Haemophilus influenzae*, and *S. pyogenes* (Group A beta-hemolytic streptococcus).

Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to Ceclor.

**Contraindications:** Ceclor is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

**Warnings:** IN PENICILLIN SENSITIVE PATIENTS: CEPHALOSPORIN ANTIBIOTICS SHOULD BE ADMINISTERED CAUTIOUSLY THERE IS CLINICAL AND LABORATORY EVIDENCE OF PARTIAL CROSS-ALLERGENICITY OF THE PENICILLINS AND THE CEPHALOSPORINS, AND THERE ARE INSTANCES IN WHICH PATIENTS HAVE HAD REACTIONS, INCLUDING ANAPHYLAXIS, TO BOTH DRUG CLASSES.

Antibiotics, including Ceclor, should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to drugs.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics including macrolides, semisynthetic penicillins, and cephalosporins; therefore, it is important to consider its diagnosis in patients who develop diarrhea in association with the use of antibiotics. Such colitis may range in severity from mild to life-threatening.

Treatment with broad-spectrum antibiotics alters the normal flora of the colon and may permit overgrowth of clostridia. Studies indicate that a toxin produced by *Clostridium difficile* is one primary cause of antibiotic-associated colitis.

Mild cases of pseudomembranous colitis usually respond to drug discontinuance alone. In moderate to severe cases, management should include sigmoidoscopy, appropriate bacteriologic studies, and fluid, electrolyte, and protein supplementation when the colitis does not improve after the drug has been discontinued, or when it is severe, oral vancomycin is the drug of choice for antibiotic-associated pseudomembranous colitis produced by *C. difficile*. Other causes of colitis should be ruled out.

**Precautions: General Precautions** - If an allergic reaction to Ceclor occurs, the drug should be discontinued, and, if necessary, the patient should be treated with appropriate agents, e.g., pressor amines, antihistamines, or corticosteroids.

Prolonged use of Ceclor may result in the overgrowth of non-susceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

Positive direct Coombs' tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antiglobulin tests are performed on the minor side or in Coombs testing of newborns whose mothers have received cephalosporin antibiotics before parturition, it should be recognized that a positive Coombs' test may be due to the drug.

Ceclor should be administered with caution in the presence of markedly impaired renal function. Under such conditions, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended.

As a result of administration of Ceclor, a false-positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with Clinintest® tablets but not with Tes-Tape® (Glucose Enzymatic Test Strip, USP, Lilly).

Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.

**Usage in Pregnancy - Pregnancy Category B** - Reproduction studies have been performed in mice and rats at doses up to 12 times the human dose and in ferrets over three times the maximum human dose and have revealed no evidence of impaired fertility or harm to the fetus due to Ceclor. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

**Nursing Mothers** - Small amounts of Ceclor have been detected in mother's milk following administration of single 500-mg doses. Average levels were 0.18, 0.20, 0.21, and 0.16 mcg/ml at two, three, four, and five hours respectively. Trace amounts were detected at one hour. The effect on nursing infants is not known. Caution should be exercised when Ceclor is administered to a nursing woman.

**Usage in Children** - Safety and effectiveness of this product for use in infants less than one month of age have not been established.

**Adverse Reactions:** Adverse effects considered related to therapy with Ceclor are uncommon and are listed below.

**Gastrointestinal symptoms** occur in about 2.5 percent of patients and include diarrhea (1 in 70).

Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment. Nausea and vomiting have been reported rarely.

**Hypersensitivity reactions** have been reported in about 1.5 percent of patients and include morbilliform eruptions (1 in 100), Pruritus, urticaria, and positive Coombs' tests each occur in less than 1 in 200 patients. Cases of serum-sickness-like reactions (erythema multiforme or the above skin manifestations accompanied by arthritis/arthralgia and, frequently, fever) have been reported. These reactions are apparently due to hypersensitivity and have usually occurred during or following a second course of therapy with Ceclor. Such reactions have been reported more frequently in children than in adults. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy. 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.

Other effects considered related to therapy included eosinophilia (1 in 50 patients) and genital pruritus or vaginitis (less than 1 in 100 patients).

**Causal Relationship Uncertain** - Transient abnormalities in clinical laboratory test results have been reported. Although they were of uncertain etiology, they are listed below to serve as alerting information for the physician.

**Hepatic** - Slight elevations in SGOT, SGPT, or alkaline phosphatase values (1 in 40).

**Hematopoietic** - Transient fluctuations in leukocyte count, predominantly lymphocytosis occurring in infants and young children (1 in 40).

**Renal** - Slight elevations in BUN or serum creatinine (less than 1 in 500) or abnormal urinalysis (less than 1 in 200).

(061782R)

**Note:** Ceclor is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

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

Eli Lilly Industries, Inc., Carolina, Puerto Rico 00630



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# Classified Advertising

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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.**

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Judy Bloomberg, Manager