

# DAYTON MEDICINE

*The Journal of the Montgomery County Medical Society*

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Volume 73, No. 1

March- April 2017



*2016 MCMS President John L. Lyman, M.D.  
Presents the Leadership Gavel to  
2017 MCMS President Lisa B. Egbert, M.D.*



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## 2017 President's Inaugural Address

by Lisa B. Egbert, M.D.



*The following remarks were presented by Dr. Egbert on the occasion of her Inauguration as 2017 MCMS President, Saturday, January 14, 2017 at the Dayton Marriott. Master of Ceremonies Herman I. Abromowitz, MD, hosted the ceremonies, with OSMA President Brian Bachelder, MD in attendance, assisting Dr. Evangeline Andarsio in presenting the OSMA Fifty Year Awards.*

I'd like to take a few moments to speak to you about a very important topic, cheerleading. What? You thought I was going to say medicine?

Let's start with the basic definition of a cheerleader, a person who leads spectators in traditional or formal cheering. You can imagine them, right? They're out there rooting on their team through thick and thin. As an example, those of you who are Buckeye fans may remember the game New Year's Eve? Ok, as I groan along with you, I am thinking about the images of our cheerleaders, still smiling, still cheering...despite the way the game was going. Of course Brutus was too, but he does kind of cheat with his permasmile.

A broader definition of a cheerleader is an "enthusiastic supporter." These are the people that are always in your corner. A

few good examples of my personal cheerleaders are here with me tonight. First and foremost is my mother, Kathy Bohman. Mom has always been cheering me on. She was in the front row for everything from band concerts to the time I played a nun who had a problem named Maria, even though I really wanted to be 16 going on 17. She was also a sneaky cheerleader, like the time in around 1<sup>st</sup> grade when I told her I wanted to be a nurse just like her, and she said, "No you want to be a doctor." Hmmm, Mom, I think that one stuck. Thank you for always cheering me on!!

Some cheerleaders cheer us on without even knowing they are doing it. My uncle, Dr. Larry LeFevre, who is also here this evening, is a great example of this. He was the person that I most wanted to be like when I grew up. I watched as family members asked him to look at a sore throat or to check out an aching knee, and he always had the answers for them. I knew that was just what I wanted to do. Thanks, Uncle Larry, for being my inspiration!

Just as your cheerleaders have inspired you, you have to be a cheerleader for others. You may



*2017 MCMS President Lisa Egbert, MD, with her children, David, Sarah, Matthew, and her husband, Bradley Egbert, M.D.*

cheer by example, such as being the first in your immediate family to graduate from college and having your two younger brothers follow you to OSU and graduate as well. Of course they were smarter than I; they graduated with engineering and business degrees and actually got jobs, instead of extending their adolescence like we did by going to medical school and then residency. Thanks so much for being here, Steve and Kurt as well as my sisters-in-law, Martha and Sarah!

Cheerleading is also essential to the practice of medicine. As physicians we are only as good as the team who supports us and keeps us going, even when we're post call and grumpy. Thanks so much to my team here tonight: Lisa, Paula, Abbey, Leesa, and Nicole. These ladies are the absolute best staff, and I am so very lucky to work with all of you. Thank you!

As a soloist, I am also very lucky to have colleagues among my cheering squad so that when I decide to do silly things like go to meetings in Chicago, DC, or Columbus or to be the president of a medical society, they have my back. Thanks to Drs. John Shie and Carolyn Kennebeck for being here tonight and to the entire Far Hills Ob/Gyn group for covering me during all of my crazy adventures in organized medicine.

I have one other cheering section I need to mention, but I'll save them for last. So first, let's spend a little more time on organized medicine, which I propose is the ultimate venue for cheerleading.

We in medicine spend our



Dr. Egbert, shown with her family - her most ardent "Cheerleaders"

time caring for people. We mend their bones, ease their suffering, deliver their babies, and do our best to keep them healthy and happy for their entire lifetimes. That's why we went to medical school, to be cheerleaders for our patients, but so many things get in the way of that. We have insurance companies, the government, lawyers, and administrators, all telling us how to do it better and IF we can make a living doing it. We are busy trying to cross all of the t's and dot the i's in just the right way, when all we want to do is get back to taking care of our patients. So, where are the cheerleaders in our corner? I submit to you that they're right here, all of you who take the time to serve on committees, as delegates, or in leadership. Many of us serve as leaders for our groups, for our hospitals, for our local medical society, for the state, and nationally at the AMA.

Here in Montgomery County, we are very fortunate to have a

strong medical society, perhaps the strongest in the state, thanks to two amazing ladies, Connie Mahle and Gerri Creel. Let me assure you, these ladies are phenomenal, and we couldn't ask for a better cheerleading squad than them, thanks ladies!

I would like to take a moment to highlight our signature service here at MCMS. For those of you who are unaware, our medical society runs an answering service that was started in 1957 as a manual switchboard operation and has seen at least 10 system updates, advancing to today's computerized system which operates with HIPAA Hitech compliance through secure networks. Currently, there are 10 employees who provide 24/7 coverage. And, they actually ANSWER the phone and speak DIRECTLY to the patients. There's no "push number 1 for so and so and then leave a message." In 2016, the service handled 277,950 calls. Now, allow me to do a little cheerleading:

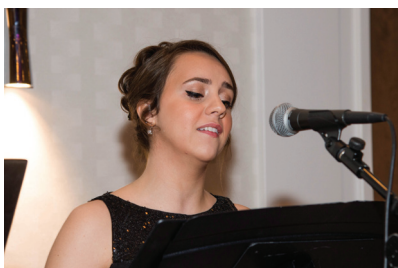
this is a phenomenal service, and is the only one in the state. If you haven't checked them out in a while, I urge you to do so!

For the physicians in the room, I am aware that for the most part I am speaking to the choir, but I want to remind you that your organized medicine "cheerleading squads", unfortunately, do not cheer for you in a vacuum. As you know, there are many many cheering squads out there, like those for the hospitals, for pharmaceutical companies, and for other practitioners, all of whom are sometimes cheering for our team's goals and other times cheering for the exact opposite goal. So remember that if we don't achieve every victory we cheer for, we do get many of them, and just as importantly we

often are able to avoid the worst defeats. I ask the members here today to support your cheerleading squads by continuing to be a member of your local, state, and national societies in addition to your specialty society. I also ask you to consider joining your squads, because we're always looking for new cheerleaders to be delegates, committee members, and leaders. But, if that's not your thing, then I ask you to please communicate your thoughts and concerns to those of us who are on the squad. We want to do our best to represent you and to continue to fight on your behalf and on behalf of our patients. Thank you so much for giving me this opportunity to be one of your cheerleaders!

Now, I mentioned that I had one more cheering section to introduce to you. They're the group that I personally have been cheering on for their entire life. In fact, they will tell you that I am such an ardent cheerleader, that they felt somewhat persuaded, perhaps even compelled, to be your entertainment tonight. Of course, as you can see from your program, I am referring to my children who will be entertaining you tonight, entirely of their own free will, right guys?

So let me introduce to you, my sons, David and Matthew, and my daughter Sarah. Tonight they are joined by David's girlfriend Ashleigh Stewart, and they are accompanied by our longtime music teacher, friend and director, Ms. Sarah Roush on piano.



# *Guests and Highlights of 2017 MCMS Annual Inaugural Meeting Saturday, January 14, 2017 - Dayton Marriott*





## Looking Forward

by *Evangeline Andarsio, M.D.*

### OSMA Annual Meeting of the House of Delegates

Our District Two Delegation members have been busy preparing for the 2017 Annual Meeting of the OSMA House of Delegates to be held at the Columbus Hilton at Easton March 17-19. Thirty resolutions have been submitted from across the state and a lively discussion is expected to ensue on Saturday at the Resolutions Committee hearings. Of particular interest to me is a resolution asking for OSMA policy in support of acknowledging and addressing a serious issues affecting our physician colleagues, medical students and residents - "burnout". It is critical that we develop methods to help promote physician well-being for both the sake of our physicians and our patients.

### OSMA Education Symposium

Presented in cooperation with the Ohio Medical Group Management Association  
"Plan. Lead. Succeed"  
March 17, 2017  
Hilton Columbus at Easton  
Over 20 Breakout sessions on Vital topics: HIPAA, PCI, Cybersecurity and other IT Issues; Embezzlement in the Medical Practice; Defensible Prescribing.

### Evangeline Andarsio, M.D., Nominated for OSMA President-Elect

MCMS and the OSMA District Two Delegation has nominated Dr. Evangeline Andarsio for the position of OSMA President-Elect. Dr. Andarsio has served as a member of the OSMA House of Delegates since 2002, and most recently served as the elected OSMA District Two Councilor since 2011. She is a former Delegate to the AMA, and Past President of MCMS. Having enjoyed the private practice of Obstetrics and Gynecology for over 25 years, Dr. Andarsio currently serves as Director of the National Healer's Art Program, the Remen Institute for the Study of Health and Illness (RISHI) at Wright State University Boonshoft School of Medicine and Director of RISHI at Wright State University Boonshoft School of Medicine.



### Ohio 2018-2019 Budget Proposal

The governor's budget proposes to maintain the ACA Medicaid expansion for eligible persons <138% FPL. Additionally, it proposes a minimal \$20/month premium charge for certain participants, however this will require federal approval. The proposed budget also includes coverage for expanded services to address opioid addiction and infant mortality.

### SB 319 Offers Protection for not Prescribing Opioids

Over the past decades, Pain has been touted as the Fifth Vi-

tal Sign. and patients have been treated with increasing numbers of opioid analgesic prescriptions. Over time, insurance efforts to conduct patient satisfaction surveys have included questions on this topic. Last Fall, CMS announced it would amend the questions on surveys to eliminate the financial pressure on physicians to potentially over-prescribe opioids. The OSMA partnered with others to have language in Ohio law address the private insurance practice as well. As passed, SB 319 contains language that states, "If a sickness or accident insurer or public employee benefit plan

measures the efficiency, quality of care, or clinical performance of a prescriber, including through the use of patient satisfaction surveys, it shall not penalize the prescriber, financially or otherwise, for deciding not to prescribe an opioid analgesic.”

### **OSMA Presents Fifty Year Awards to MCMS Physicians**

This year, fifteen MCMS physicians were recognized with the OSMA Fifty Year Award. It was my pleasure and privilege to join OSMA President Brian Bachelder in presenting these honors at our MCMS Annual Meeting on January 14, 2017.

The following physicians were present to receive their

award: John Alway, DO; Eduardo Caslmir, MD; Feliciano Garcia, MD; Richard Hoback, MD; Jeffrey Horwitz, MD; John Rich, MD; Virginia Stull, MD; The award was presented in Absentia to the following: Ahmad Abouhossein, MD; Rajendra Aggarwal, MD; Joseph Askenazi, MD; Linda Burton, MD; Kazem Golshan, MD; David Hitch, MD; Rebecca Moss, MD; and Mina N. Yaz, MD. It is always a special part of the program to honor these physicians who have dedicated their lives to medicine and contributed so much to the health and welfare of our community. We offer congratulations and best wishes to all!

In addition to having Dr. Bachelder at our meeting, we also had the opportunity to welcome Todd Baker, the new Executive Director of the OSMA, and to recognize D. Brent Mulgrew, who retired from that position after 43 years of service to the organization. It has been my honor and privilege to serve as OSMA District Two Councilor, and I look forward to continuing to be of service to the physicians of Ohio. Please stay engaged in the activities of organized medicine. Every voice needs to be heard. Join us at the OSMA Annual Meeting March 18 at the Columbus Hilton at Easton and participate in the discussions!



OSMA Fifty Year Awardees shown (rear l-r) Eduardo Casalmir, MD; John Alway, D.O.; Jeffrey Horwitz, MD; Richard Hoback, MD; OSMA President Brian Bachelder, MD; John Rich, MD; (front l-r) OSMA District Two Councilor Evangeline Andarsio, MD; Feliciano Garcia, MD; Virginia Stull, MD

## Book Reviews

by Annette Chavez, M.D.



Have you read a good medical book lately?

I suspect that like many physicians, I love to read anything about medicine or the lives of doctors. As a teenager and college student, I read books such as The Making of a Woman Surgeon and all the books by Dr. Tom Dooley. Med school introduced me to The House of God. During residency I was too exhausted to read anything other than the newspaper. But since then I have enjoyed some excellent medical books and thought I would recommend a few to you.

The first is **Civil War Medicine, Challenges and Triumphs** by Alfred Jay Bollet MD, published in 2002. Dr Bollet is a Clinical Professor of Medicine at Yale who has written a masterful book about the state of medical care during the Civil War. I will admit to being a history buff myself and found this book most interesting. Dr. Bollet quickly corrects the notion that Army surgeons operated on soldiers without anesthesia. In fact, both chloroform and drop ether were routinely used. However, because patients were sedated but not paralyzed, they could still move and moan and therefore often had to be physically restrained. Dr. Bollet explores the care rendered by both Union and Confederate physicians, and outlines the creation of the first field hospitals and ambulances by

Jonathan Letterman. Details of the advancements in surgery are fascinating. Bollet notes that:

*“Between 1894 and 1904, an average of 2,427 surgical procedures were done annually at Massachusetts General Hospital and, by 1914, over 4,000 operations were performed each year...*

*These figures pale in comparison to the work done by the Civil War Military surgeons. Despite their lack of preparation, physicians treated over 400,000 trauma patients among Union forces alone – about 245,000 of them with gunshot wounds – and performed at least 40,000 operations.”*<sup>1</sup>

Before the war, many surgeons had never seen an amputation or the inside of an abdomen, but during the war devised many new surgical procedures. This was, of course, in the days before knowledge of antiseptics was widely available. Dr. W. W. Keen is a surgeon who “lived to see the era of bacteriology”<sup>2</sup> and is quoted:

*“We operated in old blood-stained and often pus-stained coats, the veterans of a hundred fights... We used undisinfected instruments from undisinfected plush-lined cases, and still worse, used marine sponges which had been used in prior pus cases and had been only washed in tap water. If a sponge or an instrument fell on the floor,*

*it was washed and squeezed in a basin of tap water and used as if it were clean. Our silk to tie blood vessels was undisinfected. If there was any difficulty in threading a needle we moistened it with... bacteria laden saliva, and rolled it between bacteria infected fingers. We dressed the wounds with clean but undisinfected sheets, shirts, tablecloths, or other old soft linen rescued from the family ragbag. We had no sterilized gauze dressing, no gauze sponges...”*<sup>3</sup>

Dr. Bollet of course does not limit his book to surgery and devotes extensive detail to medical issues, including diseases such as malaria, smallpox, typhoid, scurvy and yellow fever. He discusses the evolution of Civil War hospitals, nursing care, and the early role of women in Civil War medical care.

This volume is a highly readable, interesting and detailed look into our medical history. Imagine attempting to practice medicine without electricity, antibiotics, and modern anesthetics. Yet Civil War era physicians maintained comprehensive records of their patients and conditions, and invented procedures in orthopedics, plastic surgery, vascular surgery, and every other aspect of medicine. We owe these physicians our unending gratitude.

References:

1. Bollet, Alfred Jay, MD: *Civil*

*War Medicine, Challenges and Triumphs.* Tucson: Galen Press, Ltd. 2002 p. 83.

2. *Ibid*, p. 91

3. *Ibid*, p. 91

### **Do No Harm** by Henry Marsh MD

Dr. Henry Marsh is a British Neurosurgeon who has written a fascinating book about his life in neurosurgery. I must admit that my own experience in this specialty is extremely limited. I once had an opportunity to observe Dr. Jose Duarte perform a craniotomy. Alas, the hour was very late and I was quite sleep-deprived and felt the need for self-preservation with some time in the call room bed.

Although it is not the same as witnessing a live operation, Dr Marsh's book provided me with significant insight into the world of neurosurgery. Each chapter is entitled with a diagnosis such as "Aneurysm", "Astrocytoma", and "Oligodendroglioma". He describes surgical procedures in easily understandable detail. In explaining how he removes a hemangioblastoma:

*"This type of tumour is the only time in brain tumour surgery that you have to remove the tumour 'en bloc'—in a single piece—since if you enter the tumour you will be instantly faced by torrential bleeding. With all other tumours in brain surgery you gradually 'debulk' it, sucking or cutting out the inside of it, collapsing it in on itself, away from the brain, and thus minimizing damage to the brain. With solid haemangioblastomas, however, you 'develop the plane' between the tumour and the brain, creating a narrow crevice a few millimetres wide by gently holding the brain away from the surface*

*of the tumour. You coagulate and divide the many blood vessels that cross from the brain to the tumour's surface, trying not to damage the brain in the process. All this is done with a microscope under relatively high magnification – although the blood vessels are tiny, they can bleed prodigiously. One quarter of the blood pumped every minute by the heart, after all, goes to the brain. Thought is an energy-intensive process."*<sup>1</sup>

Not only does Dr Marsh discuss his patients and the surgeries he performs on them, he readily discusses his thoughts and emotions. It never occurred to me that a surgeon with years of experience could be almost paralyzed in mid-procedure by some unfolding disaster. He lives with the traumatic memories of patients who are neurologically "wrecked" by a surgical complication. One man who had a very large petroclival meningioma was described this way:

*"As I started to remove the last part of the tumour I tore a small perforating branch off the basilar artery, a vessel the width of a thick pin. A narrow jet of bright red arterial blood started to pump upwards. I knew at once that this was a catastrophe. The blood loss was trivial, and easy enough to stop, but the damage to the brainstem was terrible...As a result the patient never woke up and that was why, seven years later, I saw him curled into a sad ball, on a bed in the nursing home."*<sup>2</sup>

This book is another page-turner and I highly recommend it, especially for non-neurosurgeon physicians. I have new insight and even more respect for our

neurosurgical colleagues and the load they must bear in caring for our patients.

### *References:*

1. Marsh, Henry, MD: *Do No Harm Stories of Life, Death and Brain Surgery: New York, St. Martin's Press 2014. P. 41.*

2. *Ibid*, pp. 211-212.

### **Improvised Medicine Providing care in Extreme Environments**

by Kenneth Iserson MD

Dr. Iserson is an Emeritus Professor of Emergency Medicine and has written a most unusual manual. I stumbled across this book when researching a favorite topic of mine, medical preparedness in the face of a disaster. There are chapters devoted to every branch of medicine with various "work-arounds" described for use in the event of a lack of supplies or facilities. Think Hurricane Katrina or practicing in remote areas of Africa. Each chapter provides a number of suggestions for providing medical care if the usual medical treatments are simply not available. There are simple solutions suggested, such as making a transport litter out of two chairs or a blanket. There are more complex ideas such as making a homemade laryngoscope out of a wooden handle, two batteries, and a switch connected to a laryngoscope blade. There are formulas for do-it-yourself oral rehydration solutions: "one liter clean water, 1 tsp salt and 8 tsps sugar...add ½ cup orange juice or half a mashed banana to provide potassium and improve the taste".<sup>1</sup>

I found it ingenious to read how you can even make earpieces

*(Continued on Page 12)*

## Book Reviews

(Continued From Page 11)

for a stethoscope from a syringe.<sup>2</sup> My favorite tip is the instruction for how to fashion a suture needle from a hypodermic needle. You thread nylon fishing line through the needle, then bend the needle into a shallow arc. The needle can be cut at the hub, crimped to hold the suture fast and sterilized.<sup>3</sup>

Many of these improvisations were invented by doctors who had no other options when they were practicing in remote or resource-poor locations. I found this book to be a really great store of information that I hope I never have to use. I think this would be a great addition to any physician's bookshelf...just in case.

References:

1. *Iserson, Kenneth V, MD: Improvised Medicine Providing Care in Extreme Environments: Tucson, McGraw-Hill 2012 p. 134.*
2. *Ibid: p. 33*
3. *Ibid: p. 305*

### **Rising Plague** by Brad Spellberg, MD

Dr. Spellberg is an Infectious Disease specialist at UCLA Geffen School of Medicine and has written a rather frightening account of the possible post-antibiotic era in worldwide medical care. It is quite amazing to realize that one of the current mainstays of medical treatment, antibiotics, have only been around since my mother's childhood. Mom lost an 18 month-old brother to pneumonia that had no effective treatment at the time.

Dr Spellberg recounts the early triumphs of sulfa and penicillins:

*The four year-old-girl... was actually brought to the*

*Mayo Clinic in 1942...when she arrived at the hospital, she was "moribund"...She did not respond to surgical drainage of pus. Fortunately, (her doctor) had access to a small quantity of penicillin. He administered a tiny dose of penicillin into the girl's vein (20,000 units on day 1 and 30,000 units on day 2...) Despite the laughably low doses of penicillin, within thirty-six hours, the girl's fever began to dissipate, her pneumonia resolved, and her blood cultures cleared of bacteria... By the end of a two week course of penicillin therapy, this little girl... was completely cured and appeared totally normal.<sup>1</sup>*

Dr Spellberg then details 21<sup>st</sup> century children who have died of MRSA infection. These are detailed on the Infectious Diseases Society of America (IDSA) website as he notes "Everyone is at risk" from multidrug resistant bacteria. He then explores the reasons for the lack of antibiotic development in recent years.

*I remember as a med student when the first quinolones was being tested at OSU in clinical trials. There was a time when so many new cephalosporins were being introduced, it was hard to keep them all straight. The sample closet was full of new antibiotics. That era is long gone and now I am much more careful about what I prescribe and to whom. Very few antibiotics are currently being developed because of economic pressures disincentivizing pharmaceutical companies.*

Dr. Spellberg concludes:  
*"Unfortunately the pandemic of antibiotic resistance is not going to disappear just because society*

*currently lacks the political will to address it. So, we are going to have to make a choice (1) Give up on antibiotic development. The consequence of this choice could be a return to the preantibiotic era for many types of infection; (2) Invent a completely new mechanism to discover and develop new antibiotics. I'm certainly willing to listen if you have some ideas on how to do this; or (3) Objectively consider all the facts, remove all of the emotional baggage, and find palatable, financially responsible ways to provide incentives to stimulate pharmaceutical and biotechnology companies to discover and develop new antibiotics.<sup>2</sup>*

This book provides a compelling argument for careful antibiotic stewardship and for promoting legislative incentives for antibiotic research and development. Without effective antibiotics, consider the repercussions for surgery, especially abdominal procedures, chemotherapy, and transplant medicine. Some of the pillars of modern medical care depend upon our ability to defeat infections. I recommend this book, knowing that it predates the discovery of colistin-resistant E. coli. The facts, and dangers, remain the same.

References:

1. *Spellberg, Brad, MD: Rising Plague – The Global Threat From Deadly Bacteria and Our Dwindling Arsenal to Fight Them: New York, Prometheus Books 2009. P. 52-53.*
2. *Ibid: p. 158.*

## MCMSA

by Shirley Nicholson

On November 17, 2016, the Montgomery County Medical Society Alliance received the Frederick A. White Society Award from Wright State University. This award recognizes cumulative giving of \$500,000 for medical and nursing scholarships.

On February 16<sup>th</sup>, we had a luncheon meeting at the Presidential Banquet Center where Sara Rich presented a program about her mission trips to the small village of Sablino, Russia. We also had a brief talk by Bill Perry, director of "Clothes that Work. Betty Lacey has helped form a partnership between "Clothes that Work" and MCMSA to collect clothes for the program. Members brought clothes for the project on the day of the meeting.



Receiving the Frederick A. White Society Award from Wright State University Boonshoft School of Medicine Dean Margaret Dunn, MD, are Kanna Muthia, Sara Rich, Jeannie Kupper, Shirley Nicholson and Connie Kaminski

On March 10<sup>th</sup> we will meet at Soin Medical Center for a talk by dermatologist Dr. Shalini Bahl. She will present a program about the most recent techniques for non-invasive face lifts and give information about the latest in dermatology procedures.

In the spring we will have our F.A.M.E fashion Show at Soin Medical Center. Fashions will be by "Simply Hyacinth." Dr. Hyacinth Paul has been nominated to run for the Leukemia and Lymphoma Society Woman of the Year for 2017. You can find out more at <http://www.mwoy.org/pages/soh/dayton17/hpauldey>.

In May we will have our annual Installation of officers. The new Co-Presidents for next year will be Connie Kaminski and Beth Salama.



Hyacinth Dey has been nominated for "Woman of the Year" by the American Leukemia and Lymphoma Society



Betty Lacey, Sara Rich and Shirley Nicholson at Presidential Banquet Center



Beth Salama, Kanna Muthiah and Stephanie Clark help sort donations for "Clothes That Work"



**MEMORIAL RESOLUTION  
WALTER A. REILING, JR, M.D.**

WHEREAS, Walter Anthony Reiling, Jr., MD, FACS, passed away on October 25, 2016; and  
WHEREAS, Dr. Reiling practiced medicine for fifty plus years after attending Harvard University Medical School and completing his surgical training at the Harvard surgical service at Boston City Hospital; and during those five decades he provided exemplary care to his patients and served in many leadership positions in the Montgomery County Medical Society and the Ohio State Medical Association; and  
WHEREAS, Dr. Reiling was elected as a Delegate to the OSMA House of Delegates in 1978, elected President of the Montgomery County Medical Association in 1987, elected as a District Councilor to the OSMA in 1988 and elected President-elect of the OSMA in 1992, served as President in 1993, and served as the leader of the OSMA Educational Foundation and the OSMA Pension Committees. He also served as the first OSMA designated physician member of the Ohio Hospital Association's Board of Trustees; and  
WHEREAS, Dr. Reiling was a critical thought leader who helped the OSMA confront multiple issues of health care delivery reform, including serving as chair of the OSMA

Task Force on Health System Reform. His task force produced a breakthrough plan to increase physician involvement and patient responsibility in the delivery of alternative health care delivery systems; and  
WHEREAS, He was appointed by the Ohio governor as a member of the Ohio Board of Regents, the controlling authority of college and graduate education resources in Ohio. There he was a critical leader in the Board's investigation of trends in the health care provider workforce in Ohio; and  
WHEREAS, Dr. Reiling joined the OSMA Delegation to the AMA in 1987 and was elected delegate in 1993; he was ultimately elected chair of the OSMA Delegation, chaired the six state Great Lakes Coalition of the AMA HOD and he also served as a founding member of the OSMA and the AMA Hospital Medical Staff Sections serving on their boards and as Chair of both entities; and  
WHEREAS, He served as a member of the Wright State University Boonshoft School of Medicine faculty as a Clinical Professor of Surgery, served as a board member of the Wright State Foundation and Chairman of the Board of the Wright State College of Medicine, and was a founding Board member of the Physicians' Charitable Trust of Miami Valley; and  
WHEREAS, The OSMA presented Walter A. Reiling Jr. MD, FACS with the OSMA Distinguished Service Citation in April 2016, with the heartfelt thanks for his decades of leadership;  
THEREFORE BE IT RESOLVED That The Ohio State Medical Association and MCMSShared our sincere sense of loss with Dr. Reiling's family and friends.



**MEMORIAL RESOLUTION  
JOHN H. BOYLES, JR, MD**

WHEREAS, John H. Boyles, Jr, MD, passed away December 4, 2016; and  
WHEREAS, Dr. Boyles graduated with a Medical Degree from Northwestern University in 1960, and enjoyed his private medical practice specializing in Otolaryngology until his retirement in June 2016; and  
WHEREAS, Dr. Boyles proudly served in the US Air Force as a flight surgeon, 1962-64; and  
WHEREAS, Dr. Boyles lectured and taught across international borders, instructing all over the United States and in Europe and China, and was widely published over his 49-year professional career; and  
WHEREAS, Dr. Boyles joined the Ohio State Medical Association and Montgomery County Medical Society in 1967; and  
WHEREAS, Dr. Boyles served as a Delegate/Alternate Delegate to the OSMA House of Delegates from 1978-2014; and  
WHEREAS, Dr. Boyles served as President of the Montgomery County Medical Society in 1982; and  
WHEREAS, Dr. Boyles served as Past President of the Ohio State ENT Association, American Academy of Otolaryngic Allergy, Pan American Allergy Society, and American Academy of Environmental Medicine; and



**MEMORIAL RESOLUTION  
SYLVAN LEE WEINBERG, MD,**

WHEREAS, Dr. Boyles held academic appointments at the University of Cincinnati Medical Center Department of Maxillofacial Surgery, and Wright State University School of Medicine; and

WHEREAS, Dr. Boyles personally championed the goal of protecting and preserving the private practice of medicine in America and was a strong vocal opponent of the intrusive regulatory encroachment of government into the role of medicine; and

WHEREAS, It was the mission of Dr. Boyles to not only treat, but when possible, resolve the medical issues of his thousands of patients,

THEREFORE BE IT RESOLVED, That the OSMA House of Delegates and MCMS recognize the lifetime contributions that John H. Boyles, Jr, M.D., has made to the profession of medicine, his patients, and his community.

WHEREAS, Dr. Sylvan Lee Weinberg passed away on January 17, 2017, and

WHEREAS, Sylvan Lee Weinberg, MD, was a dedicated Dayton, Ohio physician whose medical career in cardiology spanned over 50 years, and

WHEREAS, Dr. Weinberg was a 1947 graduate of Northwestern University School of Medicine, completing his residency training and fellowship research in Internal Medicine and Cardiovascular Diseases at Michael Reese Hospital 1947-1951, and

WHEREAS, Dr. Weinberg joined the Ohio State Medical Association and Montgomery County Medical Society in 1953, and

WHEREAS, Dr. Weinberg served as an Alternate Delegate to OSMA 1958-1961; and a Delegate to OSMA 1962-1966; 1971-1976, and

WHEREAS, Dr. Weinberg served as a Trustee of the Ohio Society of Internal Medicine in 1959-1964, and

WHEREAS, Dr. Weinberg was Chief of Staff of Good Samaritan Hospital, Dayton, where he was also Chief of Cardiology for 33 years, and the Founding Director in 1966 of its Coronary Care Unit, the first of its kind in Ohio, and

WHEREAS, Dr. Weinberg was President of the Montgomery County Medical Society in 1980, and

WHEREAS, Dr. Weinberg served

as President of the American College of Cardiology in 1993, and

WHEREAS, Dr. Weinberg was the Founding Editor of *Dayton Medicine*, the journal of the Montgomery County Medical Society in 1981, and

WHEREAS, Dr. Weinberg has traveled the world taping lectures and interviews on timely topics in cardiac medicine for ACCEL, the monthly audio journal of the American College of Cardiology, and

WHEREAS, Dr. Weinberg was named Editor-in-Chief of the *American Heart Hospital Journal* in 2003, and

WHEREAS, Dr. Weinberg was renowned worldwide for his numerous published articles and professional publications, including his 1984 book of essays, "An Epitaph for Merlin, and Perhaps for Medicine, and

WHEREAS, Dr. Weinberg was honored in 2001 by the American Heart Association as the first recipient of the Richard A. DeWall, MD Award, and

WHEREAS, Dr. Weinberg was recognized March 9, 2010 by the Dayton Heart Institute and Good Samaritan Hospital with having the Sylvan Lee Weinberg MD Library named in his honor, and

WHEREAS, During his illustrious career, Dr. Weinberg long held a passion for cardiovascular medicine and valued the power of sharing the written word as a means of preserving and enhancing the knowledge of medicine.

THEREFORE BE IT RESOLVED That the OSMA House of Delegates and MCMS recognize the lifetime contributions that Sylvan Lee Weinberg, MD, has made to the profession of medicine, his patients, and his community.

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