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BULLETIN

THE MAHONING COUNTY MEDICAL SOCIETY

Volume LIX

Number 3

March, 1989



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**1989 MAHONING COUNTY
MEDICAL SOCIETY MEETINGS**

Tuesday - Jan. 21
 Tuesday - March 21
 Tuesday - May 16
 Tuesday - September 19
 Tuesday - November 21
 Tuesday - December 19

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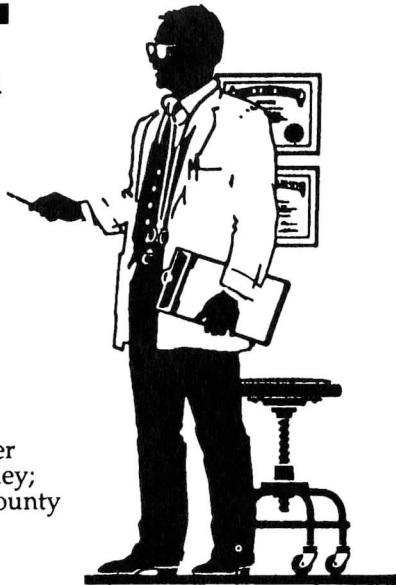
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Karl F. Wieneke, M.D.

PRESIDENT'S PAGE

An article appearing in a recent March edition of the Youngstown Vindicator called attention to a trend in medical education that is of serious concern to medical leaders and educators. This concern is the rather dramatic decline in applications for admission to medical schools. Nationally the number of applicants to American medical schools has dropped from 42,624 in 1974 to 26,731 for the school year that began in the Fall of 1988. This is less than 2 applicants for each available position. Dr. Ray Gifford of Cleveland, a trustee of the AMA says "We're worried, We're concerned. You take the brightest young student with a scientific inclination and not enough of them are interested in a career in medicine. It's a major threat to our profession and to the health of the nation." What can be done about it?

At the interim meeting of the AMA in Dallas in December, the House of Delegates acknowledged the problem of declining applications and authorized an expenditure of \$100,000 to create videos and Speakers' Bureaus aimed at high school and college students across the country, "stressing the exciting, new scientific and technological developments in medicine, as well as the gratifying aspects of a life as a physician." The cost of efforts of this kind are made possible by grants from AMA-ERF, the American Medical Association Education and Research Foundation.

From time to time AMA-ERF solicits contributions from our membership and of all the worthwhile projects and organizations that we are asked to support, this is one of the most worthy. Since it was founded in 1952 the Foundation has distributed 47 million to help US medical students and medical schools achieve excellence in education. In 1988 alone, the AMA-ERF provided 2 million in gifts to medical schools & students, including our own NEOUCOM & the other OHIO medical schools.

The AMA-ERF operates several different funds within the Foundation. The Medical Student Assistance Fund, began in 1983, provides funds to medical schools to use in direct financial aid to needy students. The Medical School Excellence Fund provides grants to medical schools to use as they see fit, for example, improving faculty salaries, building improvements, and library books, etc. In 1962 the Guaranteed Loan Program began as a way to guarantee loans for medical students and residents in training. The program has arranged and guaranteed over 95 million in loans since its inception. Having been a recipient of such a loan, I can attest to the direct benefits of this program.

AMA-ERF President Lonnie R. Bristow, M.D. said at a recent meeting, "AMA-ERF has become a strong and positive influence on the future course of medicine and its continuing excellence and success." I heartily concur.

When you are asked to make your tax deductible contribution, remember that contributions can be designated to the school of your choice or your own specific interest. I plan to continue giving to AMA-ERF and ask you to also. Please support our own & keep the profession alive & well.

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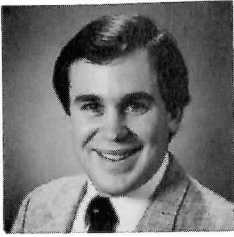
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Brian S. Gordon, M.D.

From the Desk of the Editor

Measles Among Us

In 1954 John F. Enders with two other physicians was awarded the Nobel Prize for Physiology or Medicine for the cultivation of poliomyelitis virus in non-nervous-tissue cultures, a preliminary step to the development of the polio vaccine. Continuous work led to the development in the late 1950's of a vaccine against the measles virus. It was finally licensed for production in 1963.

By 1969, kindergarten children in Ohio were required to have the measles vaccine and all school children were required by the State of Ohio to have the vaccine by 1978. Outbreaks of measles have surfaced recently as early as August, 1988 and has spread across Ohio since.

Astute to the rising fever of measles, the Ohio Department of Health issued orders for immunization program for the measles bulletin of March 1, 1989. The order describes the extent of the problem; that measles is a serious disease; that there is a vaccine policy. This policy is given below:

VACCINE POLICY

Single antigen measles vaccine or multiple antigen measles/rubella or measles/mumps/rubella vaccine, if separate measles is not available, is to be used for immunizing children and adults born in 1957 or later (32 years old or younger) who do not have evidence of at least one of the following:

- 1) Live measles vaccine administered on or after their first (12 month) birthday.
- 2.) Physician-diagnosed past history of measles disease.
- 3.) Laboratory evidence of measles immunity.

While there may be some indication that occasionally persons previously vaccinated between 12 and 15 months of age or prior to 1980 may have somewhat less protection than those vaccinated more recently, routine revaccination of persons already vaccinated on or after they were twelve months of age is not being routinely pursued. Nevertheless, persons in these categories specifically requesting revaccination are not to be denied. Persons older than 32 may also be vaccinated if their immunity or past disease is questionable.

With measles spreading rapidly throughout the community, it is worthwhile to make sure that our patients understand this is a potentially serious disease, it may be prevented, and concern for the public's health is still one of the primary goals of medicine. I would like to remind my readers this is a reportable disease to your city or county health department. Oh, and by the way, if you should have an adult with measles, here is how you treat them (according to Thomas Sydenham,

Continued on Pg. 14



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Proceedings of Council

FEBRUARY 14, 1989

The monthly meeting of the Council of the Mahoning County Medical Society was held on Tuesday, February 14, 1989 at the Youngstown Club.

The president, Dr. Wieneke, called the meeting to order at 7:00 p.m.

The minutes of the January meeting were approved as published.

The treasurer's report was given and motion carried authorizing the payment of bills as listed with the agenda. The membership report noted as of February 13, 1989 a total of 286 members had paid 1989 dues. A second notice will be sent to the 83 members who have not paid. A discussion ensued concerning the percentage of AMA membership in the Society and ways to increase membership.

The following applications for membership were presented: ASSOCIATE: Rafik Boutros, M.D., Hansel de Sousa, M.D., Charles E. Smart, M.D. Ralph G. Walton, 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 their names have been printed in the February issue of the Bulletin that is mailed to all members, unless an objection is received in writing by the executive director before that effective date.

Communications included: Letters from OSMA regarding RBRVS Current Policy and the Medical Practice Act; Youngstown Area A.C.L.D.-Sponsor A Teacher; Austintown PTA Council - Community Awareness Day; Appreciation Notes - Dr. Ondash, Mr. & Mrs. Paul Ricciuti; William Fry, OSMA - Vindicator Article - Dr. Wieneke; Society member - membership in MCMS/OSMA.

Motion carried that Council review requests for funds. Requests should be submitted before the budget meeting, held in December, to be considered for the following year. Upon approval, requests will also be published in the Bulletin for the benefit of the membership.

COMMITTEE REPORTS

Health-O-Rama

Suggestions were given for theme of Society booth.

Aids Awareness

Program has been finalized for meeting March 21, 1989.

Scholarship Dinner

Letters will be sent to the area high school principals informing them of the annual Scholarship Recognition Dinner.

SIXTH DISTRICT COUNCILOR

In his report Dr. Anderson noted that Dr. William Marshall, President-elect of OSMA is considering committee appointments for his term as President. Recommendations and suggestions should be given to Dr. Anderson as soon as possible.

UNFINISHED BUSINESS

Health Insurance: A meeting of the insurance committee will be held in April. Drs. Baumblatt, Chung, Detesco and Lenhart, will serve on the committee.

Professional Liability Insurance: Completed application will be sent to company and a representative will make a presentation at March Council meeting.

Resident/Student Membership: It was noted that Mahoning County is one of only eight that have residents. Residents may attend Council meetings on a guest basis. Students would also be welcomed at Council meetings as guests of Council members.

ANNOUNCEMENTS

Sixth District Caucus - February 16, 1989 - Wick Pollock Inn

AMA Leadership Conference - Feb. 24, 25, 26, 1989 Chicago

Council Meeting - March 14, 1989 - Moonraker Restaurant

ADJOURNMENT

There being no further business, the meeting was adjourned at 9:30 p.m.

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The Mahoning County Medical Society is planning to participate in the Health-O-Rama '89 scheduled for May 19, 20 from 10:00 a.m. to 7:00 p.m. at the Phar-Mor Building on Federal Plaza. If you can volunteer 3 hours of your time to work in the MCMS booth please call the MCMS office, 788-4700

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Update

ICD - 9 - CODING REQUIREMENTS

The Medicare Catastrophic Coverage Act of 1988 legislates an important change to physicians' requirements for their Medicare patients. The Act requires physicians to include a diagnostic code on all claims submitted to Medicare beginning April 1, 1989 and imposes a variety of sanctions on physicians who fail to comply. These sanctions range from payment denials to monetary fines of \$2,000 and exclusion from the Medicare program.

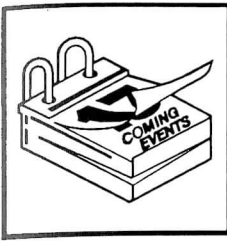
The American Medical Association has voiced its strong concern to HCFA after receiving their initial draft of the implementing guidelines in January, and will continue to press HCFA for additional changes to the regulations as other problems become apparent. As a result of the efforts of the AMA they were able to obtain a delay in the imposition of sanctions until June 1, 1989, which provides physicians a two-month grace period for becoming familiar with the new coding requirements.

Copies of the final coding guidelines from HCFA are available at the MCMS office, 788-4700.

From the Desk of the Editor - continued from Pg. 8

M.D. in his PROCESSUS INTEGRUM (1962) .

1. Rx: Pectoral decoction, Oiss;
Syrup of violets
Syrup of maidenhair, aa $\bar{3}$ iss
Mix and make into an apozem. Of this take 3-4 ozs. TID or QID for high fevers.
2. Rx: Oil of sweet almonds $\bar{3}$ ij
Syrup of violets
Syrup of maidenhair, aa $\bar{3}$ j
Finest white sugar, q.s.
Mix and make into a linctus; to be taken often, especially when the cough is troublesome.
3. Rx: Black-cherry water, $\bar{3}$ ij
Syrup of poppies, $\bar{3}$ j
Mix and make into a draught; to be taken q HS from the first onset of the disease, until the patient recovers; the dose being altered for his age.
4. The patient must be kept in his bed for two days after the first eruption.
5. If, after the departure of the measles, fever, difficulty breathing, and other symptoms like those of peripneumony supervene, blood is to be taken from the arm freely, once, twice, or thrice, as the case may require, with due intervals between.
6. The diarrhea which follows measles is cured by bleeding.
7. (Ed. note:) Contact your malpractice defense lawyer immediately!



St. Elizabeth Hospital - CME

- March 31, 1989** **PSYCHOPHARMACOLOGY**
ANGELO HALARIS, M.D., Associate Professor of Psychiatry, Case Western Reserve University, Chief of Psychiatry, Metropolitan General Hospital, Cleveland, Ohio, a DISTA Visiting Fellow, *"Depression: How to Select Pharmacology"*
- April 7, 1989** **PAIN MANAGEMENT**
STEPHEN HONIG, M.D., Instructor in Clinical Medicine, New York University, School of Medicine, Director, Chronic Pain Institute, Chief, Section of Rheumatology, St. Vincent Hospital and Medical Center, New York, New York, a WYETH Visiting Fellow, *"Rational Approach to Pain Management"*
- April 14, 1989** **OPHTHALMOLOGY**
JON M. RUDERMAN, Ph.D., Assistant Professor and Director of Glaucoma Services, Northwestern University School of Medicine, Lakeside Veteran's Administration Hospital, Chicago, Illinois, a MERCK, SHARP and DOHME Visiting Fellow, *"The Medical Management of Glaucoma"*
- April 21, 1989** **INFECTIOUS DISEASE**
THOMAS FILE, M.D., Associate Professor of Medicine, Northeastern Ohio Universities, College of medicine, Chief, Infectious Disease Services, Akron City Hospital, Akron, Ohio, a SMITH, KLINE and FRENCH Visiting Fellow, *"Topical Antibiotics"*

NEUCOM NEWS

The board of trustees of Northeastern Ohio Universities College of Medicine has appointed the following MCMS members to the college faculty: Dr. Ralph G. Walton, clinical associate professor of psychiatry and Dr. Arturo Mirasol, instructor in emergency medicine. The board also promoted the following MCMS members to the positions indicated: Dr. Rashid A. Abdu, professor of surgery; Dr. Alan J. Cropp and Dr. J. Ronald Mikolich both associate professors of internal medicine; Dr. Nader Afrooz, assistant professor of internal medicine; Dr. Frederick A. Peachman, assistant professor of anesthesiology, Dr. Masud S. Hashmi, assistant professor of surgery; and Dr. Robert J. Cuttica, clinical assistant professor of orthopedic surgery.



Robert R. Fisher, M.D.

From the Bulletin

FIFTY YEARS AGO MARCH 1939

E.C. Baker writing on "The Use of X-ray in Tuberculosis" said that until the start of this decade, numerous medical men had no appreciation of the necessity for Roentgen work in connection with Tuberculosis. He discussed the use of paper film which was being tried then for group studies but this did not last long. He said that the new method of photofluoroscopy showed great promise for public health work.

President Skipp announced that the State Medical Council was going to offer each County Medical Society a plan for complete medical service for the low income group under Society supervision with free choice of physicians at a price they could afford to pay. There was a great deal of time spent on planning and discussing such a venture but nothing ever came of it.

The Mahoning Tuberculosis Sanatorium was well filled with patients. Dr. Kirkwood was business manager, roentgenologist, clinician, and therapist all in one. Dr. Harry Patrick said that our Public Relations Committee should go to the County Commissioners with a plan for proper staffing of the institution.

Renner's was advertising Bock Beer as the best spring tonic. Scott's was selling the new spring Knox hats at \$5.00.

FORTY YEARS AGO MARCH 1949

President McCann urged the members to pay promptly the \$25.00 assessment levied by the AMA for a campaign of publicity against socialized medicine. Editor Gustafson called the whole scheme of compulsory health insurance, "Pickpocket Medicine".

By this time the Tuberculosis Sanitarium had a medical and surgical staff and a resident physician, Joseph Keogh, was staff President. Dr. Newcomer was the Director and J.F. Stotler was Secretary. Monthly staff meetings were held with scientific papers and reports on the work in the institution.

Pertussis Hyperimmune Serum was available at Lyons Physicians Supply. Who has seen a case of pertussis recently. Renner's said that Old Oxford Ale was a good spring tonic. The new Knox hats were \$8.50 to \$20.00.

THIRTY YEARS AGO MARCH 1959

Winifred Liu Mutschman reported that 4,127 Papanicolou smears were examined and 28 were found to have carcinoma of the cervix or corpus uteri, not otherwise suspected. That makes the test worthwhile.

Angelo Riberi and Robert Hritzko wrote about the relationship of hiatal hernia to coronary thrombosis and reported an interesting case.

John Benko was elected President of the Tri-State Horse Show Association.

L.O. Gregg was in Chicago studying operations on the middle ear. Vernon Goodwin spoke on Rhinoplastic Surgery at the E.N.T. meeting in Mexico City; Lewis Zeller attended the meeting.

TWENTY YEARS AGO MARCH 1969

This issue of the "Bulletin" contained a long letter from Dr. Louis Bloomberg protesting the apathy on the part of the membership toward the socialization of our profession. Here are some excerpts: "It is rather ironic that we are being judged by a group of Congressman who haven't been able to police themselves or exercise restraint! Witness their treatment of Congressmen convicted of outright embezzlement and misuse of public funds and their voting themselves a

Continued on Pg. 34



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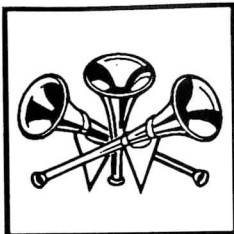
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Happenings !!

Youngstown State University will serve as the host school for Ohio District 15 Junior Academy of Science's "LAKE TO RIVER" Science Day (Fair) on April 8, 1989. Several hundred projects are expected to be presented by students from grades five through 12. Any member of the MCMS who would like to serve as a judge should call the Society office, 788-4700.



The Human Values in Medicine program of Northeastern Ohio Universities College of medicine (NEOUCOM) is sponsoring a workshop, "Legal Issues in the Care of Patients" on Saturday, April 29, from 9:00 a.m. - 4:00 p.m. on the Rootstown campus.

The workshop will be presented by Marshall B. Kapp, J.D., M.P.H., professor of legal medicine and course director, the Department of Medicine in society at Wright State University School of Medicine.

The day-long workshop will deal with the complexities of medical decision-making as it relates to the law and legal system. Workshop participants will receive copies of required readings in advance. Cost of the Saturday workshop is \$40.00.

On Friday, April 28 at 7 p.m., Kapp will present a preworkshop lecture: "Cost Containment: Who Says We can't have it All?", which is open to the public and will be held in the Meshel Conference Center on NEOUCOM's Rootstown campus. For more information call 747-2247



The Youngstown Area Association for Children and Adults with Learning Disabilities, in cooperation with the A.C.L.D. Learning Center and St. Elizabeth Hospital Medical Center will host the 21st Annual Ohio A.C.L.D. Conference at the Metro-Plex on October 12, 13 and 14, 1989. The conference will coincide with N.E.O.T.A. day in North-Eastern Ohio and Continuing Education Credit will be given to teachers for conference attendance. Anyone wishing to "Sponsor A Teacher" (cost of the conference is \$50.00) should call 216-746-0604.



Physician's Advisory I

Use preprinted Rx pads for your common prescriptions.

Having pads made up in advance for your most commonly prescribed medications saves time. It serves your patients better, too.

As a basic policy, we recommend preprinting frequently used written messages. Whether collection letters, patient instructions or prescriptions, preparing your precise words in advance improves your message's accuracy. Preprinting saves valuable time for both you and your staff, and it assures that the carefully selected words will be legible.

Natural Application

Since you so often prescribe certain medications common to your specialty, it makes sense to have those prescriptions printed onto handy pads. Then, as you prescribe in your normal pattern, you can pull the already completed Rx form, sign it and give it to the patient with your verbal instructions.

We described this concept years ago, following an excellent description in "Medical Economics" journal.* Surprisingly, not many physicians have picked up on the concept. Some have resisted out of fear that the forms may be stolen or otherwise misused. Their concern is unfounded if the Rx form is not signed until actually given to the patient.

The article's author, a pediatrician, had his twenty most prescribed items printed onto tear-off pads and placed in tiered metal racks in each examining room. He cited a number of reasons why his system works so much better than handwriting.

Many Advantages

Legibility and accuracy are the main advantages. Pharmacists struggle with physicians' handwriting and hope they decipher each Rx properly. That's not a simple task in some cases. And you should be able to give more complete detailed instructions orally if you are not distracted by having to write them out in the patient's presence.

Preprinted Rx pads save you time while helping improve druggist and patient compliance. They do not create a real risk of misuse, so we see little argument against a preprinted system. It takes just a touch of your time, thought and expense to create the format and then have something worthwhile for years thereafter.

Excerpted with permission from
The Physician's Advisory, Leif C. Beck, LL.B., C.P.B.C., Publisher

* See "Six Advantages of a Good Preprinted Rx System," by Forrest P. White, M.D., *Medical Economics*, August 24, 1981, p. 129. And see, "Why Preprinting Prescriptions Makes Sense," by John H. Higgins, M.D., *Medical Economics*, April 13, 1987, p. 195.



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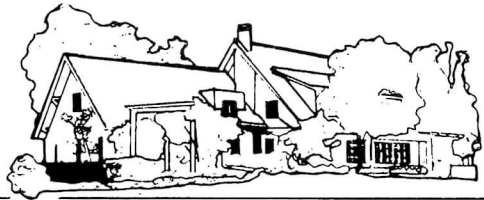
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Physician's Advisory II

Beware these new tax traps in buying a practice.

One of the best ways to expand your practice is to buy out a nearby colleague who is planning to retire. Tax considerations, always important in negotiating a purchase, had been the same for decades. Now, recent tax laws present some new traps which you and your advisors should be aware of.

From an income tax standpoint, goodwill value is the least desirable item in buying a practice. You cannot write it off, neither as an immediate expense nor over years through depreciation, so it becomes a truly "after tax" expenditure. Practice sales have historically been structured so the price is allocated among a variety of negotiated elements, with the buyer attempting to allocate little or nothing to goodwill.

New law, however, requires that some of the purchase price—and much of it if you are not careful—be designated to goodwill. Any payment above the fair market value of the tangible assets (mainly equipment and furniture) becomes the goodwill figure.

Leases and Leasehold Improvements

Buyers used to allocate some of a finally agreed purchase price to the value of an office lease being taken over. The seller's prior outlay for leasehold improvements was also listed as a separately valued asset in the sale. Since the buyer could write off both of these items over the remaining lease term—usually just a few years—these were popular ways to avoid a goodwill allocation.

This strategy will no longer work. Any amount paid for the lease must now be written off over the number of years you and the landlord reasonably expect you to continue leasing the office, which may be much longer than what is left on the present lease. And a leasehold improvement (remodeling costs, new plumbing or shelving, etc.) must now be depreciated like real estate—typically 30 1/2 years under new tax law—even if your lease has just a few years to run.

Seller's Promises

Casually reciting the selling doctor's promise to provide consultative services and/or to refrain from competing, will fail the new law's required allocation to goodwill. These had been popular tax-saving devices under old law since the allocations could be deducted as paid.

The same goal can still be accomplished if you are more careful. Detail the seller's obligations to consult and not to compete in a separate contract—or else in a separate, fully worded set of provisions in the sales contract. Then have the separate writing specify the allocated sum and

a separate payment schedule just for those promises. The sales contract will thus be for fewer dollars, and thus less must be allocated to goodwill.

Medical Records

While not clear in new or old tax law, your patient charts *might* be treated as tangible property subject to depreciation. Useful lives of five to ten years have been claimed in many sales, and there is some case law supporting the tax write-off. You are better off to throw most of the remaining goodwill figure into "medical records" and claim the aggressive tax treatment, rather than being stuck with a tax-frozen goodwill asset on your books.

Any allocations may be rejected by the IRS upon auditing your tax return if the figures are contrived just for tax purposes. Keeping the new rules in mind, be sure your final arrangement is defensible even without considering taxes. If you get too greedy, you may get burnt.

Less Tax "Play" on the Seller's Side

In the old days, a practice sale involved real negotiations over tax treatment. Allocations which gave the selling doctor tax-favored capital gains were undesirable to the buyer. Other allocations that gave the buyer good tax deductions foisted "ordinary income" (at higher tax rates) on the seller.

Things are simpler now. Unless President Bush succeeds in his campaign talk, capital gains are taxed just the same as any other income. Thus the selling doctor can more easily cooperate with your desire to allocate price away from goodwill. Your price breakdown—so long as it is reasonable—should be acceptable to the seller even if structured for your own tax advantage.

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

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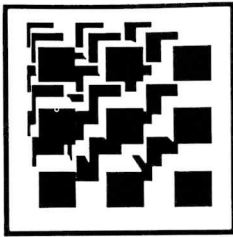
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Western Reserve Care System-CME

- March 28, 1989** - 8:00 a.m., Emergency Medicine Lecture Series, "*Pediatric Case of the Month Presentation*", Dale L. Kile, Jr., M.D., F.A.A.P., Assistant Professor of Pediatrics, Clinical Assistant Professor of Emergency Medicine, NEOUCOM, Coordinator, Pediatric Emergency Medicine, Western Reserve Care System, Medical Education Center - Northside Medical Center.
- March 30, 1989** - 7:45 - 3:30 p.m., NINTH ANNUAL CANCER SYMPOSIUM, "*Continuum of Care in the Treatment of Cancer*", Avalon Inn, Warren, Ohio.
- March 30, 1989** - 8:00 a.m., Pediatric Grand Rounds, "*Pediatric Mortality/Morbidity Conference*", Wilfred B. Dodgson, M.D., Professor of Pediatrics, NEOUCOM, Chairman, Department of Pediatrics, Tod Children's Hospital, Medical Education Center - Northside Medical Center.
- April 1, 1989** - 8:00 a.m., Anesthesiology Lecture Series, "*Ventilation Systems in Anesthesia*", Sundaram Harikrishnan, M.D., Pediatric Anesthesiologist, Western Reserve Care System, Tod Classroom I - Tod Children's Hospital.
- April 1, 1989** - 8:00 a.m. Tumor Conference, Larry H. Klein, M.D. Moderator, Associate Professor of Pathology, NEOUCOM, Pathologist, Western Reserve Care System, Hitchcock Auditorium - Southside Medical Center.
- April 4, 1989** - 8:00 a.m., Emergency Medicine Lecture Series, "*Viral Exanthems*", Robert Brodell, M.D., Assistant Professor of Internal Medicine, NEOUCOM, Assistant Clinical Professor of Dermatology, Case Western Reserve University School of Medicine, Cleveland, Ohio, Dermatologist/Dermatopathologist, Trumbull Memorial Hospital, Warren, Ohio, Medical Education Center - Northside Medical Center.
- April 6, 1989** - 8:00 a.m., Internal Medicine Grand Rounds, "*Decision Analysis and Clinical Medical Ethics*", Mark Siegler, M.D., Professor of Internal Medicine, University of Chicago Pritzker School of Medicine, Director, Center for Clinical Medical Ethics, University of Chicago Hospitals, Chicago, Illinois, Hitchcock Auditorium - Southside Medical Center.

- April 6, 1989** - 8:00 a.m., Pediatric Grand Rounds, "*Stridor in Infants and Children*", John W. Babyak, M.D., Otolaryngologist, Western Reserve Care System, Medical Education Center - Northside Medical Center.
- April 8, 1989** - 8:00 a.m., Anesthesiology Lecture Series, "*Pacemakers in Anesthesia*", Marc H. Uram, M.D., Associate Professor of Anesthesiology, NEOUCOM, Neurosurgical Anesthesiologist, Western Reserve Care System, Tod Classroom I - Tod Children's Hospital.
- April 8, 1989** - 8:00 a.m., Tumor Conference, Charles A. Crans, M.D., Moderator, Associate Professor of Surgery, NEOUCOM, Chairman, Department of Surgery, Western Reserve Care System, Hitchcock Auditorium - Southside Medical Center.
- April 11, 1989** - 6:30 a.m., Sports Medicine Lecture Series, "*Rehabilitation of Injuries to Athletes*", Robert A. Farr, Jr., P.T., Director, Outpatient Rehabilitation Services and Physical Therapy Services, Western Reserve Care System, Medical Education Center - Northside Medical Center.
- April 11, 1989** - 8:00 a.m., Emergency Medicine Lecture Series, "*Shoulder Pain*", Michael J. Miladore, M.D., Instructor in Orthopaedic Surgery, NEOUCOM, Orthopedic Surgeon, St. Elizabeth Hospital Medical Center, Medical Education Center - Northside Medical Center.
- April 13, 1989** - 8:00 a.m., Internal Medicine Grand Rounds, "*Clinical Disorders of Cholesterol Metabolism*", Barry A. Effron, M.D., Assistant Professor of Internal Medicine, Case Western Reserve University School of Medicine, Director, Lipid Disorders Center, Univeristy Hospitals of Cleveland, Cleveland, Ohio, Hitchcock Auditorium - Southside Medical Center.
- April 13, 1989** - 8:00 a.m., Pediatric Grand Rounds, "*Use of Currently Available Aerosols in Children*", Edward N. Pattishall, M.D., Assistant Professor of Pediatrics, University of Pittsburgh School of Medicine, Co-Director, Pittsburgh Cystic Fibrosis Center, Children's Hospital of Pittsburgh, Pittsburgh, Pennsylvania, Medical Education Center - Northside Medical Center.
- April 13, 1989** - 4:00 p.m., Pathology Grand Rounds, "*Urinary Cytology*",

[REDACTED]

Nora S. Natividad, M.D., Assistant Professor of Pathology, NEOUCOM, Pathologist, Western Reserve Care System, Pathology Education Center - Northside Medical Center.

April 15, 1989 - NORTHEAST OHIO ANESTHESIA CONFERENCE, Wick Pollock Inn, Youngstown, Ohio.

April 15, 1989 - 8:00 a.m., Tumor Conference, Jeet R. Mehta, M.D., Moderator, Colorectal Surgeon, Western Reserve Care System, Hitchcock Auditorium - Southside Medical Center.

April 15, 1989 - 9:00 a.m., Surgical Visiting Professor, "*Enteral Osmolarity and it's Association with Bowel Ischemia*", Martin H. Max, M.D., Professor of Surgery, Chief, Section on Surgical Endoscopy, Loyola University Medical Center, Maywood, Illinois, Hitchcock Auditorium - Southside Medical Center.

April 18, 1989 - 8:00 a.m., Emergency Medicine Lecture Series, "*Lyme Disease*", John S. Venglarcik, III, M.D., Assistant Professor of Pediatrics, NEOUCOM, Director, Pediatric Infectious Disease Service, Tod Children's Hospital, Medical Education Center - Northside Medical Center.

April 20, 1989 - 8:00 a.m., Internal Medicine Grand Rounds, "*Gluten Sensitive Enteropathy*", Richard J. Marina, M.D., Assistant Professor of Internal Medicine, NEOUCOM, Director, Gastroenterology Service, Western Reserve Care System, Hitchcock Auditorium - Southside Medical Center.

April 20, 1989 - 8:00 a.m., Pediatric Grand Rounds, "*Anxiety Disorders in Children and Adolescents*", Gregory X. Boehm, M.D., Assistant Professor of Child and Adolescent Psychiatry, NEOUCOM, Medical Director, Youth Services Unit, Tod Children's Hospital, Medical Education Center - Northside Medical Center.

April 22, 1989 - 8:00 a.m., Anesthesiology Lecture Series, "*Anesthesia for Patients with Neurologic Disease*", Lester R. Melnick, D.O., Assistant Professor of Anesthesiology, NEOUCOM, Cardiovascular Anesthesiologist, Western Reserve Care System, Tod Classroom I - Tod Children's Hospital.

April 22, 1989 - 8:00 a.m., Tumor Conference, Frances G. Couch, M.D., Moderator, Instructor in Obstetrics/Gynecology, NEOUCOM, Medical Director, Women's Care Center, Western Reserve Care System, Hitchcock Auditorium - Southside Medical Center.

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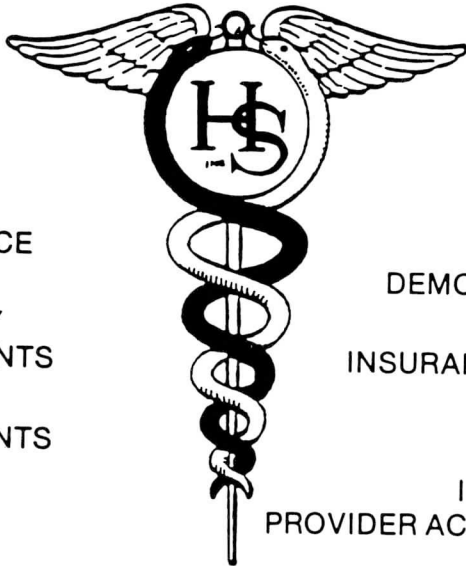
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for brief summary of
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Summary.

Consult the package literature for prescribing information.

Indication: Lower respiratory infections, including pneumonia, caused by *Streptococcus pneumoniae*, *Haemophilus influenzae*, and *Streptococcus pyogenes* (group A β -hemolytic streptococci).

Contraindication: Known allergy to cephalosporins.

Warnings: CECLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS.

Administer cautiously to allergic patients.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis.

Precautions:

- Discontinue Ceclor in the event of allergic reactions to it.
- Prolonged use may result in overgrowth of nonsusceptible organisms.
- Positive direct Coombs' tests have been reported during treatment with cephalosporins.
- Ceclor should be administered with caution in the presence of markedly impaired renal function. Although dosage adjustments in moderate to severe renal impairment are usually not required, careful clinical observation and laboratory studies should be made.
- Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
- Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients.

Adverse Reactions: (percentage of patients)

Therapy-related adverse reactions are uncommon. Those reported include:

- Gastrointestinal (mostly diarrhea): 2.5%.
- Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
- Hypersensitivity reactions (including morbilliform eruptions, pruritus, urticaria, and serum-sickness-like reactions that have included erythema multiforme [rarely, Stevens-Johnson syndrome] and toxic epidermal necrolysis or the above skin manifestations accompanied by arthritis/arthralgia, and frequently, fever): 1.5%; usually subside within a few days after cessation of therapy. Serum-sickness-like reactions have been reported more frequently in children than in adults and have usually occurred during or following a second course of therapy with Ceclor. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.
- Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.
- As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.
- Rarely, reversible hyperactivity, nervousness, insomnia, confusion, hypertension, dizziness, and somnolence have been reported.
- Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1%; and, rarely, thrombocytopenia.

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Federal Key Contact Program

The Ohio State Medical Association has recently begun a pilot program aimed at establishing a federal key-contact program within the state. The primary focus of this program is to inform the physicians and spouses about current federal legislation and the political process. The program also encourages a formal network for physicians to interact with their local congressperson on federal issues.

Interested physicians should call the MCMS office (788-4700) for more information.

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From the Bulletin - continued from pg. 16

tremendous increase in salaries and other benefits when the entire tax-paying body is crying out for economy in government expenditures".

Prophetic remarks — twenty years old — yet the situation remains the same today.

TEN YEARS AGO MARCH 1979

In his President's Page, President Y.T. Chiu called for a balanced Federal Budget. Editor H.S. Wang decried the threatened strike at the Youngstown Hospital and pointed out that, as usual, it was the patients who suffered the most, when union and management couldn't seem to agree.

Dr. Robert Hritzko was re-elected to his third term as President of the Staff at St. Elizabeth Hospital Medical Center. Dr. Joseph Newsome was re-elected Vice-President and Dr. Wm. Crawford, Secretary-Treasurer. Dr. Robert Gilliland was elected a Member-at-Large of the Executive Committee and Dr. Rashid Abdu and Dr. Robert Rich were both re-elected to the committee.

New members that month were: Active - Surjit K. Bal, M.D., Ralph W. Colla, M.D., Abdu Ghani, M.D., Vidram Raval, M.D. Associate - Brian Stewart Gordon, M.D.

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