

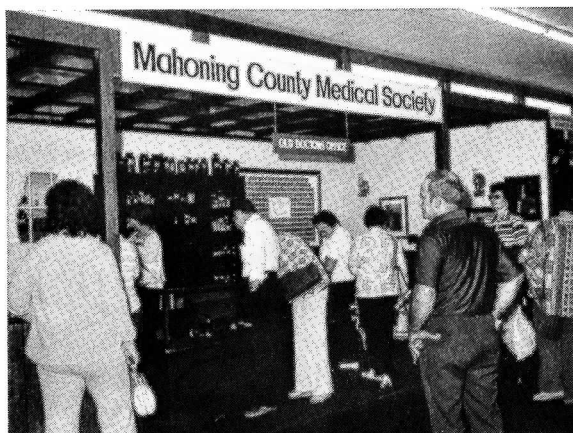
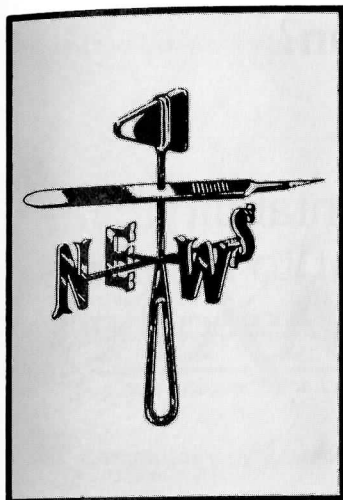
BULLETIN

of the MAHONING COUNTY MEDICAL SOCIETY

Volume LVII

Number 6

SEPTEMBER, 1987



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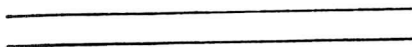


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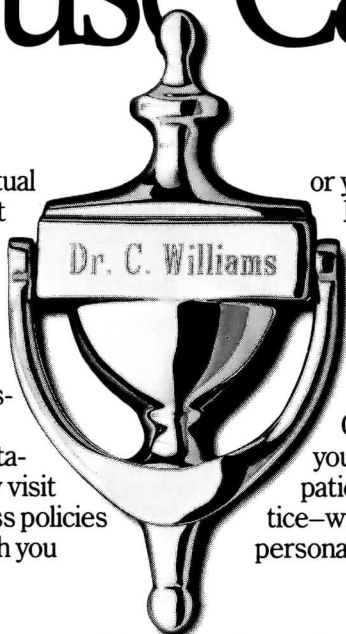
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1987 - MAHONNG COUNTY MEDICAL SOCIETY MEETINGS - 1987

Tuesday Jan. 20	Tuesday Mar. 17	Tuesday May 19	Tuesday Sept. 15	Tuesday Nov. 17	Tuesday Dec. 15
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From the Desk of the President

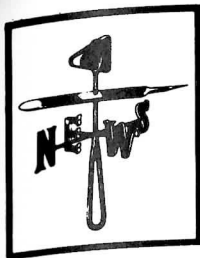


Why have we become doctors and what is it about being doctors that keeps us satisfied? Of course, there are a multitude of answers. However, most of us have the same top three or four reasons. The reasons given are quite different from what the general public believes. Over half of the general public feels doctors are too interested in making money. They feel most of us became doctors because of the financial rewards. Contrary to this popular belief, only 20% of doctors listed significant financial earnings as one of their top reasons for entering the profession. Most doctors' number one reason is the desire to contribute to the betterment of society. This does not sound like the greedy, overpaid manipulator of high technology that a certain segment of the public views us as being. The second reason is the desire for professional independence. The next two are subject orientated reasons: the desire to diagnose and cure disease and a high interest and aptitude in the biological sciences. The desire for community prestige comes next. You will note that I have listed the top five reasons people choose to be doctors. Financial reward is not among them.

Listed as aspects of the profession which provide us with career satisfaction are personal interaction with patients, the opportunity for professional independence and the meeting of diagnostic problems. Also listed is the professional interactions with other physicians and prestige in the community. In sixth place comes high financial earnings. Most of us place the highest priority on showing care, warmth and empathy in interactions with patients and their families. Yet 40% of the general public does not agree that doctors take a genuine interest in their patients.

I am sure most of us are already aware of what I have stated. In fact, these are not my original thoughts but are taken from a recent issue of "Physician Management." The question I want to pose is: "Why is there such a discrepancy between how we view ourselves and how we are perceived by the public?" There are several forces which are simultaneously damaging our image. The news media is a major one. Malpractice attorneys, government intervention and health care cost-containment measures are also big factors. The media has characterized us as robbers of the people. In addition, they highly publicize our errors and barely mention when a malpractice case is dropped or won by the doctor. They and the malpractice attorneys have caused the public to expect perfect outcomes. When the results are not perfect, the public immediately feels there has been negligence and malpractice.

(Continued on Page 152)



BULLETIN

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The opinions and conclusions expressed herein do not necessarily represent the views of the Editorial staff nor the official views of the Mahoning County Medical Society.

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Editorial:

THE SECOND OPINION

All of us in primary practice have had the experience of patients coming into the office either asking for a second opinion or asking for the primary physician to refer the patient to another physician for a second opinion. Before the 1970s, this was never a problem. The patient would always see his primary physician, and if he needed a second opinion, the physician would be the one to initiate the consultation with another physician to help the primary physician to treat the patient.

Through the 1970s and especially in the 1980s, the patient population group feels that it is more "educated" and therefore can seek its own second opinion. Take the case of Mr. Jones: Mr. Jones came into my office the other day and decided that he needed a second opinion from me. He stated that he was having right upper quadrant abdominal pain for the last 8 months and this had been persistently getting worse through the ensuing months. He stated that he could even pinpoint the exact time it started, after a pork roast one summer evening. When the patient had the pain he immediately informed several of the other guests who in turn offered some of their opinions, and not satisfied the patient did go into his own library and look up the problem in several of his home medical journals, books, and other pamphlets. His opinion at that point was that he just suffered from a gastritis and decided to take an antacid for relief. The patient did get some relief but after every fatty meal the symptomatology would worsen through the months.

He still felt that he had the gastritis but maybe he had also an ulcer. Therefore, he decided to go on a diet which was low in fat, spices and caffeine with a dash of antacids following each meal and at bedtime. Because the pains were worsening, he called two radio stations where free medical advice could be obtained from the physician on the show. He also wrote to multiple newspapers, one of which published his symptomatology in the newspaper with some advice. None of these consultations seemed to do the patient any good and therefore, he decided after this period of time to come in for still another second opinion.

(Continued on Page 154)

From the Desk of the President

(Continued from Page 150)

This high expectation by the public, coupled with constraints placed on the doctor-patient relationship by malpractice threats and third party cost containment measures have significantly damaged our image. We are no longer being sued only for negligence; but, for bad results. Even when we explain the hazards of our treatments and that a bad result is possible, suits are still filed. Recently St. Elizabeth Hospital Medical Center and several of the active staff have had a suit filed because a patient allegedly contracted AIDS from a blood transfusion. Was this a case of negligence? I understand the blood was given before blood was being tested for AIDS. It seems to me the suit is being filed just because the patient developed AIDS and, therefore, someone must take the blame and pay. I am sure we all feel compassion and sorrow for the patient's plight. However, if society feels that situations in which we have no control require compensation, then society should initiate a no-fault system such as exists in Worker's Compensation. We and our insurance companies should not be expected to bear the financial burden of bad results or unforeseen calamities. The average doctor cannot live up to the "miracle doctor" image created by the combination of Marcus Welby, the media's exploitation of high-tech medicine and the artificial standard of care established by malpractice litigation.

Government's bureaucratic intrusion into the doctor-patient relationship has also damaged our image. Medicare's printouts denying our charges enhance the patient's feeling that we charge too much for our services. They are even telling them how many doctors they need. Recently family doctors have called in a specialist only to have their own claim denied because it was a duplication of service. Where is our professional independence when the government or insurance company tells us how long the patient is entitled to stay in the hospital? The third party payors are even taking away the patient's free choice of doctor. If you do not agree to their fee schedule and join their panel, the patient must choose a doctor who has agreed to the fee schedule. This certainly interferes with our main source of professional satisfaction which is our personal interactions with our patients.

Thus, at the present moment, the medical profession is rapidly losing those qualities that make it attractive. Our professional independence, the unhindered interactions with our patients and community prestige. The challenge of meeting diagnostic problems is rapidly losing its glitter. Who wants to take on a challenge when the result of not successfully solving the problem is a malpractice suit? Who is the ultimate loser in this dilemma? It is not the doctors. We will not be as satisfied with our choice of a profession, however, society will be the grand loser. When the incentives which attract bright young people to our profession are gone, they will not enter the field. We are seeing some of this today. When I applied to medical school, there were 20 applicants for each position available. Presently there are 3 for each position. Over the past 20 years, we have seen a decline in the image of another profession. The school teachers of today are not held in as high esteem as when I attended school. If I had a problem in school, my parents supported the teacher. Now the parents support the students. As a result, their profession is having difficulty attracting sufficient numbers of highly qualified applicants. If I recall my ancient history correctly, the Greek and Roman empires started their decline when they quit honoring their scholars, teachers and physicians.

Today's physician must be not only a highly trained and experienced, up-to-date, unerring specialist, but also a comforter, father confessor and friend to his patients. At the same time, he has to withstand the pressures of lawyers, insurance companies, PRO's, hospital committees, public opinion and the news media. On top of that, he has to raise a family, get his chil-

dren through college and be a pillar of the community. Nobody can be that perfect. Something has to give. And it will — in the area of availability, setting time limits on patient visits and loss of personal involvement with patients. Unfortunately, the American public is unaware of the present health revolution. They have no concept of how the government and insurance industry have gotten involved in their care. The physician has become only a participant in the case along with the government and insurance company. The physician is no longer the sole determinant of appropriateness or availability of care. Cost is becoming the primary determinant of care.

How can we change the situation? First of all we must continue to take the best possible care of our patients and continue to be compassionate and caring. Then we must all start educating our patients and legislators as to what is happening. In spite of not being perfect, we still provide the best medical care in the world. If this is to continue, society must be made to see that they must not take away those qualities of the profession which attract the best qualified. Do not take away from us our professional independence, the unhindered ability to interact with patients or the challenge of tackling difficult causes without fear of suit or our prestige. If the public thinks money is what attracts us, they are dead wrong. They should realize that we are just as capable of making just as much or more money doing something else. This is what I am afraid future generations of potential physicians will do if the non-economic benefits are missing. When I decided to be a doctor, I did not even know what a doctor earned. The thing that makes practicing medicine a joy is not the money. It is the thanks patients express when I have helped them through a difficult medical problem. It is the couple of tomatoes or a pizza or donuts a patient occasionally brings in to show he appreciates me and is thinking of me.

G. Robert Barton, M.D.
President

In Memoriam

FREDERICK L. SCHELLHASE, M.D.

Dr. Frederick L. Schellhase, 70, died June 21, 1987 of a stroke at Northside Medical Center. He was a general surgeon.

Dr. Schellhase was born in Mt. Healthy, Ohio. He received his undergraduate degree from Capital University and his medical degree from Ohio State University. He was student manager of the Capital U. Glee Club.

He was admitted to practice in 1941 and commissioned a lieutenant in the Army that same year. In 1944 he was promoted to captain while serving in New Guinea. He served an internship at Youngstown Hospital Association and was in general surgery at Crile VA Hospital from 1946 to 1949 and in thoracic surgery in 1949 and 1950 at Crile Hospital. He entered private practice in 1950. In 1969, he was elected president of the Youngstown Hospital Association clinical staff. In 1982 he was elected to the board of directors of Physicians Peer Review Association.

He was a member of the local medical society and the Ohio State Medical Association. He served as president of the Martin Luther Lutheran Church where he was a long-time member. He also served on the Board of Theological Education of the American Lutheran Church.

Editorial:

(Continued from Page 151)

In examining the patient, I felt that he was currently suffering from perhaps gall bladder problems and suggested appropriate studies. The patient thought that was a good idea but he wanted a consultation from at least two radiologists because of possible complications of the tests. These consultations were made and the patient decided to go to one of the radiological institutes for his tests. As would be expected, these tests showed the patient was suffering from significant gall bladder disease. The patient returned to the office and the matter was discussed. The patient thanked me, but would long to have an opinion of the various surgeons. I indicated that there were several general surgeons in the area that were experts at treating gall bladder problems and the patient did want to see them. He was given a list of 10 or 12 of these surgeons and visited 5 of them. They all came up with the same opinion, that being surgical repair of the gall bladder. The patient however, in the meantime read of a surgeon in California who had saved the life of a patient while doing gall bladder surgery under difficult conditions. He also heard, from a stranger in the hair salon where he got his hair cut, of another surgeon five cities away. The patient was on a tour of the United States to find out from other surgeons from here to California about the gall bladder surgery and possible alternatives.

Four months later he returned to the office with increasing amounts of pain. This pain becoming almost constant in nature. The patient had a temperature and was in obvious distress with perhaps an ascending colongitis. With much coaxing, the patient decided to go to the hospital for further work-up and care. In the meantime, he made three phone calls. One to his lawyer, one to his accountant, and one to a relative before going into the hospital. All of them agreed that St. Elizabeth Hospital would adequately be able to take care of the problem.

The patient was admitted and further work-up meant opinions from two pathologists, three radiologists, two gastrointestinal experts, two infectious disease consultants, eight general surgeons, three priests, two nuns, seven nurses, two LPNs, two ward clerks, and a partridge in a pear tree.

After much ado, the patient did go to surgery and had his gall bladder removed. The patient did recover uneventfully, but he was worried about the gall stone in itself. Samples of it were sent to all parts of the world with translations done by at least two interpreteurs for a second opinion. With the full recovery the patient did add up what his bill actually was and came up with a bill of only \$2,843,167.85. His insurance company only paid \$2,000.00 of this and the patient has been left with the rest to pay on a time payment. Unfortunately, nobody is going to collect from him because he made his wife so miserable she shot him dead as soon as he got out of the hospital.

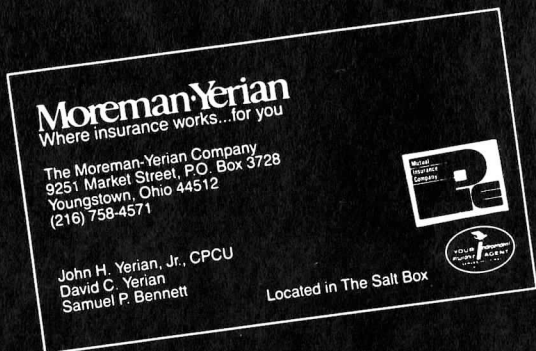
In his pocket, however, was a note which stated "If I should die, please call the following pathologists all to do an autopsy on me to determine the way I died; the following lawyers to make sure that my estate is in order; and these three funeral parlors to make sure I get the best possible price on my burial."

While this story may not be exactly correct, it does state the point that the growing concern of the American consumer that nobody can be trusted at face value, his doctor included. And what is in store for the future? I'm not sure but I'll look it up on my computer for a second opinion.

Brian S. Gordon, M.D.

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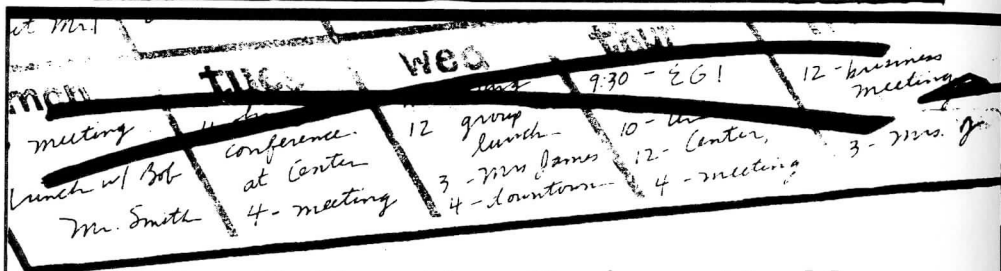
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PROCEEDINGS OF COUNCIL**June 9, 1987**

The regular meeting of the Council of the Mahoning County Medical Society was held Tuesday, June 9, 1987 at the Moonraker Restaurant on Rt. 224.

The meeting was called to order at 7:12 p.m. during the course of dinner to expedite consideration of initial items on the agenda. A motion was made, seconded and passed to dispense with the reading of the minutes of the May meeting.

The treasurer's report listed 16 members who have not paid 1987 dues yet. A listing of total dues and extra income was presented by the treasurer. A bills list was presented and a motion was made, seconded and passed to pay each and every bill on the list.

The following applications for membership were presented:

ACTIVE: John R. Jakubek, M.D., J. Paul Moore, M.D.,
Robert J. Brocker, Jr., M.D.
ASSOCIATE: Violet C. Naginà, M.D.

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

COMMUNICATIONS INCLUDED:

A thank you from Rosemarie Workman for honors bestowed on her at the annual Scholarship Recognition dinner;

A request from Youngstown State University for a physician to serve on a special A.I.D.S. committee being formed at the university;

A notice from a San Diego hospital seeking to employ a full-time OB/GYN;

An AMA notice of Ohio delegation meetings at the June AMA House of Delegates.

The Mini-Internship committee reported the next session will be Aug. 16-18 and to date four interns and only one physician have agreed to take part in the program.

A report on the International Meeting set for September stated the site for the meeting is still not finalized but there will be plenty of notice prior to the meeting, which will feature international foods prepared by members of the Auxiliary.

The new rates for the physicians' hospitalization group were presented to Council and Council was informed there will be general mailing of rates to the members. The mailing will include the physician group rate and the medical assistant group rate, along with an enrollment form. The mailing will be made in late June or early July.

Dr. Anderson, Sixth District Councilor, presented an in-depth report on the May meeting of the OSMA House of Delegates sessions. There was also some discussion concerning hospital requirements pertaining to physician liability insurance. It was suggested the medical staff president from each hospital be invited specifically to the next meeting of Council.

The meeting adjourned at 8:43 p.m.

Robert B. Blake
Executive Director



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OLDTIMER REMEMBERS

One evening as I was hurrying home in my new 1967 Chevy 2 door sedan, I was stopped at a traffic light at Indianola and Market St. While I sat waiting for the light to change, a young man walked up on the left side of my car. At that moment, somebody opened my right door. I grabbed for the door and the fellow on the left said, "Look here buddy." I turned and looked into the muzzle of a pistol aimed at my head. A man opened the right door and got in the back seat and pressed a pistol into my back. The other man ran around to the right and got in the seat beside me. "Drive around East Indianola to Shady Run Road." They directed me to devious channels till we got onto Rigby St. and turned down a black, unlit, cinder road. They stopped me there and said, "Get out and stand in the lights." They took every cent of money I had, got in the car and roared away.

I walked a half-mile back to Rigby St., went in a saloon and borrowed money to call home, to come and get me.

In the morning the police called and said my car was abandoned and standing in front of a store on Logan Ave. It was hard to start the motor and they had evidently abandoned it and run away. Then followed a series of line-ups and the grocer who had been robbed picked one out, but I said, "I don't think that's the man."

Three weeks later a Hudson sedan was stolen. The owner saw it happen and called the police and gave the license number. They soon found the car at Market St. and Woodland. And they drove in with guns drawn. The younger man threw down his gun, but the older one made a grab for the policeman's gun and said, "Come and get me copper." The copper shot him right through his belt. He was taken to the hospital and I was called because I was on the surgical service. A gun shot wound of the abdomen has to be opened up right away, and I found all the damage in a section of the ileum. I resectioned about 12 inches of bowel, and did a side to side anastomosis. The next morning I found that Jimmy Welch, whom I had operated on, had robbed me. Ten days later, I discharged him to the police who took him to court, where the judge sentenced him to 20 years in the penitentiary.

In the pen, Jimmy was a model prisoner. He was an assistant to the chaplain. He served 3 years and then wrote to me that his parole was coming up and would I be a good sport and recommend it. I wrote back and recommended it, and asked him to be a good sport when he got out. There was a woman do-gooder who took him under her wing and took him to prayer meetings to reform him. But this did not suit Jimmy at all, because he liked a lot of money to spend on the girls. So he went back to the old business he knew. But he was caught again and taken to jail. He was in real trouble now, and faced a charge of violating his parole. He solved the dilemma by hanging himself in his cell.

And that was the last of Jimmy Welch.

James L. Fisher, M.D.

DR. MORRISON HEADS LIONS

Dr. Frank W. Morrison, Society member and family physician, was recently installed as president of the South Side Lions Club in special ceremonies at Tippecanoe Country Club.

Dr. Morrison is a 35-year member of the Club and has been chairman of the club's drug abuse and awareness program, covering 22 area high schools.



ITEMS

From the Exec's Desk

ROBERT B. BLAKE, Executive Director

"Kill As Few Patients As Possible" is a collection of essays in book form by Oscar London, M.D. who calls himself the World's Best Doctor. Some of his essays are succinct but on the button, "Hug a Patient, Hire a Lawyer" and "Make a Housecall and Become a Legend in Your Own Time" are just two of 57 pieces in the book. It's easy to order: \$8.95 to Ten Speed Press, P.O. Box 7123, Berkeley, CA 94707. You'll get a chuckle or two.

* * * * *

Medical Economics offers the following advice about squeezing the most value out of each Continuing Medical Education dollar:

1. Avoid most "freebie" courses, which usually simply promote the sponsor's product. (Exception: Our Society meetings.)
2. Keep in mind that a reasonable registration fee is somewhere between \$10 and \$15 per credit hour.
3. Avoid "vacation-oriented" CME programs.

* * * * *

You Can Say That Again! "There's a mentality out there these days that there is no longer any chance, no longer ill fortune, no acts of God. If something doesn't go right in an automobile, in a hospital, in a factory, on a playground, even in a church, it must be malpractice. If something goes wrong somebody must be at fault, someone has to pay. Trial lawyers have capitalized on this. They hear a siron song that is very hard to resist." James S. Todd, AMA Senior Deputy Executive Vice President.

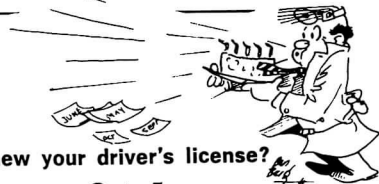
* * * * *

Ever think the employees in your office spend too much time in personal conversation? Well, don't worry about it. The Harvard Business Review reports that "shooting the breeze" is an important component in building effective and creative office teams. Such informal conversation promotes openness, provides mutual support for ideas regarding work efficiency, and reduces negative competition between employees.

* * * * *

The Nielson Report states that at the first of 1985, 84,900,000 American households had at least one television set and 57 percent of those had two or more sets. In the average home a TV set was grinding away for 7 hours and 8 minutes every day; and the average viewer spent more than 53 hours a week in front of the boob tube. Sunday night is the most popular time of the week. Now . . . go away and don't bother me . . . Dynasty is coming on!

HAPPY BIRTHDAY



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

Sept. 16 N. J. Garritano	Sept. 24 A. G. Panilinan	Oct. 5 B. Katz
Sept. 18 J. A. Renner M. C. Galose	Sept. 26 E. A. Massullo R. J. Brocker, Jr.	Oct. 7 J. H. Agnone
Sept. 19 D. Malta	Sept. 27 G. J. Baumblatt J. S. Saint-Julien R. J. Scheetz	Oct. 8 T. R. Cubbison B. N. Krishnasetty
Sept. 20 H. S. Hwang Wm. Moskalik	Sept. 29 D. H. Levy C. S. Ko	Oct. 10 G. A. Mihok
Sept. 21 R. G. Warnock	Oct. 1 K. Iqbal	Oct. 11 S. K. Bal H. S. Ellison R. J. Solyn
Sept. 22 T. E. Ragland	Oct. 2 W. L. Crawford J. Vidal	Oct. 12 B. I. Firestone A. Garcia
Sept. 23 M. Halmos P. R. Lakhani N. P. DePizzo B. Singh	Oct. 4 G. Delfs	Oct. 14 G. R. Barton D. A. Hoffman

ALZHEIMER'S OFFICE IS MOVED

The Alzheimer's Disease and Related Disorders, Ohio Area Chapter has relocated its office and is now at 106 S. Broad Street, P.O. Box 321, Canfield, Ohio 44406.

The Chapter offers information and support groups to families of Alzheimer patients. Information and assistance is available by calling 533-3300 or 547-6971.

In Memoriam

VITALIJ HOLONKO, M.D.

1913 — 1987

Dr. Vitalij Holonko, 73, died July 14, 1987 in St. Elizabeth Hospital Medical Center of a heart ailment. He was an internist.

Dr. Holonko was born in Odessa, Ukraine. He was a graduate of the University of Munich where he received his medical degree magna cum laude. He came to Youngstown in 1952.

He was a member of the staff at St. Elizabeth Hospital Medical Center and was in private practice on Mahoning Avenue for 29 years. He served as police physician during the administration of Mayor Anthony Flask.

Dr. Holonko was a member of the American Medical Association, Ohio State Medical Association and the county medical society. He was also a member of Sts. Peter and Paul Ukrainian Church, the National Ukrainian Association, National Orthodox League and Eastern Orthodox Men's Society.

CANCER SYMPOSIUM IS NOV. 5

The 9th Annual Cancer Symposium will be held Thursday, November 5 in John D. Finnegan Auditorium of St. Elizabeth Hospital Medical Center. This hospital-sponsored symposium will focus on "Cancer Prevention and Detection-Update 1987" and will feature seven nationally-known speakers, as well as an oration lecture by Charles R. Smart, M.D., Chief of Early Detection, National Cancer Institute.

The symposium is an all-day program with registration beginning at 7:45 a.m. and concluding with the last panel discussion at 4 p.m. A coffee break and luncheon will be served. Pre-registration by mail is strongly encouraged. Program accreditation is being applied for through OAFP and ONA. Address pre-registrations to Cancer Symposium c/o St. Elizabeth Hospital, P.O. Box 1790, Youngstown, OH 44501.

M. Maurine Fogarty, M.S., C.C.C.

Joy W. Elder, M.A.

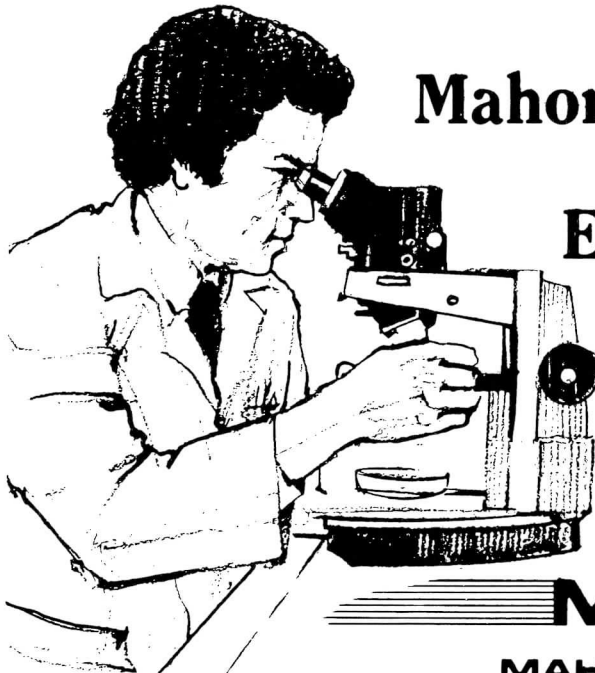
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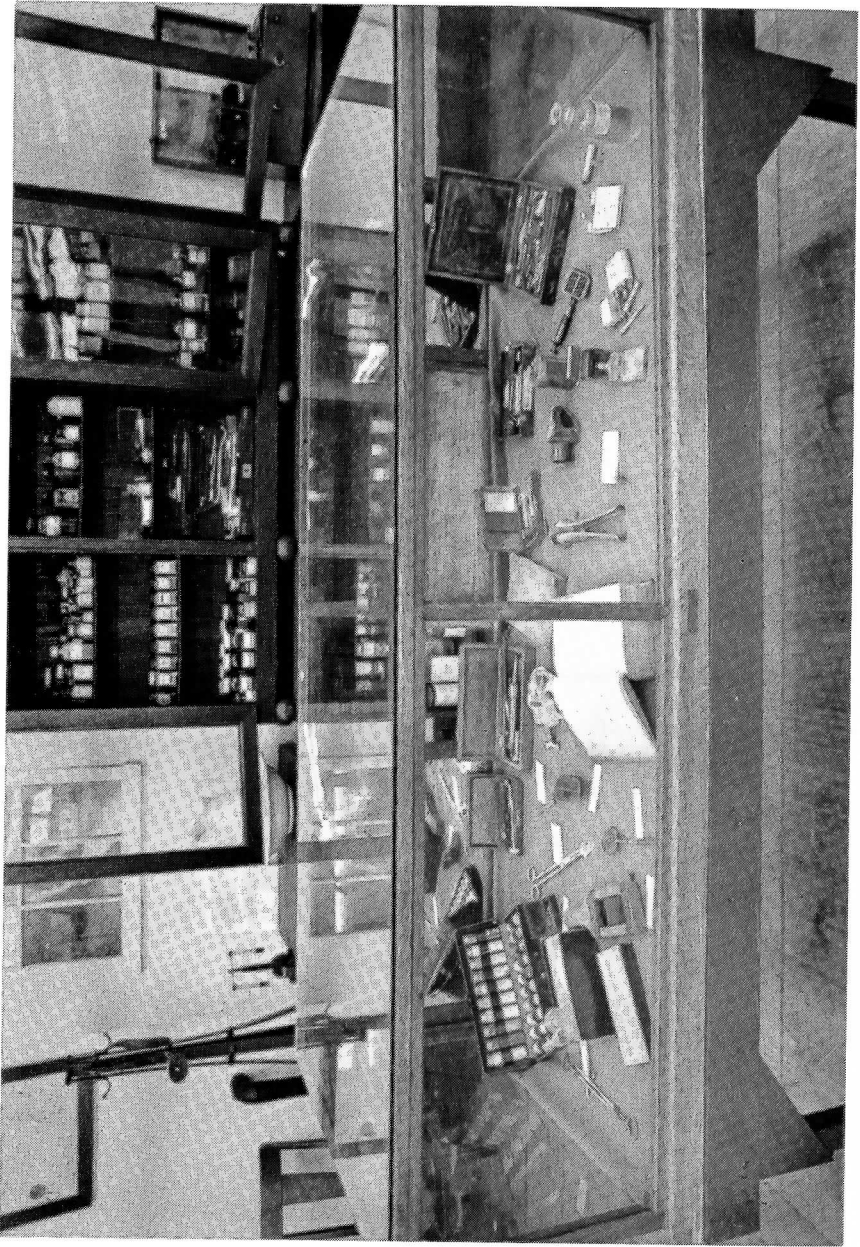
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This display case of old instruments was the center of attention again at this year's Canfield Fair. The case is part of the Mahoning County Medical Society booth in the Health & Medical Building.

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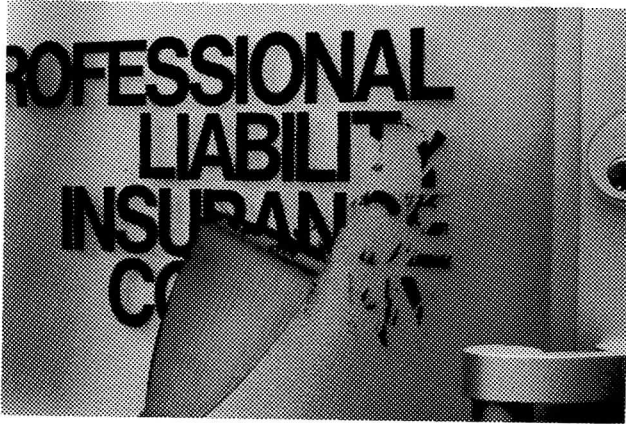
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W.R.C.S. CME CALENDAR

- Sept. 10, GERIATRIC MINI SYMPOSIUM, "Fluid and Electrolyte Imbalance in the Elderly", Robert M. Palmer, M.D., Assistant Professor of Internal Medicine, Medical Director, Joseph M. Foley, ElderHealth Center, University Hospitals of Cleveland. "Physician Management of the Demented Patient", Emil S. Dickstein, M.D., Associate Professor of Internal Medicine, NEOUCOM, Medical Director, Long Term Care, Western Reserve Care System.
- Sept. 12, ANESTHESIOLOGY LECTURE SERIES, "Neonatal Emergencies", Darlene M. Miller, M.D., Pediatric Anesthesiologist, Western Reserve Care System.
- Sept. 12, TUMOR CONFERENCE, Thomas N. Detesco, M.D., Moderator, Instructor in Internal Medicine, NEOUCOM, Internist, Western Reserve Care System.
- Sept. 14, SPORTS MEDICINE LECTURE SERIES, "Strength - Power - Evaluation of Fitness", Daniel Wathen, A.T.C., Head Athletic Trainer and Strength Coach, Youngstown State University.
- Sept. 15, EMERGENCY MEDICINE LECTURE SERIES, "Differentiating Between Delirium and Dementia", A. James Giannini, M.D., Professor of Psychiatry, NEOUCOM, Clinical Professor of Psychiatry, Ohio State University, Chairman, Department of Psychiatry, Western Reserve Care System.
- Sept. 17, INTERNAL MEDICINE GRAND ROUNDS, "Ischemic Cascade", Akira Nishikawa, M.D., Assistant Professor of Medicine, University of Texas Medical School, Houston, Texas.
- Sept. 17, PEDIATRIC GRAND ROUNDS, "Adolescent Depression; Management and Diagnosis", Gregory Boehm, M.D., Locum Tenens Child Psychiatrist, Youth Services, Western Reserve Care System.
- Sept. 17, THIRD ANNUAL AMBULATORY PEDIATRIC SYMPOSIUM, Youngstown Country Club.
- Sept. 19, ANESTHESIOLOGY LECTURE SERIES, "Bracheal Plexus Anesthesia", Marc H. Uram, M.D., Associate Professor of Anesthesiology, NEOUCOM Neurosurgical Anesthesiologist, Western Reserve Care System.
- Sept. 19, TUMOR CONFERENCE, A. William Geordan, M.D., Moderator, Clinical Assistant Professor of Urology, NEOUCOM, Director of Urology Service, Western Reserve Care System.
- Sept. 19, SURGICAL VISITING PROFESSOR, "Role of Endoscopy of Biliary Tract Surgery", Martin H. Max, M.D., Professor of Surgery and Chief of the Section on Surgical Endoscopy, Loyola University Medical Center, Maywood, Illinois.
- Sept. 22, EMERGENCY MEDICINE LECTURE SERIES, "DVT and Pulmonary Emboli", Adam E. Costarella, M.D., Instructor in Emergency medicine in Internal Medicine, NEOUCOM, Emergency Medicine Physician, Western Reserve Care System.
- Sept. 24, INTERNAL MEDICINE BUSINESS MEETING / CASE PRESENTATION, Lawrence M. Pass, M.D., Moderator, Associate Professor of Internal Medicine, NEOUCOM, Chairman, Department of Internal Medicine, Western Reserve Care System.
- Sept. 26, ANESTHESIOLOGY LECTURE SERIES, "Epidural and Spinal Anesthesia", Donald L. Person, M.D., Anesthesiologist, Western Reserve Care System.
- Sept. 26, TUMOR CONFERENCE, "Chris A. Knight, M.D., Moderator, Assistant Professor of Internal Medicine, NEOUCOM, Hematologist/Oncologist, Western Reserve Care System.
- Sept. 29, EMERGENCY MEDICINE LECTURE SERIES, "Management of Burns in Children", Carmen Rosado, M.D., PL III Pediatric Resident, Tod Children's Hospital.
- Oct. 1, INTERNAL MEDICINE GRAND ROUNDS, "Changing Perceptions in Nephrotic Syndrome", Roberto A. Bacani, M.D., Assistant Professor of Internal Medicine, NEOUCOM, Director of Nephrology Service, Medical Director, Renal Dialysis Services, Western Reserve Care System.
- Oct. 3, ANESTHESIOLOGY LECTURE SERIES, "Hypotensive Agents", Vee-raiah C. Perni, M.D., Assistant Professor of Anesthesiology, NEOUCOM, Western Reserve Care System.
- Oct. 6, EMERGENCY MEDICINE LECTURE SERIES, "Newer Beta Blockers", Emil S. Dickstein, M.D., Associate Professor of Internal Medicine, NEOUCOM, Medical Director, Long Term Care, Western Reserve Care System.

(Continued on Page 169)

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- Oct. 8, THE JOHN HEBERDING MEMORIAL LECTURE, "Carotid Duplex Sonography", David M. Paushter, M.D., Head, Section of Abdominal Imaging, The Cleveland Clinic Foundation.
- Oct. 8, PEDIATRIC GRAND ROUNDS, "Neutropenia and Fever", Mustafa Barudi, M.D., Pediatric Hematologist/Oncologist, Tod Children's Hospital.
- Oct. 8, OPHTHALMOLOGY SYMPOSIUM, "Imaging in Ophthalmology", "Neuro-Ophthalmology for the eGneral Ophthalmologist", Robert L. Tomsak, M.D., Ph.D., Assistant Professor of Ophthalmology and Neurology, Case Western Reserve University School of Medicine, Head, Section of Neuro-Ophthalmology, University Hospitals of Cleveland.
- Oct. 10, ANESTHESIOLOGY LECTURE SERIES, "Hypertensive Agents", Madhavarao S. Dasu, M.D., Anesthesiologist, Western Reserve Care System.
- Oct. 10, TUMOR CONFERENCE, Yau-Too Chiu, M.D., Moderator, Assistant Professor of Plastic Surgery, NEOUCOM, Director of Plastic Surgery Service, Western Reserve Care System.
- Oct. 10, SURGICAL VISITING PROFESSOR, "Surgical Treatment of Inflammatory Bowel Disease", James G. Petros, M.D., Clinical Instructor in Surgery, Surgeon, St. Elizabeth's Hospital, Brighton, Massachusetts.

CME AT ST. ELIZABETH HOSPITAL

- Sept. 11 — SPORTS MEDICINE "Foot Injuries Caused by Jogging", Donna Robertson, A.T.C., Certified Athletic Trainer, Univ. Orthopedic Clinic, Tuscaloosa, Alabama.
- Sept. 18 — CARDIOLOGY "Ischemic Cascade" Richard W. Nesto, M.D. Assistant Professor of Medicine, Harvard Medical School.
- Sept. 25 — ORAL MEDICINE "TMJ Sundrome: Fact or Fraud", John Brand, D.D.S., M.S., Ass't Professor, Department of Oral Diagnosis & Radiology, Univ. of Minnesota School of Dentistry.
- Oct. 2 — GERIATRICS. No Family Medicine Grand Rounds is scheduled for this day. Instead, the GERIATRIC SYMPOSIUM will be held on this date. For registration information, please contact the Division of Geriatric Medicine, (216) 746-7211, ext. 3770.

AIDS TEST KIT

The Northern Ohio Red Cross Blood Services, in response to a need for testing of patients for antibody to the AIDS virus, has developed a blood specimen collection kit for physician use. Previously, testing could be ordered from the Red Cross only by the hospital. When the recommendations regarding testing of transfusion recipients were issued by the CDC, it became clear that the Red Cross needed to develop a system whereby physicians could access Red Cross directly. This access required printing an appropriate form, purchasing styrofoam mailers for the blood sample, and reprogramming the computer to bill the physician directly.

As the system will work, if a physician wants a patient tested for whatever reason, his office can call Hospital Services and order the kit for the cost of \$10.00, payable on receipt of kit. The fee includes the cost of testing whenever the sample is returned to the Blood Center. Included in the kit will be a form which will have numbered labels that can be removed and used as a code so that the patient's confidentiality is assured. While hospitals strive for confidentiality, physicians' records can probably achieve this goal for the patient more effectively. The physician contact is also crucial for both pre-and post-test counselling. The sample will be tested and the results returned to the physicians's office using the designated code.

If the tests are positive, the physician will be contacted and offered the Red Cross-prepared information on AIDS prevention, plus an AIDS Fact Sheet for the patient. Suggestions will also be made for specialist referral should that information be needed.

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From the Bulletin

FIFTY YEARS AGO — SEPTEMBER, 1937

The new Constitution and By-Laws were approved and ready for distribution.

L. J. Karnosh from Cleveland addressed the Society on "Three Mile-Posts of Modern Psychiatry": 1. Fever therapy. 2. Vitamin therapy in deficiency disease and 3. Insulin shock from dementia praecox.

President Fuzy was trying to organize a Bowling League.

Some of the old advertisers that we miss: Heberding's Indian Creek Farm Milkman. C. L. Thompson with his new Packard Invalid Coach, Humphrey Drug Company (the oldest drug store on the Square) with Ben Kelley back of the counter, the Central Square Garage, Antiphlogistine for salpingitis, The Scott Company on Phelps St. with the latest in men's shirts and cravats, Cross Drugs, Soricin for irritable colon, the Allergy Research Institute face mask for hay fever, Paul Schmidt the florist, Treudly's office supplies, James and Weaver on Wood St., Lewis Surgical Appliance Co. in the Bus Arcade and Jones Laboratories in Cleveland.

FORTY YEARS AGO — SEPTEMBER, 1947

There was much in the *Bulletin* that month about the new Board of Health and Health Commissioner but it failed to materialize. It never even got on the ballot.

At the Youngstown Hospital Fred Schlecht was resident in Surgery, Dean Stillson was resident in Medicine, Edward A. Shorten was resident in Proctology and S. G. Patton resident in Pathology. Internes were: Don Covert, William Gross, John Guju and Louis Loria.

THIRTY YEARS AGO — SEPTEMBER, 1957

There was much discussion of Social Security for doctors, and polls were being taken. Editor Pichette urged us to acquaint ourselves with the facts so that we could make a judicious decision when the time came. When the time came, the decision was made for us.

There was much concern about the pandemic of Asian type influenza and a new vaccine was prepared for the supply was very limited.

The AFL-CIO warned "medical power groups", "fee-minded physicians" and "monopolistic elements of organized medicine" that they had better go along with union labor medical programs, or else.

TWENTY YEARS AGO — SEPTEMBER, 1967

President Harold Reese was concerned about the fact that our local area boys and girls who graduate from Medical School were not returning to their home town for internship or to practice medicine, thus leaving a shortage of practicing physicians in our area.

Editor Eli Saadi came up with a formula that INF (Inflation) plus BMC (Better Medical Care) equals \$MC (Increased Medical Costs). The Wall Street Journal predicted accurately that hospital costs in big city hospitals would reach \$100.00 per day by 1970. And that was before everybody had to have a "CAT" scanner.

Dr. John McCann was appointed as first chairman of the board of the new Youngstown State University. Dr. Wm. H. Bunn, Jr. was named Chief of Medicine at the Youngstown Hospital Association, succeeding Dr. Fred S. Coombs. Dr. Paxton Jones was named Chief of Obstetrics at YHA. Dr. Arnoldus Goudsmit left Youngstown to become Chief of the Division of Oncology at the V.A. Hospital in Dearborn, Michigan.

TEN YEARS AGO — SEPTEMBER, 1977

Physicians' Insurance Company of Ohio was advertising new increased primary limits of \$200 - \$600,000 with an option of excess coverage of one million.

The Canfield Fair had its 26th Annual Event and thirty-three exhibitors took part in the Medical-Health Exhibit. As usual, Dr. Schreiber and Dr. Friedrich organized the exhibit aided by Drs. Gonzales, Klodell, Mersol and F. A. Resch.

Dr. Herman Ipp passed away at age 67. He was an Internist, especially interested in Cardiovascular Disease. A Youngstown native, he graduated from Rayen School and Ohio State University, receiving his M.D. from OSU in 1935. He practiced in Youngstown until 1970, then moved to Miami Beach.

New Members that month were.

ACTIVE: Ronald Aiello, D.O.
Masud Bhatti, M.D.
Hyun-Bô Lee, M.D.
Ragur R. Sandbandham, M.D

ASSOCIATE: Richard L. Bernstine, M.D.
Pang-Hsiung Huang, M.D.
Henry Lee Myers, M.D.
Volker V. H. Sonntag, M.D.

Robert R. Fisher, M.D.

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Judy Bloomberg, Manager