

# BULLETIN

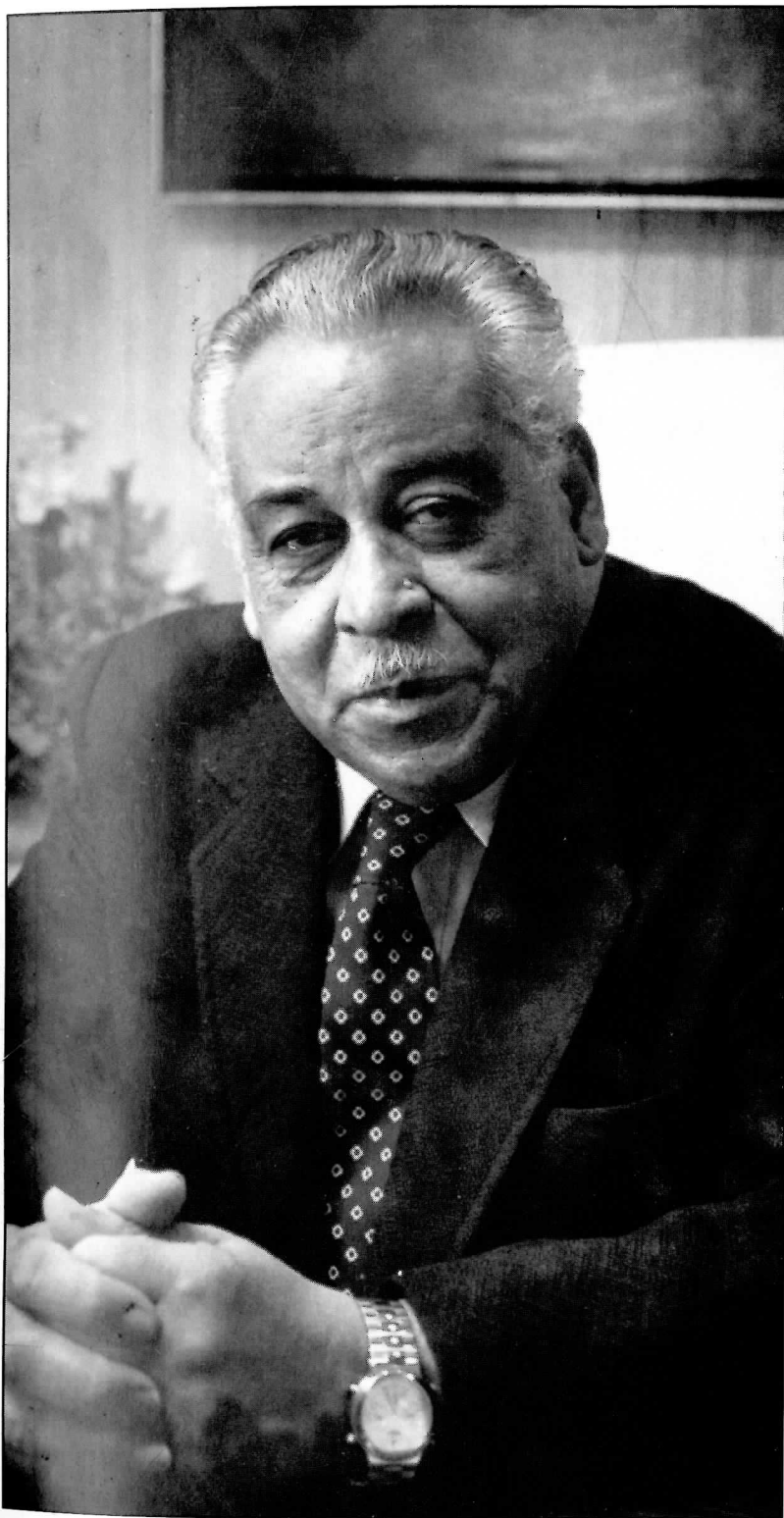


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Vol. 60, No. 1

Bulletin of The Mahoning County Medical Society

January, 1990



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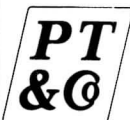
*by Jayne A. Sayre*

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*Plus . . .*

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## BULLETIN

Mahoning County Medical Society  
Volume 60 January 1990 No. 1

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### SOCIETY MEETINGS

January 16, 1990

March 20, 1990

May 15, 1990

September 18, 1990

November 20, 1990

December 18, 1990

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The Bulletin is published nine times a year, monthly with the exception of May, July and August by the Mahoning County Medical Society, 5104 Market Street, Youngstown, Ohio 44512. Phone (216) 788-4700.

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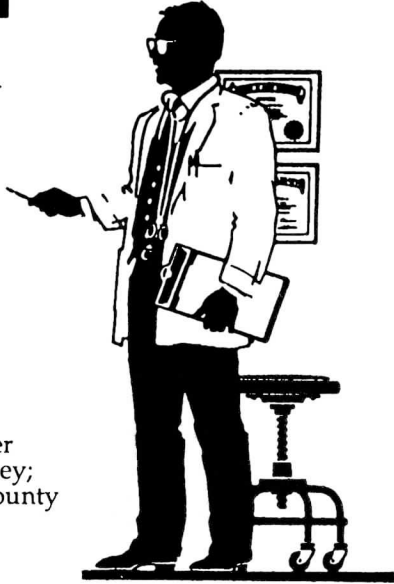
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## Involvement

This time of year involves increased activity for the county delegates and alternate delegates to the Ohio State Medical Association. There are local and district meetings for preparation for the annual meeting in May. Most members of the Mahoning County Medical Society have no knowledge of these preparations and activities. Since the structure is based on elective representation, an informed electorate is most desirable. However, unless a member has served on the medical society council, there is little knowledge of the processes involved.

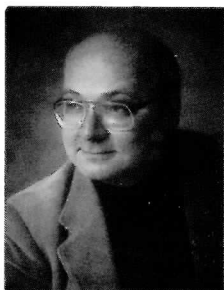
The basic unit is the county medical society with officers, members and delegates elected at-large by the members at the annual meeting. Sadly, a quorum is set at ten percent of membership since the interest in these elections is so low. The quality and character of the elected delegates and alternates to OSMA should be each member's concern since these individuals represent the member at the district, state, and ultimately at the national level.

I frequently hear the complaint, "what has the medical society ever done for me?" This needs to be transposed into the question, "what do you want from the medical society?" Instead of taking a negative attitude towards organized medicine, physicians should bring their concerns to the local representatives in order to seek solutions. Both problems and proposed solutions are welcome. Here is a forum which exists for bettering medical care. The problems are not just those of physicians but of general health care. Through the process of

representative government, your local concerns and ideas can be expressed to the highest levels of organized medicine, the AMA. Dr. James Anderson is currently an alternate delegate from Ohio to the AMA. Here is an example of "one of our own" carrying our concerns to the national level. This is equivalent to having a personal friend in congress. From over 11,000 physicians in Ohio, we have a representative in the AMA House of Delegates. Every physician in Mahoning County should be proud of this achievement and avail himself of the opportunity to utilize this chain of communication. If a physician in Mahoning County is not pleased with the workings of organized medicine, the forum for expression is readily and easily available through our organization. Make use of the opportunities.

The most frequently utilized method for expressing concerns and solutions is through the introduction of resolutions to the House of Delegates of the OSMA. If a member contacts someone on the MCMS council, resolutions can be developed in the proper format. Your thoughts and concerns can be expressed that easily.

Health care is not just physicians. The object is the best possible quality of life for our fellow human beings. One aspect of this quality is related to provision of medical care. The total effort of the health care community must be directed towards the provision of needed health services to the populace. We can work towards this goal much better as an organized cohesive force than as individuals. Make the society work for you and your patients. □



James A. Lambert M.D.

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## Opting Out

**T**he Esprit De Corps, before 1965, was riding high. Sure physicians worked hard, night and day, and almost no vacations, but they were happy to do so. It was a day when physicians license plates meant professional courtesy from parking attendants, police officers, and meter maids. Reservations at restaurants, plays and sports were always priorities for physicians.

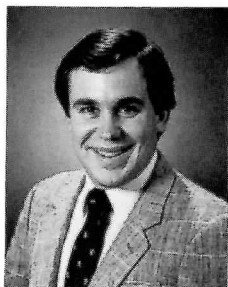
Freedom was the word of the day. Freedom to practice medicine without anyone looking over a shoulder or with a magnifying glass at a chart. Freedom to avoid anyone second guessing methods of treatment or purpose of care.

Were these the "Good 'Ole Days"? If you think so, and you think that some of those days of yesteryear before medicare can once more return, then let us dream a little further. Can we opt out of medicare and other governmental insurance agencies and survive financially? There are some that think so.

Here's how it can be done. First, one needs a loyal following of independent-

ly, financially, secure patients who reject medicare, plus those of a younger age whose insurance is limited to only hospital stays. Then you need a few colleagues to take over your medicare patients in case they become hospitalized. Add to your income by taking jobs in occupational, industrial and sports medicine, research and teaching. Finally, join your local medical societies and fight for loopholes in the law allowing you to practice this way. But with all this in place, hope that the government doesn't find out what you're doing since they have a nasty habit of forcing you to accept medicare if you treat anyone of medicare age.

There is always something about times past that leave us with fond memories. I would like to thank Eleanor Pershing and the Mahoning County Medical Society for giving me the opportunity to be the editor-in-chief over this past year. The world of medicine is in constant flux, the sword is passed on, and the fight for a healthy society continues. □



*Brian S. Gordon, M.D.*

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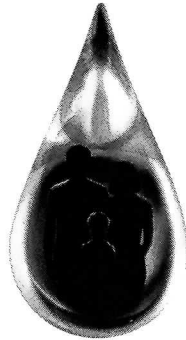
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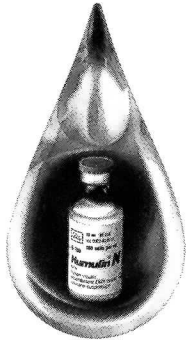
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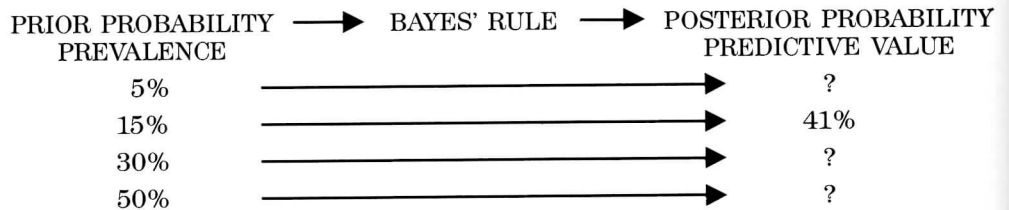
Leadership  
In Diabetes Care

## The Importance of Prevalence

Let us assume that while a medical student is rotating with you on a primary care elective a 65 year old dentist enters the office for a routine annual checkup. He has no complaints, and there are no significant physical findings. However the patient's father died from colon cancer and your clinical experience suggests a 15% incidence of this disease in the progeny. A hemocult test is made on the stool obtained during rectal examination and found to be positive. Fresh from a recent grand rounds on Bayes' theorem you feel secure in responding to the patient's question: "Doctor what does this test mean?". The SENSITIVITY of the test permits you to correctly identify pa-

tients WITH colon cancer 80% of the time, and the SPECIFICITY allows you to identify correctly 80% of people WITHOUT disease. You quickly perform a simple calculation and tell the patient he has a 41% chance of having cancer.

After the patient leaves the office, the student asserts he believes the current literature may indicate a different figure than your 15% estimate. WHAT IF the prior probability of the disease is 5%, 30% or 50%? How would changing the prior probability of the disorder affect the test's positive predicative value? Please refer to last month's article and calculate the respective positive predicative values indicated by the ? below. □



TABULAR FORM OF BAYES' RULE

Disease Status	(p) Prior Prob	Conditional	Product	PV+ Posterior
CANCER	0.15	0.80 (SENS)	0.12	0.41
NO CANCER	0.85	0.20 (1-SPEC)	0.17	0.59
		SUM	0.29	

\*The value in this cell is calculated by dividing the Product of the appropriate row (CANCER) by the SUM.

$$\text{BAYES' RULE} = \frac{p \times \text{SENS}}{(p \times \text{SENS}) + (1-p) \times (1-\text{SPEC})}$$

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## Dr. Lambert Elected President

The Annual Meeting and election of officers was held at Tippecanoe Country Club on Tuesday, December 19, 1989 with 92 members and guests in attendance.

The following candidates were elected for 1990.

President:

Dr. James A. Lambert

Vice President:

Dr. Brian S. Gordon

Secretary:

Dr. Kimbroe J. Carter

OSMA Delegate-1994:

Dr. Karl F. Wieneke

OSMA Alternate Delegate:

Dr. Ernesto V. Angtuaco

Dr. Murali Guthikonda

Council Member at Large:

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Dr. David J. Dunch

Dr. John G. Guju

Dr. Alam M. Qadri

Dr. Eric W. Svenson

Foundation Trustee:

Dr. Angelo W. Geordan

Dr. Vincent D. Lepore

President Dr. Karl F. Wieneke presented the *Distinguished Physician Award* to Dr. Henry Ellison an obstetrician and gynecologist. A graduate of Howard University Medical School, Dr. Ellison has been in the practice of medicine for more than 30 years.

Sixth District Councilor Dr. Robert Reed, Stark County, who was accompanied to the meeting by his wife Dr. Sally Reed, presented the Ohio State Medical Association's *Fifty Years in Medicine Awards* to Dr. Nathan D. Belinky, a general practitioner and graduate of the University of Cincinnati College of Medicine, Dr. Frederick M. Lamprich, a retired general practitioner who received his medical degree from the University of Heidelberg, Heidelberg Germany, Dr. Marie B. Krupko, a graduate of Ohio State University School of Medicine and her husband Dr. Paul E. Krupko who received his medical degree from Temple University. Both are retired from general practice. Dr. Cary S. Peabody, a retired ophthalmologist who now resides in Florida was unable to attend. Dr. Peabody is a graduate of the

University of Michigan School of Medicine.

Members elected to Emeritus status are Drs. Armin V. Banez, Robert R. Fisher, Joseph A. Fogarty, Jr., William Loeser, William T. Martin, Raul E. Pedraza, and Herbert Queen. Resident membership was approved for Drs. Mouhib F. Ayass, Richard A. Jackson, Keith A. Roller and James E. Toliver.

The following resolution which was presented, in accordance with the By-Laws to the membership at the November 21, 1989 meeting was approved.

RESOLVED, THAT ASSOCIATE STATUS MEMBERSHIP BE ELIMINATED AND REPLACED BY THE MEMBERSHIP CATEGORY OF FIRST YEAR IN PRACTICE AND SECOND YEAR IN PRACTICE.

Other categories will remain the same.

Pending the approval of the change in the membership category, the members approved dues for First Year in Practice at 50% of Active dues and Second Year in Practice at 75% of Active dues. Active dues will remain at \$230.00 which includes a \$5.00 welfare assessment.

The evening concluded with musical entertainment featuring Ellen Banks and Rich Blackson of Easy Street Productions. □

### Auxiliary News

- The *Holiday On Ice* fashion show chaired by Florence Wang raised \$7,562 which was donated equally to the Society for the Blind and the Mahoning Valley Food Bank.
- Total donations received from the AMA-ERF annual Christmas Sharing Card project amounted to \$3,250. Pauline Sarantopoulos was chairman assisted by Linda Evans.
- Maureen Crawford chaired the "Conversation With The Legislators" at Tippecanoe Country Club in December. On hand were State Representatives Ronald Gerberry (D-71) and Joseph Vukovich (D-52).





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## The 1990s—A Decade For Medical Ethics

In the 1980's, two patients had similar heart attacks. One died, the other lived. In 1980 the patient with myocardial infarction was treated with bed rest, restricted activity, and if the patient lived long enough a coronary artery bypass. Most patients didn't make it to see the bypass. In 1989 if the patient had the same heart attack, he got tissue plasminogen activator (TPA) which in a few hours cleared his artery of the blood clot that was choking it. Balloon angioplasty followed to keep the artery unclogged and today, this patient who would have died in 1980, is back at his business working a 50-60 hour week.

The astounding medical advances of the just ended decade can be positively measured in the lives saved and productive activities resumed. Yet most of these significant advances have not come without some significant cost. Hospitals pay as much as \$2,000,000 for a magnetic resonance imaging machine. There are many patients with Acquired Immune Deficiency Syndrome who cannot afford the price of the only available drug to treat it, AZT. William K. Vaughn, Administrator Assistant to Representative Fortney Pete Stark, Democrat, California, has stated that Medicare pays \$200 for an intraocular lens that Canadians get for \$90. Heart transplants may range in price from \$50,000 to \$150,000 while each new drug seems to cost \$10,000 a year. Referring to such products as AZT and human growth hormone a recent study at Tufts University in Boston showed that the cost for developing a new drug and bringing it to market is \$200,000,000. Biotechnology products are particularly expensive because of the high research and development cost. Although the United States has led the world in biotech discoveries, it could lose that position if private funding dries up. (Roche recently bought 60% of Genentech's stock—Roche is a Swiss company.)

Discoveries resulting from unlocking the DNA genetic code began revolutionizing medicine in the 1980's. Nine biotechnical drugs appeared on the

market starting with human insulin in 1982 and include TPA, Erythropoietin and Alpha Interferon. Probably the most important single drug discovery of the decade was approved in 1983 when Cyclosporin opened the door for transplants of hearts, lungs, livers and kidneys. In the area of medical devices, MRI, ultrasound and other imaging techniques allow physicians to view the interior of the body in 3D in color and in detail previously not possible without surgery. Lithotripsy, harnesses shock waves to break up kidney stones and gallstones. Lasers clean out plaques from arteries and seal uterine bleeding.

On the other hand, people who are poor and uninsured often don't have access to even basic care such as a prenatal checkup or a childhood vaccination let alone expensive treatments such as transplants. When Oregon tried to shut off organ transplantation in favor of preventive care for its Medicaid population, the plight of one young boy who needed a transplant touched off a nationwide controversy. Even if we don't like to admit it, a two tier medical system already exists in the United States, not just between the insured and uninsured, but in a simple comparison between rural and urban hospitals.

In the 1990's, it is likely that there will be significant biotechnical breakthroughs including colony stimulating factors which regulate production of white blood cells, wound healing factors which speed up tissue growth, immune system stimulators such as interleukines and interferons, factor VIII for hemophiliacs, and possibly AIDS vaccine. Pharmaceutical and biotech research will complement each other as the tools of genetic engineering to help identify receptors in the body that can be affected by chemicals. Some diseases will be detected and blocked before they do any harm.

Accompanying all this progress will be urgent need to quantify technology's benefits and justify its cost. Both industry and government are pushing the development of tools to measure cost effectiveness and demonstrate that returning someone to productive life



*Gene A. Butcher, M.D.*

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## The 1990s—A Decade For Medical Ethics (Continued)

more quickly has significant financial benefit to society. The Health Care Financing Administration which oversees Medicare and Medicaid is including cost effectiveness in the criteria for assessment of medical technology in deciding how to reimburse hospitals for it. Private insurers will also limit the types of procedures and products that they pay for. Patients will have to meet stiffening eligibility criteria for high cost treatments. With all this technical progress and, at the same time, the convergence of cost containment there will be a significant need for all physicians to have a basic knowledge and understanding of bioethics. It is apparent that value judgements are now getting very difficult. There are many cases when risk/benefit is almost impossible to determine. Think about medical necessity, drug of choice and medical appropriateness. Lay people do not currently appreciate how difficult the value judgement can be in a particular clinical situation and the benefit of medical effect may be very subjective. If the odds of doing good are 1-100 or 1-1,000, where does one draw the line?

It is apparent on a national basis that current and past administrations have been totally unwilling to address the situation and have put the medical profession in the position of being the "gate keeper" and primary decision maker when it comes to some of these major economic decisions. Robert Veitch, Ph.D., an ethicist at Georgetown University, has suggested that rationing of health care is inevitable and also morally necessary. As a society we cannot fund everything that every clinician would like to do and everything that the patients would like to have the clinicians do. Procedure and care must be looked at for the value of determining

where an incremental benefit is attained. In a world where people are going without food and a roof, it is inappropriate to throw all our resources to health care and defense spending. The Hippocratic tradition has been for the clinician to serve his patient utilizing all needed resources toward that end. The responsibility of the physician in the physician/patient relationship is to benefit the patient to the extent of the physician's ability and judgement. There is great activity currently by the AMA and all the medical societies in starting to define standards of care, parameters or guidelines, whatever terminology is decided upon. Dr. Veitch feels that there needs to be a peer consensus for the way resources are expended. It is a clinician's ethical duty to do right for the patient but it is also recognized that if an intervention is outside the wise judgement of the overall group to provide an un-needed service, then that intervention should be questioned. Useful versus useless intervention determination is very difficult. Peer consensus can determine when interventions are of benefit or of no added benefit.

The bottom line of all this discussion is that there is a significant need for physicians to have a better understanding of bioethics and bioethical issues. Most of us who were trained in the 1960's had very little exposure to this significant area of the art. It is imperative for medical schools, residency programs and continuing medical education programs to have a significant emphasis in this area so that physicians might be able to better respond to the demands of society and society may be better able to understand the art and science of health care delivery. □

# At A Glance

Photos courtesy of Dr. & Mrs. Robert Jenkins



Dr. Kurt Wegner; Dr. Louis Bloomberg



Dr. & Mrs. Glenn Baumblatt



Dr. & Mrs. Fredrick Friedrich



Dr. & Mrs. Nathan Belinky; Atty. Mark Belinky



Dr. & Mrs. James Anderson; Dr. Robert Reed; Dr. Sally Reed



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Dr. James Dallis



Dr. Robert & Mrs. Jenkins



Dr. & Mrs. Daniel Pipoly



Dr. & Mrs. Milton Leonhart



Dr. & Mrs. Hai Shuiuh Wang; Dr. Daniel & Mrs. Handel



Dr. A. Gary Bitonte



Dr. Karl Wieneke; Dr. James Lambert; Dr. Robert Reed



Dr. Karl Wieneke; Dr. Henry Ellison



Dr. & Mrs. Henry Ellison



Dr. Robert Reed; Dr. Paul Krupko; Dr. Marie Krupko;  
Dr. Frederick Lamprich; Dr. Nathan Belinky



## New Bill Proposes Severe Sanctions Against Physicians

Legislation has been introduced by State Senator Linda Furney of Toledo and State Representative Rhine McLin of Dayton that would, among other things, grant the State Medical Board the power to levy fines of up to \$50,000 against physicians for failure to report other physicians whom they believe have violated the Ohio Medical Practice Act. **Senate Bill 287** and **House Bill 719** also would raise physicians' biennial license fee from \$160 to \$300 and use that additional revenue to add substantially more enforcement personnel and public information officers to the staff of the State Medical Board. The bills would:

- require the State Medical Board when taking disciplinary actions against a physician to determine whether the Board should investigate other physicians who would have reported the alleged violating physician;
- increase criminal penalties against physicians for failure to report an alleged violator of the Ohio Medical Practice Act;
- add a provision to the law, in addition to the existing immunity provision, that would immunize physicians against criminal or civil liability for reporting another physician who is alleged to have violated the Ohio Medical Practice Act;
- permit a physician to report to a hospital peer review committee those physicians who they believe have violated the Ohio Medical Practice Act, **except** that if the peer review committee does not follow through on the report then it is still the physician's responsibility to report the alleged offender to the State Medical Board;
- create the position of Medical Board Ombudsman who would serve as a consumer advocate for patients who have filed complaints against physicians and to report to the public information about disciplinary actions taken against physicians;
- add a fourth consumer member to the State Medical Board, which currently has three consumers on the 12 member Board;
- require medical liability insurers to report all claims against physicians;
- require the department heads in Ohio's medical schools, or their designees, to be available to the Board to serve as expert witnesses against physicians;
- require physicians, as a condition of maintaining their license, to demonstrate to the Board either medical malpractice insurance or proof of financial responsibility; and
- allow the State Medical Board to restrict a physician's practice without a hearing in addition to the Board's existing authority to entirely suspend a physician's license without a hearing.

The introduction of these bills was widely reported in the state's newspapers and hailed on editorial pages as an attempt to end physicians' "conspiracy of silence." The legislation grows out of the perception that physicians failed to report on James Burt, M.D., the infamous "love doctor" in Dayton. Allied with Senator Furney and Representative McLin is Ohio Citizens Action (formerly, the Ohio Public Interest Campaign).

As they are currently written, the OSMA opposes the bills and physicians are encouraged to call or write to their state senators and their state representatives to voice physician opposition to **Senate Bill 287** and **House Bill 719**.

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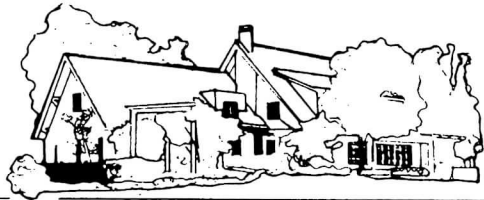
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## Dr. Ellison Receives Distinguished Physician Award

Dr. Henry S. Ellison, a long-time obstetrician and gynecologist has been named the 1989 *Distinguished Physician* by the Mahoning County Medical Society. The award presentation was made by president, Dr. Karl F. Wieneke, at the Annual meeting of the Society held at Tippecanoe Country Club on December 19, 1989. Dr. Kurt J. Wegner introduced Dr. Ellison and commented "Dr. Ellison has served this community tirelessly in the field of obstetrics. Day and night, he has devoted his efforts to the least affluent among us. He has given outstanding care to those women who often have the most difficulty obtaining access to good medical services. He has truly practiced in keeping with the highest principals of our profession."

A native of Greensboro, North Carolina and a graduate of Howard University Medical School, Dr. Ellison has been in the private practice of medicine since 1958.

A former vice chief of obstetrics and gynecology at the Western Reserve Care System and an instructor from 1988 to 1989 at Northeastern Ohio Universities College of Medicine he received the *Teacher of the Year* award from the family practice residents at the Western

Reserve Care System.

An active physician at the former Florence Crittenton Home, he is an instructor and obstetric consultant at Youngstown Osteopathic Hospital. He is a member of the active staff at Western Reserve Care System and a member of the courtesy staff at Saint Elizabeth Hospital Medical Center and Youngstown Osteopathic Hospital.

Dr. Ellison served as chairman of the Youngstown Area Development Corporation and president of the Humane Society, the Adult Mental Health Clinic and the Child and Adult Mental Health Center, now the Parkview Counseling Center. He has served on the boards of the American Red Cross, March of Dimes, and the Goodwill Industries. In 1989 the Buckeye Elks Lodge 73 made him an honorary life member.

Dr. Ellison is a 30 year member of the Mahoning County Medical Association, the Ohio State Medical Society and the American Medical Association.

Dr. Ellison and his wife the former Etna Harris of Richmond Virginia, a retired teacher, are the parents of three children, Pamela Bateman, a teacher in Columbus Ohio, Henry Jr. a student at Ohio State University, and Alicia a make-up artist and model in New York City. □

*"Dr. Ellison has served this community tirelessly in the field of obstetrics."*

## Our New Look

Welcome to the new Bulletin. With the publication of this sixtieth volume, we felt the time for change was now. We hope that our editorial and graphic redesign will make the Bulletin more accessible to you.

The Bulletin is your publication and it provides a perfect opportunity for you to "become involved." We encourage you to contribute articles, comments and photographs. We also welcome your suggestions and ideas.

Become involved and let us hear from you.

*Eleanor Rushing*





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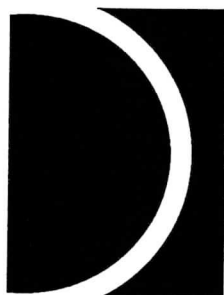
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### 50 Years Ago - January 1940

The new president was Dr. Robert Poling. Editor Claude Norris asked the members for "your support when I falter, your indulgence when I am capricious, your forgiveness when I am foolish, your sympathy when sin overtakes me." John Noll was Secretary, and Elmer Nagel was Treasurer.

Council sent a recommendation to Mayor Spagnola, requesting a full-time Health Commissioner with a Doctor of Public Health degree. (We're still waiting).

### 40 Years Ago - January 1950

President Gordon Nelson said that the fate of medical practice as we know it, is at stake. Fred Coombs was the new Editor, Gabe DeCicco was Secretary, and L.H. Getty was Treasurer. There were 231 active members. New members were Elmore McNeal and J.B. Stechschulte. New intern members were Harold Chevlen, George Cook, Frank Gelbman, Dean Stillson, Ed Thomas and Bill Breesman. The Society voted to discontinue the annual Postgraduate Day meeting, and combine with the 6th Councilor District.

### 30 Years Ago - January 1960

New president was Fred Schlecht, A.K. Phillips was President-Elect, Ed Pichette was Secretary, and Chuck Stertzbach was Treasurer. Now there were 294 active members. Jack Schreiber was Editor of the Bulletin. Dick Murray designed a new cover which was used, with a few exceptions, for the next 20 years.



Robert R. Fisher, M.D.

### 20 Years Ago - January, 1970

New President, Bob Jenkins, predicted that the medical practice of the future would be group practice. He predicted that hospitals would be doing more ambulatory care, and that there would be a definite increase in the use of paramedical personnel. How right he was!

New Editor was John Melnick. John Stotler was President Elect. Henry Holden was Secretary, and Carl Raupple was Treasurer. There were still 294 active members; not much increase in ten years. 50 year pins were presented to J.M. Basile and Wendell Bennett. Dr. Adolphus Marinelli, Dr. Anthony Bayuk and Dr. Ivan Smith passed away. Dr. Kurt Wagner was directing the Rubella vaccine program.

### 10 Years Ago - January, 1980

The new President was Pat Brucoli, Vice-President (no longer called President-Elect) was D.J. Dallis. H.M. Wang was Secretary, and Juan Ruiz was Treasurer. Editor, Dick Murray, predicted the total collapse of the social and economic systems of the world. This will happen, "sometime between 1989 and 1991" he predicted.

There were now 311 active members. 50 year pins were awarded to Brack Bowman, W.D. McElroy, L.H. Moyer and John Noll. Dr. Richard Murray received a standing ovation upon on being named 1979 "Doctor of the Year". Dr. Wendell Bennett passed away at the age of 88. □

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## Medical Information For Northeastern Ohio

When Northeastern Ohio Universities College of Medicine (NEOUCOM) established its relationship with the hospitals in the Akron, Canton, and Youngstown areas in the 1970s, the libraries of these hospitals were also joined together in a cooperative venture—to serve the medical information needs of the students, faculty, and staff of NEOUCOM.

Since that time, members of the NEOUCOM Council of Associated Hospital Librarians have grown together as a group and have established a sophisticated medical information network. Although each of the 15 libraries is autonomous, the libraries act in concert as one large resource.

This network of libraries provides the medical communities of Northeastern Ohio access to 2800 clinical and basic science journal titles and approximately 60,000 medical book and audiovisual titles, as well as a host of services. Telefacsimile and the NEOUCOM courier make sharing books and journal articles among libraries fast and easy. The libraries also offer online search services which gives a library user access to journal literature contained in approximately 150 databases covering almost any subject matter. A physician wanting a few good articles on a patient's illness or a biomedical researcher needing an exhaustive bibliography for a grant proposal each can be served by the libraries of the Council.

The Council of Associated Hospital Libraries have cooperated on many different projects. Installation of an automated integrated library system is the latest and most ambitious of these projects. The integrated library system software, mounted on a computer at NEOUCOM, will display the book and journal holdings of all 15 libraries. Each library also will use this software to check items out, so a librarian in Youngstown will be able to tell immediately if an item in Canton is unavailable. The system's electronic mail capabilities will make communication among the libraries and interlibrary loan requests easy.

Recently the Council of Associated Hospital Librarians distributed a survey to 1300 NEOUCOM clinical faculty members. The results of this survey will give the libraries valuable information on how the faculty use computers and what types of computerized information services they would like to have available to them. Using the survey results as a guide, the Council plans to add medical information databases to the library system. Improving telecommunications access to the NEOUCOM computer is also a goal, so clinical faculty members will be able to use computers in their home or office to access the NEOUCOM medical information system. While this scenario is still a few months off, the Council is working hard to make these improved services a reality.

Another recent innovation in library technology, a CD-ROM search system, has been installed at the NEOUCOM Information Center and Akron City Hospital. This system has the entire MEDLINE database on compact disks read by a laser. The advantages of this system are allowing library users to search the literature themselves, and saving of "on-line" costs including telecommunication and database royalty charges. Western Reserve Care System libraries and the library at St. Elizabeth Hospital in Youngstown are also investigating the purchase of this system.

It is difficult to envision what types of information services may be possible 10 or 20 years from now. The dreams of today are fast becoming tomorrow's reality. But today, the medical community in Northeastern Ohio already has a tremendous resource in the NEOUCOM Council libraries, which will continue to improve as we approach the 21st century. Take advantage of this resource—it is as easy as a phone call or visit to your hospital library.

The Youngstown area members of the NEOUCOM Council of Associated Hospital Librarians are St. Elizabeth Hospital Medical Center; Western Reserve Care System (Northside and Southside); and Woodside Receiving Hospital. □



by Jayne Sayre  
Director and Chief  
Medical Librarian  
Oliver Ocasek  
Regional Medical  
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# What Is Public Health?

The mission of public health is to fulfill society's interest in assuring conditions in which people can be healthy. Its aim is to generate organized community effort to address the public interest in health by applying scientific technical knowledge to prevent disease and promote health. The mission of public health is addressed by private organizations and individuals as well as by public agencies. The governmental public health agency has a unique function: To see to it that vital services are in place and that the mission is adequately addressed.

## What are the functions and activities of Public Health Agencies?

The Institute of Medicine, in *The Future of Public Health*, identifies three basic functions of public health agencies at the federal, state, and local levels. These include **assessment, policy development and leadership, and assurance of access to environmental, educational and personal health services**. The types of activities conducted by public health agencies to address these three functions include:

### Assessment

Collection and analysis of data on vital events, disease occurrence and available health services.

Epidemiologic and communicable disease investigation.

Research and pilot programs to address specific health problems.

### Policy Development

Development of health goals and objectives with the community.

### Assurance

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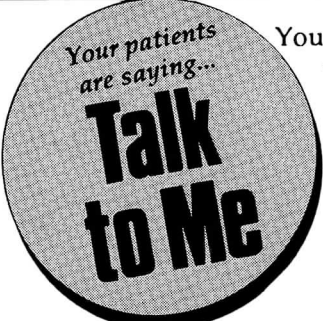
Health education, health promotion, and disease prevention.

Environmental assurance of quality of air and water, solid and hazardous waste disposal, and occupational health and safety.

Direct provision of maternal and child health preventive and primary care.

During **PUBLIC HEALTH WEEK**, January 29-February 2, 1990, Ohio's local health departments and friends of public health attempted to increase public health awareness of the importance and viability of the public health movement in Ohio. Through media announcements, sponsorship of open houses and other special events, culminating in a day-long celebration by hundreds of public health workers at the State House in Columbus on **PUBLIC HEALTH DAY**, January 31, 1990, we hoped to revitalize public health in the minds of Ohio's residents, health professionals and legislators. The Mahoning County Board of Health, Health Commissioner, and Health Department staff have actively participated in this awareness campaign. □

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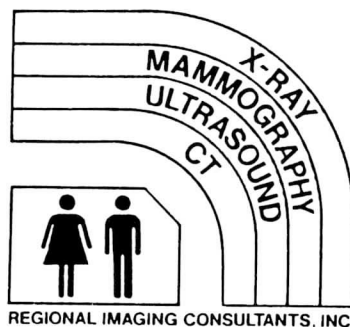
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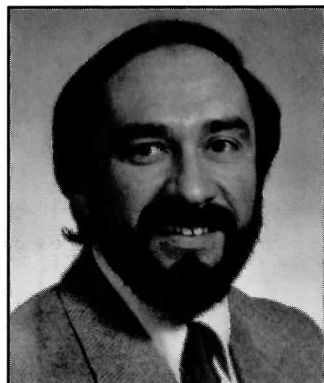


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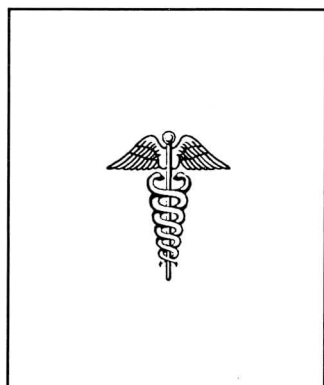
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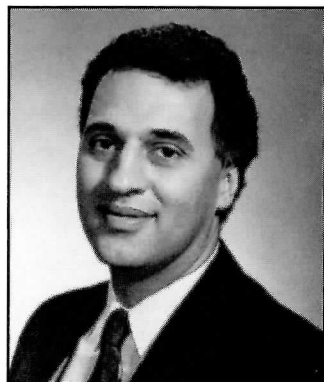
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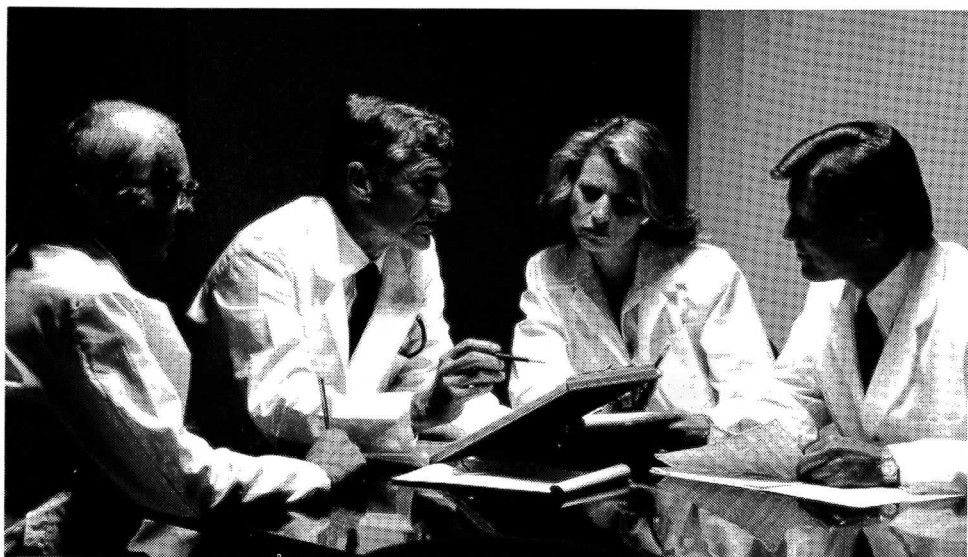


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