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BULLETIN

THE MAHONING COUNTY MEDICAL SOCIETY

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Summer, 1989

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**1989 MAHONING COUNTY
MEDICAL SOCIETY MEETINGS**

- Tuesday - Jan. 21
 Tuesday - March 21
 Tuesday - May 23
 Tuesday - September 19
 Tuesday - November 21
 Tuesday - December 19

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EDITOR

Brian S. Gordon, M.D.

EDITORIAL STAFF

Emil S. Dickstein, M.D.

Robert R. Fisher, M.D.

John R. LaManna Jr., M.D.

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MANAGING EDITOR

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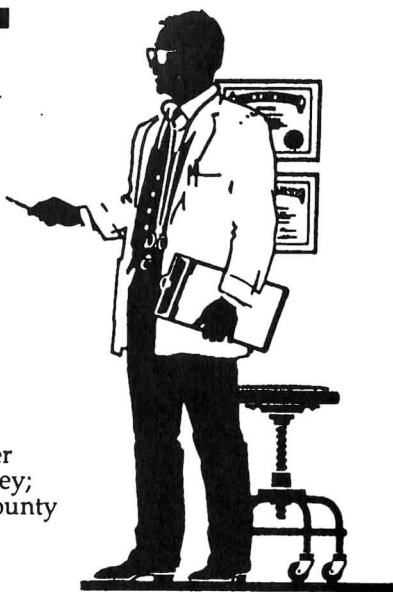
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President's Page

Karl F. Wieneke, M.D.

How do you feel about RCT's? Do we, in fact, have a serious nursing shortage? A recent article in an AMA publication, authored by Steve Carrell, Texas Medical writer, points out the following:

1. Approximately 54% of hospitals reported a moderate or severe nursing shortage in mid-1987. The survey by the American Hospital Association also showed almost 70% of hospitals needed more nurses.
2. Also from the AHA: The shortage caused temporary closing of beds in 9.5% of rural hospitals and in more than 18% of large urban hospitals, where 14% also closed emergency rooms temporarily.
3. The American Nurses Association said 11% of RN positions were vacant in 1987, compared to 3.7% in 1983. The Commission on Nursing set up by former Health and Human Services Secretary, Otis R. Bowen, M.D., says health care institutions need 200,000 nurses.
4. Three-fourths of hospitals rely on nurses working overtime; more than 40% use, temporary nurses, the AHA said.

There was a nursing shortage in the early 1980's but that shortage was related to reduced numbers of working nurses and ended when RN's were brought back to active status by the recession. The latest crisis is a result of the increased demand for medical services and the way RN's are utilized. According to the AMA, the solution to this shortage demands an urgent resolution "while still supporting many standard proposals such as more pay for nurses, the AMA wants to explore creating a whole new class of caregivers, registered care technicians (RCT's), who might be credentialed at a national level. These RCT's would be more readily available because they could work under supervision during training where they 'earn as they learn.' They would be fully trained in nine months (although 18 months' training is necessary to work in intensive care), compared to two to four years for many registered nurses and one year for most licensed practical nurses." This RCT concept is vigorously opposed by organized nursing. I too disagree with the AMA's proposal and oppose the concept of RCT's as well. ANA's objections to RCT's include 1) the belief that the relatively low level of training would endanger patient care 2) the feeling that creating new bedside nurses would prove more costly than making more efficient use of existing LPN's and aides. I agree with these objections.

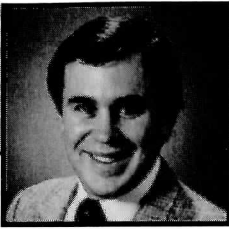
If RCT's do materialize they will not replace RN's. Approximately 80% of licensed RN's work in nursing which is the highest percentage in nursing history.

But, many are drawn away by other career opportunities while approximately only 68% of RN's work in hospitals. These hospital RN's 1) have additional responsibilities because of ancillary staff reduction due to budget cuts 2) are caring for hospitalized patients who are more seriously ill and 3) are working with an aging patient population which requires more nursing time and also expertise in modern day, complex technology. Compounding these problems is the reality of a shrinking population of young people who might consider becoming nurses.

How can we attract more people to the nursing profession? One of the advantages of the profession is the ability to have a career that offers unique possibilities for helping people. Too many people, however, think of nurses as handmaidens who work long, strange hours in a career that goes nowhere economically. The AMA, ANA, and the special federal commission all recommend more money for nurses. Some pay increases are already taking place. In 1988, hospital-employed staff RN's saw average maximum wages rise 10.6% to \$32,160. Starting salaries rose 6.9% to \$22,416. This survey was conducted by the University of Texas Medical Branch at Galveston. The problem remains, however, that other professions can out-pay nursing. The wage gap starts small between several professions including RN's, but the salaries, all starting in the low 20's, quickly diverge and RN's, after several years in their careers, are outpaced by the other professions.

Money alone is not the answer to all nursing's problems. According to a recent survey, some hospitals are expanding their benefit packages to include tuition reimbursement for advanced education, paying nurses while they take refresher courses, flexible work scheduling and paying more for working nights and weekends. Approximately 47% of responding hospitals surveyed had "clinical ladders" which give promotions and more money as nurses gain expertise in patient care. Some hospitals provide child care. The HHS Commission has proposed and endorsed more federal funds for college level nursing schools. Meanwhile, an all out effort is being made to stem the steady drop in nursing school enrollment. And the American Nurses Association believes the decrease may be bottoming out because, after enrollments dropped 27% between 1984 and 1987, preliminary estimates for 1988 showed a drop of less than 1% mainly through admission to LPN and community college programs.

We, as doctors who rely so much on nurses to help us provide quality medical care for our patients, should be the first to acknowledge their importance and professionalism and assist them in their endeavors to gain the recognition and status they deserve.



From the Desk of the Editor

Brian S. Gordon, M.D.

The Knights of Camelot

In the land of plenty many years ago, the people spoke and allowed a few to be their knights. The knights then made a castle, a sanctuary where their subjects could come and be protected when their burdens of life were too much for them to handle in their nearby village. The castle then grew and became very sophisticated in its own right. Being its own entity, it had a royal court and the royal court made the knights pay homage to the court. But all was not peaceful, even though the knights accepted their new position, because, after all, they could still keep their promise to the people and ease their burdens.

In time this became a Camelot and all seemed happy. But Camelot cannot exist forever. There were too many other kingdoms around and they wanted to control Camelot. First came the kingdom of the federation. They told the people that for a small fee they would make sure that not only could they go to the castle, but could go anywhere for help without worry. The people believed them, they paid taxes to them and were happy at first. That was to change. Power begets power, and the people were forced into bondage and their knights became somewhat powerless to do anything about it.

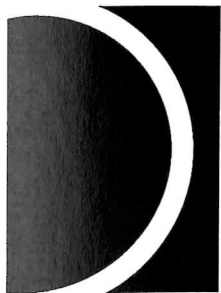
Then came the kingdom of the north, which held the Mecca. They convinced the royal court that their life was incomplete. They told them they needed to spread the word from the castle that they were part of the Mecca from the kingdom of the north. As so it happened! With fanfare the sterling knight from the kingdom of the north came to proclaim to the people that the castle was part of the Mecca.

But what's this! Strange, but the sterling knight does not ride on a trusty steed. Lo, it is a grand wooden horse. Could it be? Yes, look inside! There they are, more sterling knights in shining armor ready to spread throughout the castle; ready to defeat the brave knights of the castle and make Camelot part of the kingdom of the north. Good-bye brave knights!

The knights were wise wise warriors. They had seen their enemy and their purpose. They met in war council. They decided to take the wooden horse and wheel it past the gates and for the first time lock the gates and let no other knights in unless they are approved by the knights. The royal court was embarrassed, but they understood the power of the knights and cooperated.

Camelot was restored after defeating the kingdom of the north. But it was only a battle. Could the next one be with the federation? Camelot has many enemies. Knights unite!

Sir Brian S. Gordon, M.D.



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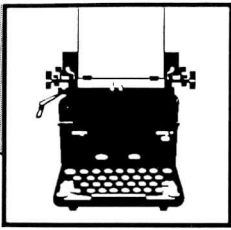
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Proceedings of Council

May 16, 1989

The monthly meeting of the Council of the Mahoning County Medical Society was held on Tuesday, May 16, 1989 at the Moonraker Restaurant.

The minutes of the April meeting were corrected to read "Membership fee is \$100.00." (Lake to River Health Care Coalition). Minutes were approved as corrected.

The treasurer's report was given and motion carried authorizing the payment of bills as listed with the agenda. The membership report listed 360 active members, 85 emeritus or exempt status members and 16 non-resident members. There are 24 active members and 2 non-resident members who have not paid their dues. A letter will be sent to the delinquent members.

The following application for membership was presented:

ASSOCIATE: Douglas James Smith Behn, M. D.

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

COMMUNICATIONS

A suggestion regarding Health-O-Rama submitted by a member of the Mahoning County Medical Society.

An appreciation note from Mrs. Tamarkin for the donation to the Foundation in memory of Dr. Tamarkin.

A note from an auxiliary member informing the Society of her intention to include in her will a bequest to the Mahoning County Medical Society in honor of her late husband and asking the Society for suggestions. The consensus of the Council was that the bequest be used to establish a lecture series for the Mahoning County Medical Society. The Auxiliary member will be notified of this decision.

COMMITTEE REPORTS

Health-O-Rama: Six members have volunteered to work in the Society Booth.

Scholarship Recognition Dinner: T.V. coverage was provided by Channel 33. Governor Richard Celeste paid a surprise visit and spoke briefly to the students

on the importance of furthering their education.

In his report, Dr. Anderson, newly elected Alternate Delegate to the AMA, thanked the members for their support and noted that the 6th District was well represented at the OSMA Annual Meeting.

The report of the Delegate/Alternate Delegates noted the importance of attendance at the Annual Meeting.

UNFINISHED BUSINESS

Due to the cancellation of the Society/Auxiliary meeting in November, a new program will be planned for the Society meeting.

Motion carried to change health insurance carrier. Motion carried to purchase health insurance from American Physicians Life, if rates are reasonable and insurance committee approves.

NEW BUSINESS

The Public Relations committee will enlist members to participate in a noon news show on Channel 21. The daily program, called "Pam and Company", will devote a segment each Monday to Medicine and Health.

A new secretary-bookkeeper will be hired due to the resignation of the present secretary, Mrs. Mary O'Hare.

Dr. J. Lambert and Dr. W. Guthikonda will meet with the president of staff of St. Elizabeth's, regarding their policy on courtesy staff requirements.

Motion carried that the appointment of former Mahoning County Medical Society members re-applying for active membership status shall be determined by Council, without submission of a new application form.

Motion carried that for advancement from Associate to Active membership status there is no need for new application.

ANNOUNCEMENTS

Health-O-Rama	May 19, 20, 1989	Phar-Mor Building
Society Meeting	May 23, 1989	Moonraker Restaurant
Council Meeting	June 13, 1989	Youngstown Club

ADJOURNMENT

There being no further business the meeting was adjourned at 9:15 p.m.

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Commentary

James A. Lambert, M.D.

IATROS

"He who does not learn from history is condemned to repeat it"

— George Santayana

Iatros. Sounds like the title of an ancient Greek tragedy. That may not be far from the truth. *Iatros* is Greek for "healer", which we as physicians strive to be.

The ancient Greeks and Romans observed and recorded the human condition with surprising insight. Their stories can apply to modern situations as well since we are merely more technologically advanced.

Consider Prometheus. His story involves giving mankind fire and being punished by Zeus for his affrontedness. Why should Zeus (the power structure/bureaucracy) punish one of his peers (Prometheus was also a titan) for such a positive action? The expanded story states that Prometheus "taught mankind various arts and confined its ills to a box." (This box eventually landed in Pandora's lap. Remember that story?)

Prometheus means "fore sight." He thought and planned ahead. He was an activist against the conservative *status quo*. Who finally freed him from his cruel punishment? Was it mankind for whom he had sacrificed so much? No. We do not hear of masses of people storming the mountainside or petitioning Zeus. How quickly people forgot. After all, what had Prometheus done for them lately?

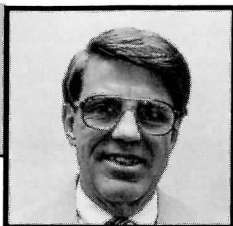
He was finally freed by Hercules, who could be considered to represent the mass effect of humankind -- extremely strong but not very sophisticated and frequently having to use that strength to redeem himself from bad situations of his own making. Sure does sound like people in the aggregate.

Conversely, whom did Zeus favor? Not Prometheus, but his brother Epimetheus (hind sight/retrospect). Epimetheus was also given the box of human ills by Zeus as a dowry for Pandora. The bureaucrats were crafty even in those days. (There's another potential story -- retrospective review in the hands of those favored by the power structure and having dangerous power in their possession.)

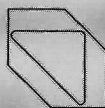
There is also the story of knowledge being given to mankind in another middle-eastern account. However, I shall avoid that tale to preclude the fate of Salman Rushdie.

Why in classical accounts are those who have given unauthorized knowledge to mankind relegated punishment for their acts? Why are we physicians, who seek mainly to heal the ills of mankind, depicted by the government and insurance industry as the main villains in healthcare cost escalation? (With that background, each of you can now construct your own modern version of *Iatros*.)

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News from Neoucom



William H. Bunn, M.D.

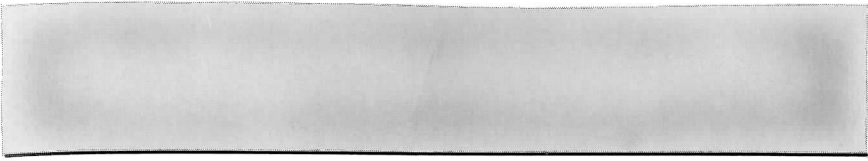
The Growth and Influence of Medical Education in our Community: 1904 - 1989

Traditionally through the years, the quality of medicine in an institution or a community has been equated to the involvement of its physicians in the educational process. If academic involvement is a true measure of the level of care provided, physicians in Youngstown can be justly proud of our rich heritage of the past and our present commitment to medical education.

Over the past 85 years we can trace our expanding role in training young physicians in their postgraduate years of internship and residency. In 1904, annals from the City Hospital document the presence of young physicians furthering their training under the tutelage of staff physicians. In 1937, following the establishment of certifying boards in Internal Medicine and Surgery, formal residency programs were established in our hospitals. The number of interns and residents has expanded since that time, and we currently have 179 young men and women physicians enrolled in training programs which include Internal Medicine, Family Practice, Pediatrics, Surgery, Obstetrics and Gynecology, Anesthesiology, Pathology and Radiology, as well as a Fellowship in Geriatrics.

Because of the strength of our well-established residency programs, the Youngstown hospitals became a prime site for the clinical training of medical students enrolled in the Northeastern Ohio Universities College of Medicine (NEOUCOM). Students were first assigned to our community in 1978 and currently in the course of an academic year, there are 96 students on the Youngstown campus at any given time. From past classes, 28 NEOUCOM graduates are presently continuing their education in our various residency programs. Participating in the education of these students are 316 physicians who currently hold faculty rank with NEOUCOM.

The major commitment to educating medical students and residents has been a large factor in motivating this clinical faculty to participate in the ongoing process of continuing medical education. In the past year, approximately 600 hours of Category I CME were arranged by our two hospital systems, offerings which could be shared alike by practicing physicians, residents in training, and medical students. There could be little doubt in anyone's mind that quantitatively



speaking, these are impressive statistics that reflect a major commitment to medical education, much of it on a voluntary basis.

Perhaps the most important question one can ask, however, is how does all of this translate into the quality of care provided in Mahoning Valley. It is a certainty that the commitment to medical education at all three levels has attracted physician manpower to the community. Traditionally, a large percentage of residents trained in a community will stay on to practice in that location as primary care physicians, or return to the area after additional training as specialists. Of interest, there are already 10 NEOUCOM graduates in practice here garnered from the first five classes that graduated from NEOUCOM. In addition to students and residents who have settled here, other quality physicians trained elsewhere have been recruited to the area because of the attractiveness of the teaching milieu and the opportunity to participate in the educational process.

As we all know full well, a teaching assignment with students and residents can be a primary motivation for keeping up to date on the latest diagnostic and therapeutic developments in medicine. The students and residents motivate mentors to be current and honest because of their presence as members of the health care team. They also provide an additional state of care for our hospitalized patients, and their presence and attentiveness, especially in critical care areas, undoubtedly enhances the management of complex and emergent medical problems.

If this education commitment (and all the enrichment that goes with it) is to continue at its present level, we as practicing physicians must be careful to be true to our trust. We must not diminish the quality of the experience by demanding service without giving good educational input in return. We must be willing to allow the students and residents to participate meaningfully in the care of our patients and we must be willing to give of our time to help nurture the future ranks of physicians who will be serving our community. Many of you have made outstanding contributions to the educational process in the past and continue to do so. We owe you a debt of gratitude for your good efforts.

Dr. Bunn is Professor of Internal Medicine at the Northeastern Ohio Universities College of Medicine.



From the Bulletin

Robert R. Fisher, M.D.

FIFTY YEARS AGO JULY 1939

On the entertainment schedule that summer there was a golf party at Southern Hills in July, another in August and a corn roast-clam bake at Bert Miliken's in September. The clam bakes were hilarious affairs.

Bert and his helpers would be stocking the fire under the huge steamers. First they would put in a layer of corn, then clams, then chicken and so on until the boilers were full. When the feast was ready they first would serve cups of the steaming delicious broth, then platters of corn, clams and chicken until everyone was ready to burst.

New Members that month were: Joseph Keough, John McDonough, Fred Coombs, A.R. Rosapepe, David Belinky and Vernon Goodwin.

FORTY YEARS AGO JULY 1949

From an article in the Bulletin about the Medical Society... "Without actively and enthusiastically supported county societies, our public service efforts will lag, public relations programs will deteriorate into mere efforts to obtain publicity, lay educational enterprises will fail, adverse legislation and unscientific cults will prosper and regional and national parent medical organizations will suffer in proportion."

New members welcomed that month were: Howard Mathay and C. Edward Pichette.

THIRTY YEARS AGO JULY 1959

President Neidus expressed appreciation to the Youngstown Vindicator and to Esther Hamilton for her help in presenting our endeavors to the people of Youngstown.

Arthur Rappoport was Chairman of the Committee for Laboratory Planning of the College of American Pathologists. He composed a Manual distributed to all the Fellows of the College. James Gillis and Harry Haverland participated in the project.

Hendrik Marcella became a member of the Society. Jake Turner was certified by the American Board of Surgery.

TWENTY YEARS AGO JULY 1969

Dick Richards and Mike Vuksta advertised in the Bulletin for "Good softball players with M.D. Degree", hoping to get up a team to beat the Dental Society in

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3. Pharmacokinetic studies in patients with hepatorenal syndrome have not been done. Part of the dose of nizatidine is metabolized in the liver. In patients with normal renal function and uncomplicated hepatic dysfunction, the disposition of nizatidine is similar to that in normal subjects.

Laboratory tests—False-positive tests for urobilinogen with Multitest® may occur during therapy with nizatidine.

Drug Interactions—No interactions have been observed between Axid and theophylline, chloridazepoxide, lorazepam, lidocaine, phenytoin, and warfarin. Axid does not inhibit the cytochrome P-450-linked drug-metabolizing enzyme system, therefore, drug interactions mediated by inhibition of hepatic metabolism are not expected to occur. In patients given very high doses (3,900 mg) of aspirin daily, increases in serum salicylate levels were seen when nizatidine, 150 mg b.i.d., was administered concurrently.

Carcinogenesis, Mutagenesis, Impairment of Fertility—A two-year oral carcinogenicity study in rats with doses as high as 500 mg/kg/day (about 80 times the recommended daily therapeutic dose) showed no evidence of a carcinogenic effect. There was a dose-related increase in the density of enterochromaffin-like (ECL) cells in the gastric oxyntic mucosa. In a two-year study in mice, there was no evidence of a carcinogenic effect in male mice; however hyperplastic nodules of the liver were increased in the high-dose males as compared with placebo. Female mice given the high dose of Axid (2,000 mg/kg/day, about 330 times the human dose) showed marginally statistically significant increases in hepatic carcinoma and hepatic nodular hyperplasia with no numerical increase seen in any of the other dose groups. The rate of hepatic carcinoma in the high-dose animals was within the historical control limits seen for the strain of mice used. The female mice were given a dose larger than the maximum tolerated dose, as indicated by excessive (30%) weight decrement as compared with concurrent controls and evidence of mild liver injury (transaminase elevations). The occurrence of a marginal finding at high dose only in animals given an excessive and somewhat hepatotoxic dose, with no evidence of a carcinogenic effect in rats, male mice, and female mice (given up to 360 mg/kg/day, about 60 times the human dose), and a negative mutagenicity battery are not considered evidence of a carcinogenic potential for Axid.

Axid was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity, including bacterial mutation tests, unscheduled DNA synthesis, sister chromatid exchange, mouse lymphoma assay, chromosome aberration tests, and a micronucleus test.

In a two-generation, perinatal and postnatal fertility study in rats, doses of nizatidine up to 650 mg/kg/day produced no adverse effects on the reproductive performance of parental animals or their progeny.

Pregnancy—Teratogenic Effects—Pregnancy Category C—Oral reproduction studies in rats at doses up to 300 times the human dose and in Dutch Belted rabbits at doses up to 55 times the human dose revealed no evidence of impaired fertility or teratogenic effect; but, at a dose equivalent to 300 times the human dose, treated rabbits had abortions, decreased number of live fetuses, and depressed fetal weights. On intravenous administration to pregnant New Zealand White rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, coarctation of the aortic arch, and cutaneous edema in one fetus and at 50 mg/kg it produced ventricular anomaly, distended abdomen, spina bifida, hydrocephaly, and enlarged heart in one fetus. There are, however, no adequate and well-controlled studies in pregnant women. It is also not known whether nizatidine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers—Studies conducted in lactating women have shown

Axid® (nizatidine, Lilly)

that <0.1% of the administered oral dose of nizatidine is secreted in human milk in proportion to plasma concentrations. Caution should be exercised when administering nizatidine to a nursing mother.

Pediatric Use—Safety and effectiveness in children have not been established.

Use in Elderly Patients—Ulcer healing rates in elderly patients are similar to those in younger age groups. The incidence rates of adverse events and laboratory test abnormalities are also similar to those seen in other age groups. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

Adverse Reactions: Clinical trials of nizatidine included almost 5,000 patients given nizatidine in studies of varying durations. Domestic placebo-controlled trials included over 1,900 patients given nizatidine and over 1,300 given placebo. Among reported adverse events in the domestic placebo-controlled trials, sweating (1% vs 0.2%), urticaria (0.5% vs < 0.01%), and somnolence (2.4% vs 1.3%) were significantly more common in the nizatidine group. A variety of less common events was also reported; it was not possible to determine whether these were caused by nizatidine.

Hepatic—Hepatocellular injury, evidenced by elevated liver enzyme tests (SGOT [AST], SGPT [ALT], or alkaline phosphatase), occurred in some patients and was possibly or probably related to nizatidine. In some cases, there was marked elevation of SGOT, SGPT enzymes (greater than 500 IU/L), and in a single instance, SGPT was greater than 2,000 IU/L. The overall rate of occurrences of elevated liver enzymes and elevations to three times the upper limit of normal, however, did not significantly differ from the rate of liver enzyme abnormalities in placebo-treated patients. All abnormalities were reversible after discontinuation of Axid.

Cardiovascular—In clinical pharmacology studies, short episodes of asymptomatic ventricular tachycardia occurred in two individuals administered Axid and in three untreated subjects.

CNS—Rare cases of reversible mental confusion have been reported.

Endocrine—Clinical pharmacology studies and controlled clinical trials showed no evidence of antiandrogenic activity due to Axid. Impotence and decreased libido were reported with equal frequency by patients who received Axid and by those given placebo. Rare reports of gynecostasia occurred.

Hematologic—Fatal thrombocytopenia was reported in a patient who was treated with Axid and another H₂-receptor antagonist. On previous occasions, this patient had experienced thrombocytopenia while taking other drugs. Rare cases of thrombocytopenic purpura have been reported.

Integumental—Sweating and urticaria were reported significantly more frequently in nizatidine- than in placebo-treated patients. Rash and exfoliative dermatitis were also reported.

Hypersensitivity—As with other H₂-receptor antagonists, rare cases of anaphylaxis following administration of nizatidine have been reported. Because cross-sensitivity in this class of compounds has been observed, H₂-receptor antagonists should not be administered to individuals with a history of previous hypersensitivity to these agents. Rare episodes of hypersensitivity reactions (eg, bronchospasm, laryngeal edema, rash, and eosinophilia) have been reported.

Other—Hyperuricemia unassociated with gout or nephrolithiasis was reported. Eosinophilia, fever, and nausea related to nizatidine administration have been reported.

Overdosage: Overdoses of Axid have been reported rarely. The following is provided to serve as a guide should such an overdose be encountered.

Signs and Symptoms—There is little clinical experience with overdoses of Axid in humans. Test animals that received large doses of nizatidine have exhibited cholinergic-type effects, including lacrimation, salivation, emesis, miosis, and diarrhea. Single oral doses of 800 mg/kg in dogs and of 1,200 mg/kg in monkeys were not lethal. Intravenous median lethal doses in the rat and mouse were 301 mg/kg and 232 mg/kg respectively.

Treatment—To obtain up-to-date information about the treatment of overdose, a good resource is your certified regional Poison Control Center. Telephone numbers of certified poison control centers are listed in the Physicians' Desk Reference (PDR). In managing overdose, consider the possibility of multiple drug overdoses, interaction among drugs, and unusual drug kinetics in your patient.

If overdose occurs, use of activated charcoal, emesis, or lavage should be considered along with clinical monitoring and supportive therapy. Renal dialysis for four to six hours increased plasma clearance.

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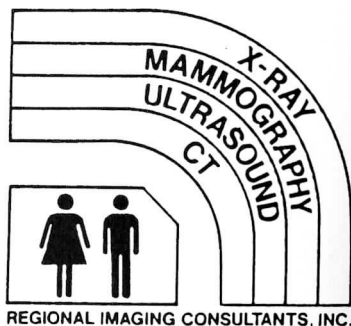
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From the Bulletin (Continued from pg. 16)

September. (They lost to the dentists 18 to 9).

D.J. Dallis wondered, in his editorial, if the idea of a Medical School in Youngstown was out of the question after Governor Rhodes prematurely announced his support of an Akron-Canton location for the school.

New members that month were Rashid A. Abdu and Fernando A. Carbonell. J.J. Sofranec was elected President of the Medical Dental Bureau.

TEN YEARS AGO JULY 1979

For some reason, President Y.T. Chiu did not write any more articles that year. Editor H.S. Wang wrote about the new trend toward "Nurse Practitioners". The idea was to train the nurse in primary care, diagnosis and treatment, so that he/she could be sent into areas deprived of available health care. With so many "homeless" and "uninsured" who are not able to obtain or afford health care, maybe this idea should be nurtured.

Dr. Anderson reported on the OSMA meeting in Columbus. Some tried, but failed, to elect Dr. Ed Pichette as Secretary-Treasurer.

Dr. Leonard Caccamo was elected 1979-80 Chairman of the Board of Trustees of the NEOUCOM.

Since it was mid-summer, no new members were reported that month.

New Members

The following applications were presented and approved during the June 13, 1989 meeting of Council. The applicants will become members of the Mahoning County Medical Society 15 days after their names have been printed in the summer 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.

Associate: Thomas W. Crosby, M.D., David G. De Marco, M.D., Michael L. Ketcham, D.O..

Active: Gregory X. Boehm, M.D.

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1989 Roster of Scholars

- AUSTINTOWN-FITCH:** Renee L. Szabados, Thomas L. Vesey, Michael Anderson, David A. Buttar, Colleen L. Cunningham, Tami L. Flory, Julie E. Frank, Cheryl L. Goldner, LeeAnn A. Henry, Shelly L. Martin.
- BOARDMAN HIGH SCHOOL:** Kerry Teutschbein, Rajaskekhar Nalluri, Sharyn Campbell, Aseem Saklecha, John Fleming, Glenn Ray.
- CAMPBELL MEMORIAL HIGH SCHOOL:** Mary Ann Rivalsky, Mary Ann Skarote, Edward Bozic, Maria Valantasis, John Zastany.
- CANFIELD HIGH SCHOOL:** Nageen Qadri, Jeremy Henry, Joseph Ambrose, Rupinder Bal, David Bellish, James Cretella, Traci Dutton, Leslie Hall, Karri Nye.
- CARDINAL MOONEY HIGH SCHOOL:** Sherry Kukura, Kimberly Simons, Julie Mika.
- CHANEY HIGH SCHOOL:** Patricia Wynne, Janice Grasko
- EAST HIGH SCHOOL:** Daisy Santiago, Janine Golden
- GIRARD HIGH SCHOOL:** Rebecca Jo Bruner, Scott A. Cataffa, Gina Marie Rich.
- HUBBARD HIGH SCHOOL:** Michael Good, Jennifer Bishop.
- JACKSON-MILTON LOCAL SCHOOL DISTRICT:** Robert W. Crytzer, Michael J. Sandor.
- LIBERTY HIGH SCHOOL:** Randall D. Lener, Christopher M. Montgomery.
- LOWELLVILLE HIGH SCHOOL:** Susan Dovich, Angel Olson.
- POLAND SEMINARY HIGH SCHOOL:** Mark Rubino, Cynthia McKay, Anthony Morocco, Henry Paloci.
- RAYEN HIGH SCHOOL:** Thad Sheely, Sharice Fason, Lucinda Stauffer.
- MCKINLEY HIGH SCHOOL:** Penny Harp, Todd Hunt.
- SOUTH HIGH SCHOOL:** Taunita Hightower, Carla Edmonds.
- SOUTH RANGE HIGH SCHOOL:** Cara Nedostup, Anna Goodwin.
- SPRINGFIELD LOCAL HIGH SCHOOL:** Christopher Rakocy, Christy Novotny.
- STRUTHERS HIGH SCHOOL:** Michelle Donley, Michelle Pezzuto.
- URSULINE HIGH SCHOOL:** David Humphries, Pamela Guerriere, Yazan Jadallah.
- VILLA MARIA HIGH SCHOOL:** Natalie Wisniewski, Andrea Tekac.
- WEST BRANCH HIGH SCHOOL:** Cris Keim, Jeri Malmsberry.
- WESTERN RESERVE HIGH SCHOOL:** Chad Moreschi, Jennifer Taylor, Lorraine Ramhoff.
- WOODROW WILSON HIGH SCHOOL:** Lorie Gasior, Shari Bartholomy.
- YOUNGSTOWN CHRISTIAN HIGH SCHOOL:** Christopher Sekol, Tim McCorkle.



Graduates Honored

Academic achievement and scholastic excellence were recognized when 79 senior students from 25 area high schools were honored by the Mahoning County Medical Society during the 23rd Annual Scholarship Recognition Dinner held Thursday, April 27, 1989 at the Wick Pollock Inn. Dr. Karl Wieneke, president and Dr. Jane Butterworth, program chairman, welcomed the group and presented the students with certificates and pins enrolling them in the Society's Roster of Scholars.

Mrs. Pat Vivo, well known community leader and national speaker, presented the program "TURN RIGHT AT THE NEXT CORNER". A surprise visit was paid by Governor Richard Celeste who spoke briefly to the students about furthering their education and the importance of remaining in the area.

Host couples for the event were: Dr. and Mrs. J. James Anderson, Dr. and Mrs. Joseph Ambrose, Dr. and Mrs. Kimbroe Carter, Dr. and Mrs. Ludwig Deppisch, Dr. and Mrs. Andrew Detesco, Dr. and Mrs. Robert Jenkins, Dr. and Mrs. Milton Lenhart, and Drs. Alam and Muntzra Qadri.

Iatros (Continued from pg. 13)

We can readily perceive how those in power can structure a situation so that those who are attempting to help the people may be portrayed as "the bad guys." (Maybe we should start wearing white cowboy hats to indicate to the public our true intentions).

Certainly we must more actively define ourselves for the public or we shall be portrayed unflatteringly by our opponents. Bush's campaign constructed a negative image of Dukakis before Dukakis could even begin to define his own character. Dukakis never recovered and lost the election. We are similarly under attack and have been ineffective in redeeming our image.

We are hampered by the Federal Trade Commission in their choice to apply the anti-trust laws to physicians. (You don't see barbers being hauled into court when they make decisions collectively about hours and fees). We are effectively kept divided by this ploy. Laws can be modified, but there is no great impetus for change in anti-trust legislation as it applies to physicians.

What is the point to be made? Simply that we are under attack. That our opponents are formidable and have effectively seized the initiative. That how we are perceived is often more critical than what we actually are. We must therefore work together to counter this offensive or fall prey as others have in the past. We are not permitted to take collective action. We may not unionize. We have been effectively disenfranchised on healthcare matters. Our specialty societies are fragmented by parochial interests.

Currently, collective action can be effective only through organized medicine on the local, state and national scale. Join your peers now or become victims of historical imperative.

James A. Lambert, M.D.



Society Meeting

Speaker Discusses RBRVS

Jerry Campbell, associate executive director of the Ohio State Medical Association gave an update on the Resource Based Relative Value Scale when members met for the Mahoning County Medical Society's May Dinner Meeting held on Tuesday, May 23, 1989 at the Moonraker Restaurant. Dr. Karl Wieneke, president, presided over the business meeting. A report of the OSMA Annual Meeting was given by delegate Dr. James Lambert and the membership approved the purchase of Association Professional Liability Insurance, effective June 1, 1989. The next Society meeting will be held on Tuesday, September 19, 1989 at the Wick Pollock Inn.

The Ohio State University Centre for Continuing Medical Education Conference on New Uses of Anticonvulsants in Psychiatric Disorders

September 9, 1989 – Conference Fee \$90.00

For more information contact The Ohio State University Center for Continuing Medical Education at (614) 292-4985.

Dr. Anderson Elected

Dr. J. James Anderson was elected an Alternate Delegate to the American Medical Association at the Annual Meeting of the Ohio State Medical Association held in Dayton, May 7, 1989.

It's Time To Start Thinking Canfield Fair!

Volunteers are needed to work in the Society booth. The dates for the Fair are Wednesday, August 30 through Monday, September 4. If you can volunteer please call the Society Office, 788-4700.

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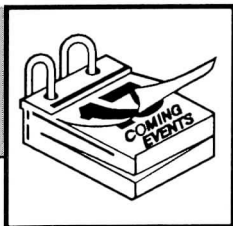
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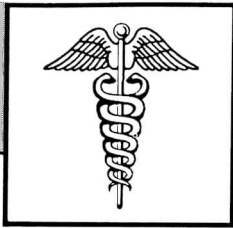
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- July 21, 1989** **PULMONARY**
JACK COX, M.D., Clinical Assistant Professor of Family and Community Medicine, Pennsylvania State University, Associate Director, Family Practice Residency Program, The Medical Center, Beaver Falls, Pennsylvania, a MERRELL-DOW Visiting Fellow, *"Smoking Cessation, What works and what doesn't work"*.
- July 28, 1989** **HYPERTENSION**
JOHN P. SHEEHAN, M.D., Assistant Professor of Medicine, Case Western Reserve University, Director, Diabetes Management Center, University Hospitals, Cleveland, Ohio, ABBOT Visiting Fellow, *"Effects of Hypertensive Medicine on Lipids"*.
- August 4, 1989** **PULMONARY**
RICHARD R. PESCE, M.D., Chief, Pulmonary Department, Mercy Hospital, Pittsburgh, Pennsylvania, ALLAN AND HANBURGS Visiting Fellow, *"The APACHE System" "Implications for Utilization of Intensive Care Beds."*
- August 11, 1989** **OSTEOPOROSIS**
"Current Concepts in Estrogen Replacement Therapy".
- August 18, 1989** **INFECTIOUS DISEASE**
JOHN HOYT, M.D., Clinical Professor of Anesthesiology and Critical Care Medicine, University of Pittsburgh, Medical Director, Medical Surgery ICU, St. Francis Medical Center, Pittsburgh, Pennsylvania, a GLAXO Visiting Fellow, *"Respiratory Complications in the ICU"*.
- August 25, 1989** **PULMONARY**
JOSEPH GOLISH, M.D., Staff Physician, Department of Pulmonary Medicine, Cleveland Clinic, Cleveland, Ohio, a RIKER Visiting Fellow, *"Early Recognition of COPD."*
- September 1, 1989** **INFECTIOUS DISEASE**
LEE P. VAN VORIS, M.D., Associate Clinical Professor of Medicine, Hahnemann University College of Medicine, Chief, Section of Infectious Disease, Director of Medical Education, Hamot Medical Center, Erie, Pennsylvania, a SMITH, KLINE AND FRENCH Visiting Fellow, *"Hepatitis B: Prevention and Treatment."*
- September 8, 1989** **PULMONARY**
IQBAL A. SAMAD, M.D., Clinical Assistant Professor of Medicine, State University of New York at Buffalo, Co-Director, Pulmonary Function Laboratory, Sisters of Charity Hospital, Buffalo, New York, a WALLACE Visiting Fellow, *"Managing the Reversible Components of Chronic Respiratory Disease"*.
- September 15, 1989** **GASTRO INTESTINAL**
RICHARD A. WRIGHT, Associate Professor of Medicine, Director of Gastrointestinal Endoscopy and Gastrointestinal Motility, University of Louisville, Department of Medicine, Division of Gastroenterology/Hepatology, Louisville, Kentucky, a GLAXO Visiting Fellow, *"Gastroesophageal Reflux Disease"*.



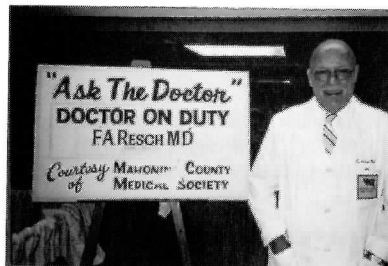
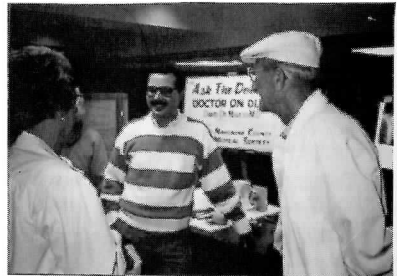
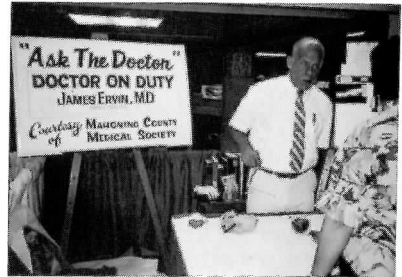
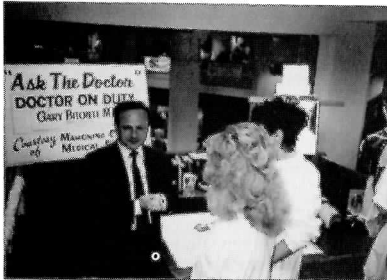
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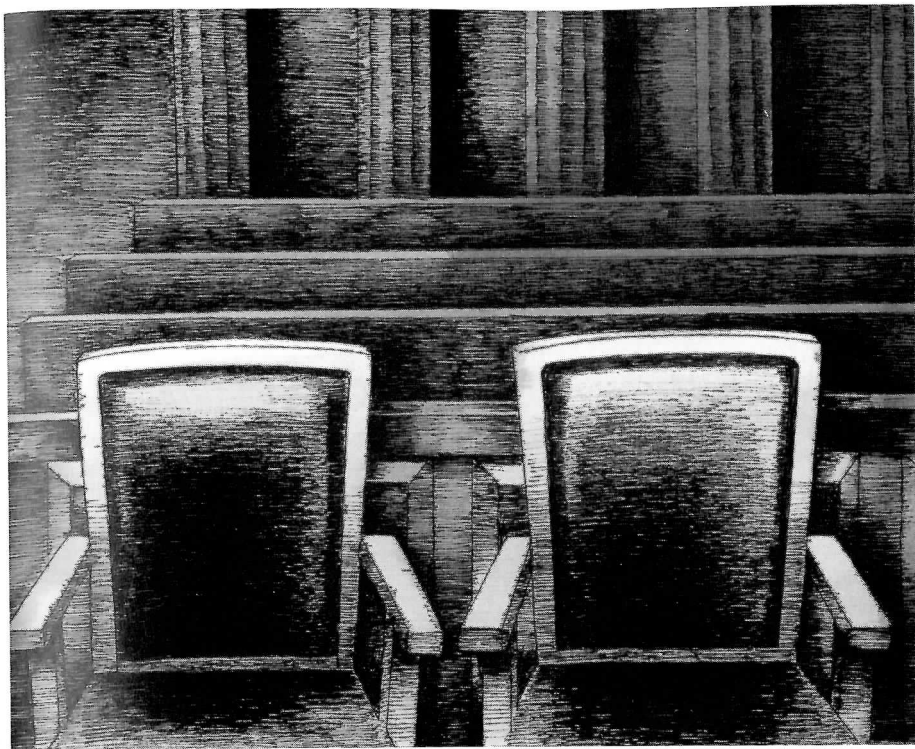
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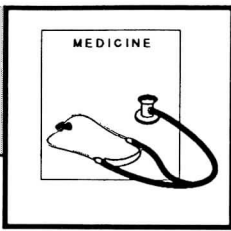
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Six things to know to improve your referrals.

Here are the data you should collect and summarize about each referred patient. By keeping track of this data, you can help assure that your best referral sources stay that way.

In her audio tape entitled "Building and Strengthening Your Referral Base," management consultant Karen A. Zupko says information is key to tracking and nurturing your referral patterns. Only with the proper facts about each referred patient can you develop an effective action plan to keep the right referrals coming your way.

What Data?

The six specific information items which you should record and periodically summarize are:

1. The referral source, such as the doctor or other person who referred that patient.
2. The date of the referral.
3. The patient's name.
4. The reason for the referral, perhaps a broadly stated condition or a more specific ICD-9 disease code as to the referred patient.
5. The kind of insurance the patient had.
6. The way that referral came in: to the group in its name, to a specifically named group member, through the hospital, by phone call to your office, etc.

Computer or Not

Your computer system should be able to accumulate this information. A decent software program can permit the input and the production of a monthly or quarterly summary for your review. From the summary, you can detect trends and problems in your patterns early enough to do something about them.

If, for instance, a previously good referrer is no longer showing up on the summary, it's probably time to give him or her some extra attention. And if a referrer is sending you only low-paying Medicaid and HMO patients, perhaps you should speak up for a fair share of better paying patients as well.

Practices not yet on computer can still develop the information. Use a separate file card for each referral and have one staff member periodically summarize the cards. If this is too much work for a small office staff, choose one month or one quarter for the effort. And then run the same test six months or a year later to keep you updated.

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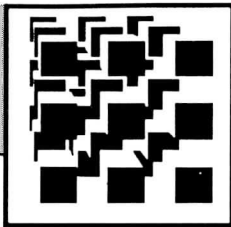
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Western Reserve Care System-CME

- July 13, 1989** - 8:00 a.m., Internal Medicine Grand Rounds, "Acute Respiratory Failure", John Politis, M.D., Director, Pulmonary Medicine Service, Western Reserve Care System, Hitchcock Auditorium - Southside Medical Center.
- July 13, 1989** - 8:00 a.m., Pediatric Grand Rounds, "Infant Development and Psychology", David Chiarella, Ph.D., Pediatric Psychologist, Tod Children's Hospital, Medical Education Center - Northside Medical Center.
- July 15, 1989** - 8:00 a.m., Tumor Conference, Ludwig M. Deppisch, M.D., Moderator, Chairman, Department of Pathology and Laboratory Medicine, Western Reserve Care System, Hitchcock Auditorium - Southside Medical Center.
- July 20, 1989** - 8:00 a.m., Internal Medicine Grand Rounds, "Hypertensive Emergencies", Augustine P. Biscardi, D.O., Nephrologist, Western Reserve Care System Hitchcock Auditorium - Southside Medical Center.
- July 20, 1989** - 8:00 a.m., Pediatric Grand Rounds, "Juvenile Rheumatoid Arthritis - Update in Diagnosis and Treatment", Ralph J. Rothenberg, M.D., Rheumatologist, Western Reserve Care System, Medical Education Center - Northside Medical Center.
- July 22, 1989** - 8:25 a.m. - 4:45 p.m., Sports Medicine Symposium, Hitchcock Auditorium - Southside Medical Center, For Further Information contact Joyce R. Burns, Administrative Coordinator, Medical Education at (216) 740-4462.
- July 27, 1989** - 8:00 a.m., Internal Medicine Grand Rounds, "Anticoagulant Therapy", Lawrence M. Pass, M.D., Chairman, Department of Internal Medicine, Hematologist/Oncologist, Western Reserve Care System, Hitchcock Auditorium - Southside Medical Center.
- July 29, 1989** - 8:00 a.m., Tumor Conference, Lawrence M. Pass, M.D., Moderator, Associate Professor of Internal Medicine, Hematologist/Oncologist, Western Reserve Care System, Hitchcock Auditorium - Southside Medical Center.
- August 1, 1989** - 8:00 a.m., Emergency Medicine Lecture Series, "Vector Mediated Reactions", Robert Brodell, M.D., Assistant professor of Internal Medicine, Dermatologist/Dermatopathologist, Trumbull Memorial Hospital, Warren, Ohio, Medical Education Center - Northside Medical Center.
- August 3, 1989** - 8:00 a.m., All Divisions - OB/GYN, "Evaluation of the Pelvic Mass", Eric L. Jenison, M.D., Director, Gynecologic Oncology, Akron General Medical Center, Akron, Ohio, Hitchcock Auditorium - Southside Medical Center.

- August 3, 1989** - 8:00 a.m., Pediatric Grand Rounds, "Testes: Descent, Function, Malfunction and Pathology", Humberto A. Latorre, M.D., Director, Pediatric Endocrinology Service, Tod Children's Hospital, Medical Education Center - Northside Medical Center.
- August 5, 1989** - 8:00 a.m., Anesthesiology Lecture Series, "Statistics in Medicine", Ruth J. Green, M.S., Research Associate, Western Reserve Care System, Tod Classroom I - Tod Children's Hospital.
- August 5, 1989** - 8:00 a.m., Tumor Conference, Bertram Katz, M.D., Moderator, Vice Chairman, Department of Surgery, Western Reserve Care System, Hitchcock Auditorium - Southside Medical Center.
- August 8, 1989** - 8:00 a.m., Emergency Medicine Lecture Series, "Nontraumatic Acute Abdomen - Part I", Charles A. Crans, M.D., Chairman, Department of Surgery, Western Reserve Care System, Medical Education Center - Northside Medical Center.
- August 10, 1989** - 8:00 a.m., Internal Medicine Grand Rounds, Robert W. Kellermeyer, M.D., "Thrombocytopenia", Director, Ambulatory Oncology Center, University Hospitals of Cleveland, Ohio, Hitchcock Auditorium - Southside Medical Center.
- August 10, 1989** - 8:00 a.m., Pediatric Grand Rounds, "Review of Unusual Types of Seizures in Children and their Management", Stephen Kalavsky, M.D., Pediatric Neurologist, Tod Children's Hospital, Medical Education Center - Northside Medical Center.
- August 12, 1989** - 8:00 a.m., Anesthesiology Lecture Series, "Statistics in Medicine", Ruth J. Green, M.S., Research Associate, Western Reserve Care System, Tod Classroom I - Tod Children's Hospital.
- August 12, 1989** - 8:00 a.m., Tumor Conference, Karl F. Wieneke, M.D., Moderator, Director, Head and Neck Surgery Service, Western Reserve Care System, Hitchcock Auditorium - Southside Medical Center.
- August 15, 1989** - 8:00 a.m., Emergency Medicine Lecture Series, "Nontraumatic Acute Abdomen - Part II", Charles A. Crans, M.D., Chairman, Department of Surgery, Western Reserve Care System, Medical Education Center - Northside Medical Center.
- August 17, 1989** - 8:00 a.m., Internal Medicine Grand Rounds, "Aggressive Management of Acute MI", Thomas W. Crosby, M.D., Cardiologist, Western Reserve Care System, Hitchcock Auditorium - Southside Medical Center.

- August 17, 1989** - 8:00 a.m., Pediatric Grand Rounds, "Viral Replication", Kenneth Rosenthal, Ph.D., Associate Professor of Microbiology/Immunology, NEOUCOM, Medical Education Center - Northside Medical Center.
- August 19, 1989** - 8:00 a.m., Anesthesiology Lecture Series, "Statistics in Medicine", Ruth J. Green, M.S., Research Associate, Western Reserve Care System, Tod Classroom I - Tod Children's Hospital.
- August 19, 1989** - 8:00 a.m., Tumor Conference, Masud R. Bhatti, M.D., Assistant Professor of Internal Medicine, Director, Hematology/Oncology Service, Western Reserve Care System, Hitchcock Auditorium - Southside Medical Center.
- August 22, 1989** - 8:00 a.m., Emergency Medicine Lecture Series, "Interstitial Pulmonary Disease", Rebecca S. Bailey-Newton, M.D., Pulmonologist, Western Reserve Care System, Medical Education Center - Northside Medical Center.
- August 24, 1989** - 8:00 a.m., Internal Medicine Grand Rounds, "Acute Hepatic Failure", Richard J. Marina, M.D., Director, Gastroenterology Service, Western Reserve Care System, Hitchcock Auditorium - Southside Medical Center.
- August 26, 1989** - 8:00 a.m., Anesthesiology Lecture Series, "Statistics in Medicine", Ruth J. Green, M.S., Research Associate, Western Reserve Care System, Tod Classroom I - Tod Children's Hospital.
- August 26, 1989** - 8:00 a.m., Tumor Conference, Eric W. Svenson, M.D., Moderator, Director, Radiation Oncology, Western Reserve Care System, Hitchcock Auditorium - Southside Medical Center.
- August 29, 1989** - 8:00 a.m., Emergency Medicine Lecture Series, "Head Injuries - Part I", Barry Pearce, M.D., Emergency Physician, Western Reserve Care System, Medical Education Center - Northside Medical Center.
- August 31, 1989** - 8:00 a.m., Internal Medicine Grand Rounds, "Diagnosis and Management of Breast Cancer and Complications", Masud R. Bhatti, M.D., Director, Hematology/Oncology Service, Western Reserve Care System, Hitchcock Auditorium - Southside Medical Center.
- August 31, 1989** - 8:00 a.m., "Pediatric/Anesthesia Morbidity/Mortality Conference", Kevin G. Ragosta, D.O., Pediatric Intensivist, Tod Children's Hospital, Marc H. Uram, M.D., Neurosurgical Anesthesiologist, Western Reserve Care System, Medical Education Center - Northside Medical Center.

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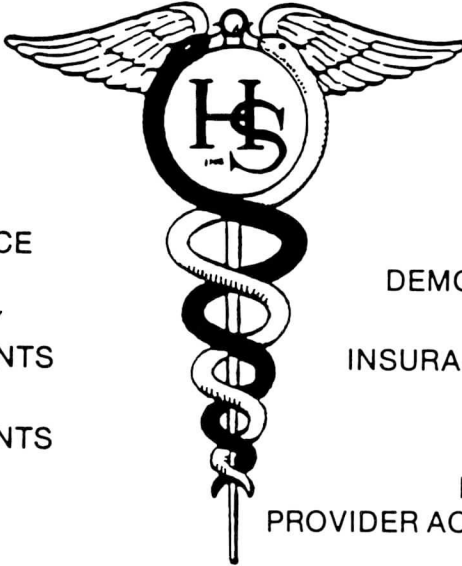
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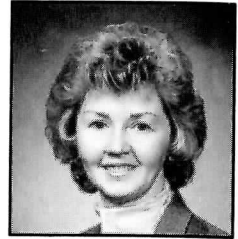
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Spouses' Corner

Mrs. Beth Bacani, was installed as president of the Mahoning County Medical Society Auxiliary at a luncheon held recently at the Youngstown Club. Mrs. Bacani has been an active member of the Auxiliary for a number of years and has held the offices of vice-president and treasurer. She is a past president of the Kidney Foundation of Mahoning Trumbull-Columbiana Counties and has served on the boards of United Way and the Florence Crittenton Home. She is affiliated with the Youngstown Hospital Nurses Alumni and the Youngstown Area Board of Realtors. Mrs. Bacani is a past recipient of the Y.W.C.A.'s "Woman of the Year" award.



Mrs. Beth Bacani

She and her husband Robert, a nephrologist on staff at the Western Reserve Care System and St. Elizabeth's Hospital Medical Center, have three children and reside in Liberty Township.

Mrs. Barbara Marshall, president of the Ohio State Medical Association Auxiliary installed the new officers. Serving with Mrs. Bacani are: Mrs. Anita Gestosani, president-elect; Mrs. Pauline Sarantolpoulas, vice president; Mrs. Marcia Turocy, treasurer; Mrs. Mary Gentile, corresponding secretary; Mrs. Nancy Leonelli, recording secretary; Mrs. Carol Kalavsky, past president.

At the State Convention the Auxiliary won the OSMA Auxiliary Health Projects Award in recognition of Community Service through an ongoing project titled "School Health Programs". Mrs. Carol Kalavsky accepted the award on behalf of the Auxiliary. Mrs. Norene Kenyhercy was chairman. The Auxiliary also received an achievement award for the contribution to the American Medical Association Education and Research Foundation. Mrs. Joyce Bernstein, chairman of Sharing Card project, was commended for her fund raising efforts.

Address and phone changes should be made to Mrs. Marcy Svenson (216) 782-3961.

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

Joy W. Elder, M.A.

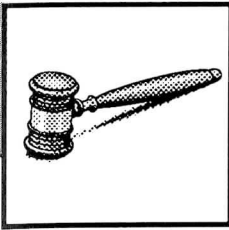
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Medical Assistants Hold Election

Stephanie Pizzuto was elected president of the Mahoning County Medical Assistants during a meeting held recently at St. Elizabeth Family Health Center. Other officers include Madeline Scoville, C.M.A. vice president; June Kyle, recording secretary; Mary Ann Rushton, C.M.A. corresponding secretary; Betty Ann Perschka, C.M.A., treasurer; Dee Davis, C.M.A., Darla Ballinger, C.M.A., and Aggie Sauer, counselors.

Nena La Barbera was elected Speaker of the House at the 1989 State Convention.

The publication of the group, The Treasure Chest received the first place award at the State Convention. Kathylynn Feld, R.N., C.M.A. is the editor.

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