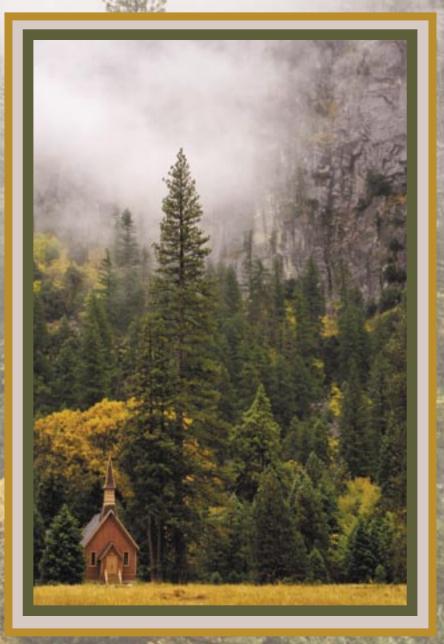


Volume XCVIII • Number 3 November 2008 • Indianapolis, Indiana

# Bulletin



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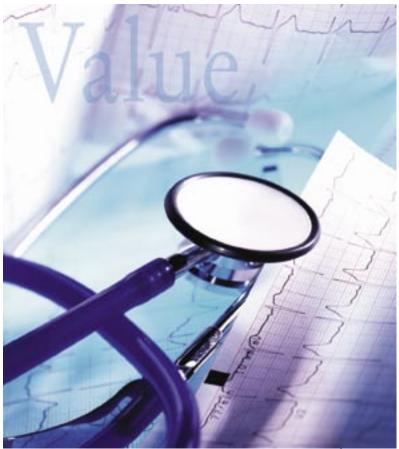
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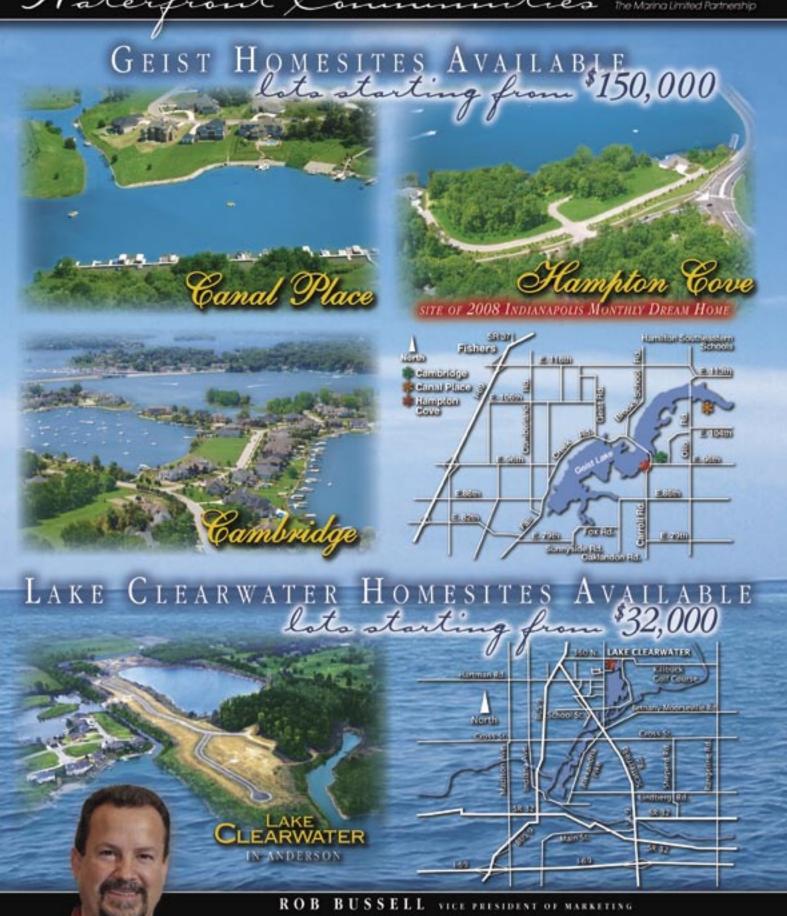
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Fax: (317) 262-5609

Web Page: http://www.imsonline.org

E-mail: ims@imsonline.org

Indianapolis Medical Society President John P. McGoff, MD

> President-Elect John C. Ellis, MD

Direct copy for publication and inquiries regarding advertising to:

Executive Vice President and Editor, *The IMS Bulletin*Beverly Hurt

Associate Editor, *The IMS Bulletin* Marcia K. Hadley

The Bulletin invites news from and about members of the Indianapolis Medical Society. Copy deadline: First of the month preceding month of publication.

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#### **ATTENTION SOCIETY MEMBERS**

We like to feature photographs or other artwork shared by IMS members on the cover of *The Bulletin*. Submit photographs, artwork, etc., to Beverly Hurt at the Society Office.

The Bulletin is your magazine. Share your views by submitting reprints of your published articles; articles written expressly for *The Bulletin*; quips; short stories; brief comments; ideas; cartoons, etc.

Remember the *Indianapolis Medical Society Foundation* when planning your will. (Contribution form included in this issue.) Unless otherwise specified, your contribution will be directed toward medical scholarships.

Bulletin Subscriptions: \$36.00 per year AMA Web Page: http://www.ama-assn.org IMS Web Page: http://www.imsonline.org

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#### about our cover



#### Chapel in the Valley

This award-winning photograph taken in Yosemite National Park by Wendy Kaveney (Dr. Michael F.) highlights our cover.
The "Chapel" won 1st Place, Architecture, 2007 IN-Focus Photograph Competition, Anderson, Indiana; was featured by Red Oak Publishers on a greeting card and will be in the 2009 Inner Reflections Calendar.



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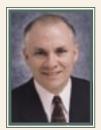
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## President's Page John P. McGoff, MD

"This country has come to feel the same when Congress is in session, as when the baby gets a hold of a hammer." –  $Will\ Rogers$ 

Well, the day is at hand. Certainly one of the most debated and watched elections in the last half-century. Everyone is energized and passionately making their views known. You can tell this is an important election, when more Americans are watching the debates, than the "American Idol" finals. What did your mother always tell you ..."Never talk about religion or politics with someone you don't know". Over the past few months, I have seen perfect strangers publicly advocating for their man, equally vociferously for Senators McCain or Obama

You will be receiving the *IMS Bulletin* a day or two before the election, so I hope you have the opportunity to look at this article before you pull the lever. I believe the presidential and governor's elections will have a major bearing on your medical practice during the next four years. It is imperative that everyone exercises their right to vote and take heed at the long-term consequences. Unfortunately, healthcare is no longer the issue most important to voters. In fact, it has dropped to fourth behind the economy, the Iraq war and gas prices.

Both of the presidential campaigns have issued only rudimentary descriptions of their health plans without the fine details. They have also attacked each other's ideas with some equally dubious math. McCain and Obama both support better pay for physicians, if they meet certain quality standards and coordinate care. They both advocate for widespread use of an electronic medical record (EMR) and more transparency. Studies have shown that while an EMR may help reduce errors and improve care, it is incredibly expensive. Obama has said that he will spend \$50 billion over the next five years to fund the project.

Expansion of coverage and reform are mantras from both campaigns. McCain's plan of tax incentives and allowing insurers the ability to offer their products across state lines will not necessarily decrease the number of uninsured as anticipated, though. Obama would expand coverage for more uninsured adults and expand coverage to all uninsured children by expanding eligibility for Medicaid and the SCHIP program. McCain wants to end the employee tax exclusion for health insurance, offer tax credits (\$2,500 per individual or \$5,00 per family) to help individuals buy insurance and increase competition and portability.

Both candidates discuss the crisis of 46-million uninsured Americans in their respective health plans. Obama's proposes a solution that would be much like the Massachusetts's plan. It would offer a defined minimum benefit and set affordability standards for participating private plans and in return, the government would subsidize coverage based on income. There would be one nationwide offering with benefits similar to those offered to federal employees. Sound expensive? It is. In addition, it would be paid for by requiring employers who do not make a sufficient contribution to their employees to pay into the national plan. Small businesses would be exempt from the payroll contributions and would receive tax credits up to 50% of their contribution.

As I have stated many times, it would be great to have all Americans covered with an insurance policy. Two questions must be asked. In light of the recent Wall Street bailout, is there enough money to fund these programs and are there enough physicians to treat the new enrollees? The Massachusetts model has been less than successful. It is \$630 million overbudget and 50% of the internists have closed their practices to new patients. Neither candidate's plan addresses the serious physician shortages over the coming decade.

Trying to look at their voting records is not helpful either, as they both have missed many votes while running for President. However, on the <u>reversal</u> of the Medicare 10.6% payment cut to physicians, Obama voted for it. McCain did not vote, but he did release a statement saying he would have voted nay, criticizing it for slashing Medicare Advantage programs to pay for the restoration of physician payments.

If donations to presidential candidates are any barometer of where support lies, after reviewing records from January 2007-June 2008, Indiana physicians and hospitals overwhelmingly favored Obama over McCain (62%-38%).

While it seems as though presidential politics have drowned out the gubernatorial race, it may have an equally important impact on physicians. Governor Daniels rolled out his Healthy Indiana Program (HIP) for uninsured Hoosier adults between the ages of 19-64. To be eligible, individuals must earn less than 200% of the federal poverty level. A single adult earning less than \$20,000 or families of four earning less than \$40,000 likely meet the basic financial requirements and Individuals must not have access to employer sponsored health insurance coverage. Individuals must also be uninsured for the previous six months.

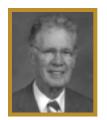
The Plan provides an HSA-like account valued at \$1,100 per adult to pay for medical costs. Contributions to the account are made by the State and each participant (based on ability to pay). No participant will pay more than 5% of their gross family income on the plan with a basic commercial benefits package once annual medical costs exceed \$1,100. He states that this will give participants a financial incentive to adopt healthy behaviors that keep them out of the doctor's office.

Challenger Jill Long Thomson proposes tax deductions for self-employed individuals and employees of small businesses. She will conduct an actuarial study to determine the feasibility of merging small-group markets in an effort to reduce premium costs to Hoosiers and make it more affordable for the uninsured to purchase health insurance. She will also establish a Hoosier Health Connector similar to the project in Massachusetts, which will serve as an information exchange allowing employers and employees to comparison shop for health insurance products based on a variety of criteria like coverage options, provider networks, premiums, and co-pays.

Her plan will also establish a health insurance purchasing pool, which will be administered by a quasi-government authority. This pooling will allow health insurance to more affordable and promote access for those less well off.

Interestingly, Ms. Long Thompson will also revive the dormant Loan Forgiveness Plan, to be administered by the State Department of Health, to medical and nursing students

Continued on page 38.



## **Letter to the Editor**

angtime Friend-and Neighbor-Gives Back

Victor J. Vollrath, MD

Dear Editor, Indianapolis Medical Society,

Since I have been retired several years, I do not have much to do, except to write notes to my relatives and friends. I no longer have a secretary, to whom I can dictate a letter. I have never become proficient at a typewriter or computer. Consequently, you will just have to tolerate my scribe. Writing notes is just

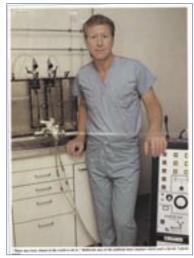
a good way for me to relax. However, I probably bore many people. [Not us - Ed]

I very seldom ever receive any publicity, primarily because I do not deserve it. Please believe me, when I say it is not for publicity that I am writing to you now. I have a story I would like to tell you. It probably will not interest you or anyone else. Nevertheless, it is very interesting to me, and it involves members of the Indianapolis Medical Society.

Recently, a secretary from Lutherwood, the Lutheran orphans' home, across the

street from Community East Hospital, called and asked if she could have brief interview, and a childhood picture. I granted her request. Most of the children in the orphans' home are small children. She hinted to me why she wanted to ask me a few questions. She was not sure, and I was not sure, as to what may transpire. It was a great surprise to me to receive, last

week, in the mail, a copy of the enclosed Lutherwood Orphans Home Newsletter. After reading this brochure, it reminded me that perhaps you would like to hear my story about the greatest surgeon, ever to come out of the State of Indiana.



When I first met Harold Halbrook, MD, he was a hard working intern, back in about 1965, at Methodist Hospital. Back in those days, interns and residents were paid very poorly.

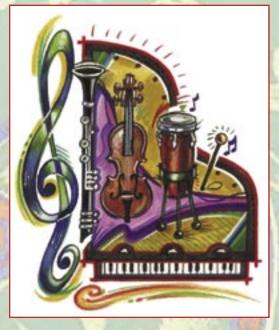
I was in family practice, and my office was on the corner of North Illinois and  $52^{nd}$  Streets. One day, when Dr. Halbrook was helping me with one of my hospital patients, he asked if he could help me on Saturdays, his day off. I agreed to the proposition. After helping me a few Saturdays, I just turned my practice over to

him for the weekend. He was a very intelligent and ambitious young doctor.

Harold was the very best young doctor I had ever met. I knew that someday, he would be a great physician. All during his internship and residency, he covered my office practice on Saturdays. I had an efficient graduate nurse working in my office, and she was an excellent assistant to Harold.

Since I was in family practice and, it was in 1965, I was not able to pay him what I would have liked to pay him. However, he was happy to receive his check each Saturday. I loved Harold so much, that I kept just a few of the checks I had given him as a pleasant memory of a very compatible association.

Continued on page 36.



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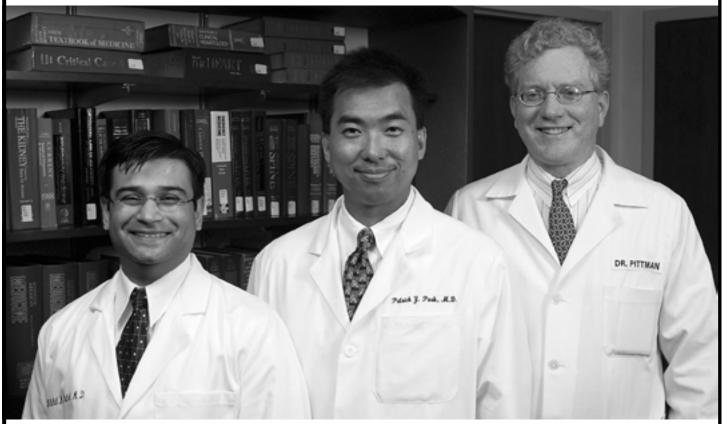
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#### Case #12

Patient: Female, age 69

**Presentation:** Recent stool and gas via vagina. No pain, fever. Distant history of total hysterectomy. No history of pelvic radiation/malignancy.

Test: CT scan abd/pelvis: Sigmoid diverticulosis

BE: colovaginal fistula and diverticulosis. No cancer

**Treatment:** Laparoscopic assisted low anterior resection and colovaginal fistula repair.

Pathology: Sigmoid diverticulitis.

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# **Bulletin Board**

**Douglass S. Hale, MD,** Urogynecology Associates, wrote a chapter, "Surgery and Clinical Imaging for Pelvic Organ Prolapse," included in the recently published 2nd revised edition of *Imagining Pelvic Floor Disorders*, by Springer.

Mark M. Hamilton, MD, served as moderator of a panel on practice management as well as presenting a paper, "Practice Demographics of the Young Facial Plastic Surgeon" at the annual meeting of the American Academy of Facial Plastic Surgery in Chicago, Illinois in September. In October, Dr. Hamilton presented "Update on Injectable Fillers in the US," and "Fractional Resurfacing: Passing Fad or Here to Stay?" at conferences in Shandong Province, China.

**David M. Ratzman, MD,** Anesthesia Pain Consultants of Indiana, has been elected President-Elect of the Indiana Society of Anesthesiologists. He currently serves on the Executive Committee of the Indiana Society of Anesthesiologists Board of Directors.

Cynthia K. McGarvey, MD, has joined Josephson-Wallack-Munshower Neurology for the practice of neurology, with special interests in neuromuscular disease, EMG, spasticity/dystonia, neurotoxicology and clinical neurophysiology. She completed her neurology residency, a Master's in toxicology and a fellowship in neurophysiology at Indiana University School of Medicine.

**Howard Eigen, MD,** the Billie Lou Wood Professor of Pediatrics at the IU School of Medicine and director of pediatric pulmonology and critical care at Riley Hospital, reported on a comprehensive review of clinical practice and peer reviewed studies on asthma and wheezing in the October 2008 issue of *Clinical Pediatrics*.

Rick C. Sasso, MD, Indiana Spine Group, was the co-author of an article on Lumbar Decompression and Fusion Procedures in the August issue of the peer-reviewed journal, Journal of *Spinal Disorders and Techniques*. Dr. Sasso also had the article "motion Analysis of Bryan Cervical Disc Arthroplasty versus Anterior Discectomy and Fusion: Results from a Prospective Randomized Multi-Center Clinical Trial" in the September issue of the same publication.

Bridget M. Sanders, MD, and Dipen C. Maun, MD, surgeons at the Kendrick Regional Center for Colon and Rectal Care at St. Francis Hospital-Mooresville offer a novel, less-risky procedure to surgically remove early cancers. The surgery transanal endoscopic miscrosurgy (TEM) requires specialized training and advanced equipment. They are only two of six surgeons in Central Indiana performing this procedure.

Vascular surgeons, Randy J. Irwin, MD, and Richard W. Chitwood, MD, VeinSolutions/CorVasc MD's, are performing varicose vein surgery using the new ClosureFAST device as a safe and fast alternation to vein stripping. ClosureFAST uses RF energy to seal off the diseased vein making it unnecessary to strip the vein.

St. Francis Enrolling Patients...

Maureen A. "Penny" Cooper, MD, hematologist/oncologist with St. Francis Medical Group is accepting patients into the



Richard W. Chitwood, MD



Howard Eigen, MD



Douglass S. Hale, MD



Mark M. Hamilton, MD



Randy J. Irwin, MD



Dipen C. Maun, MD



Cynthia K. McGarvey, MD



David M. Ratzman, MD



Bridget M. Sanders, MD



Rick C. Sasso, MD

study of a new vaccine, designed to stimulate the body to fight leukemia for older patients having acute myelogenous leukemia (AML).

Enrolling in OrthoIndy Studies...

Ronald S. Miller, MD, and David I. Steinberg, MD, are enrolling patients in the study, "Transcutaneous Electrical Nerve Stimulator Outcomes Assessment Registry."

Drs. David A. Fisher, Edward J. Hellman and Sanford S. Kunkel are enrolling patients in "Post-operative Knee Rehabilitation: Comparing the Conventional Approach to the Use of a Music Rehab Video."

Drs. Joseph R. Baele, David S. Brokaw, David M. Kaehr and Timothy G. Weber are enrolling patients in the following studies: "The Incidence of Associated Injuries with High Energy Lisfranc Injuries;" "Musculoskeletal Injuries Associated with Moped and Motorized Scooter Accidents;" "Ankle Syndesmosis Fixation: Conventional Screw Fixation vs. Suture Button;" "Outcomes of Different Surgical Treatment Modalities in Supracondylar Femur Fractures;" "An Analysis of Activity After Tibia Fracture" and "Trial to Evaluate UltraSound in the Treatment of Tibial Fractures (TRUST)—Exogen;" "Outcomes of Operatively Treated Combined Unstable Pelvic Ring and Acetabular Fractures" and "RIA (Synthes) Muscle Testing."

Dr. Brokaw is enrolling patients, "A Phase 2/3, Multicenter, Double-Bind, Randomized, Controlled Study of Recombinant Human Bone Morphogenetic Protein-2 (rhBMP-2)/Calcium Phosphate Matrix (CPM) in Closed Diaphyseal Tibial Fractures," and "New VAC and Wound Dressing" and "The Incidence of Wound Complications Following ORIF of Calcaneal Fractures."

Please submit information for the Bulletin Board by the first of the month preceding publication. Information is published on a space available basis.



# Information or Scary Facts?

Theresa Rohr-Kirchgraber, MD

"Mom, what is this?" asked my 11-year-old son about a new rash. As a mother of three, I am sometimes asked my opinion and advice. Ok, as my two older kids have become teenagers, questions become less about wisdom and sage advice, and more like "Why do you wear your hair like that?" "Why haven't you gotten rid of that horrible outfit?" or my favorite, "Why do you have to call the parents about the party?"

So when my 11-year-old son, asks for advice, I jump to the challenge. As a physician and a mother, I look carefully at the rash; ask a few probing questions and start spouting wisdom from my years of experience, about the various possibilities, and ending with, "and it may be shingles."

This leads to more questions from him, not only about shingles, it's treatment, whether it is contagious and how he got it, but about other diagnosis I've brought up.

Feeling somewhat encouraged by his interest, I go into details, which lead me into many different areas of medicine and disease. My husband, also a physician, chimes in with more facts. Not an unusual discussion at our house. Since both of us are physicians, our three kids have had to listen to discussions of patients with various complaints, diseases, autopsy results, ruptured abscesses, and sexually transmitted diseases, especially at the dinner table.

Every now and again, they'll claim the subject as "gross" and change the topic. Usually we interpret the comments and questions as an interest in medicine. Perhaps with some secret desire that they will follow in our footsteps.

Well, my youngest shattered that dream. After discussing his rash and all the possibilities that it could be, he was going off to bed when he casually commented, "You guys freak me out!" "What?" I said, "What do you mean?" "Well," said James, "with all the crazy diseases you're always talking about, I keep thinking I am going to get them!"

Poor kid. Here I am thinking his questions were an interest in the workings of the human body, and looking forward to the day when we would have discussions about patients, treatments, conquering disease, when actually he was frantically trying to figure out which one horrible thing he had and scaring himself in the process.

Are we fostering an interest in medicine and the pursuit of knowledge, or scaring the kid? Luckily, for him, in a couple of years he will be a bonafide teenager. He will then join his two older siblings in the knowledge that we, his parents, physicians or not, are "old fashioned," not aware what the real world is like, and even with "All those initials after your name, you don't know anything Mom!" At that time, he'll probably forget all the medical knowledge we took the time to impart to him and stop listening to us anyway, so we have nothing about which to worry.

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My wife wears a dog tag. She isn't in the military. It isn't a fashion statement. It is a reminder during this election season, worn by someone who is unashamedly teary-eyed in the voting booth

The military-style dog tag bears the inscription, "Olive Booth-1870 Census." It is known as a KatTag and is the creation of Ali Gallagher, a former emergency nurse practitioner who is now an Austin attorney and artist. Gallagher identified women from the 1870 U.S. Census who never had the right to vote. She put their names on dog tags to remind herself and others that when she votes, she is voting not only for herself but for others who did not have that privilege. Gallagher developed a similar line from the 1790 census that commemorates abolition.

As the media relentlessly reminds us, this election is an historic one with representatives from previously disenfranchised groups – African Americans and women – occupying two of the four spots on the presidential tickets. But it is also a reminder of the struggles of others – from the founding of our nation through the voting rights legislation of the '60's – that have guaranteed us all the right to vote.

We are all busy, and our physician members are busy. We can be distracted by the complexities of competing policies and aggressive campaign tactics. However, history has many examples of the power of a single vote. We must vote and encourage our members to vote - and to participate in the process.

To encourage physician participation in the election process, ACEP recently conducted a training program entitled, Town Hall on Town Halls. This session acknowledged the prevalence and impact of the town hall venue on elections at the local, state and national level. In this session, an expert who has staged town hall meetings throughout the country trained nearly 400 emergency physicians on the basic town hall formats, how to navigate those formats and, in an interactive segment, assisted them in crafting succinct, focused but powerful messages on healthcare issues. The skills – and confidence –provided by this session have resulted in high-impact messages at town hall meetings throughout the country.

Vote. Participate in the process. Encourage others to do the same.

And remember, when you are in that voting booth on November 4, if you imagine that Olive Booth is standing proudly at your side, it is okay to get a little teary-eyed.

Cal Chaney, JD, CAE, AAMSE President General Counsel/Associate Executive Director, Policy American College of Emergency Physicians

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1111 KESSLER BLVD W. DR. • \$624,900 Stately brick Colonial in a 1.6-acre, park-like setting w/mature trees, lush landscaping & complete privacy! Loads of character & charm w/many updates, hdwds & glass French doors thruout, awesome fam rm, new mstr bath & more! (2842137)



4535 MCCURDY ROAD • \$1,495,000
Stunning waterfront home in private, lushly landscaped setting on Eagle Creek w/spectacular views from almost every room! Extensive moldings, elegant archways, gleaming hdwds, dramatic great rm, turret-style sunroom, fabulous w/o lwr lvl. (2835499)



10572 CHATHAM COURT • \$939,900 Impressive home in a breathtaking, lush setting on nearly an acre featuring \$400,000 renovation & \$80,000 kit remodel by Kitchens by Design! Exquisite hearth room, luxurious mstr retreat, dynamite w/o lwr lvl. (2823328)



Stunning, newly constructed home in exclusive, gated Bridgewater! Expansive moldings, elegant archways, gourmet kit leading to covered veranda, main lyl master, dynamite w/o lwr lyl. (2856481)



**5885 STAFFORD WAY • \$1,229,900** Impressive Manor home of tremendous windows & vistas on verdant landscaped grounds w/unbelievable grand travertine terrace, arbors & water features! Grand entry w/winding staircase & balcony, palatial mstr retreat, upstairs rec & bonus rms. (2841837)



8230 DEAN ROAD • \$949,900
Vacation paradise on Lake Clearwater w/new Trek deck, private courtyard w/pergola, boat dock & spectacular views! Renovated kit, new stacked stone fplc, remodeled bathrooms, new custom theatre & bar, too many updates to list! (2842407)



1106 LAURELWOOD • \$1,799,900

Magnificent estate home in a lush, 1.34-ac setting in gated Laurelwood! Grand 2-story entry, generous room sizes, custom ceilings, elaborate moldings, numerous blt-ins, entertainer's kit, mega closets & storage! (2845106)



Magnificent home w/tiered brick paver patio overlooking the golf course at the Hawthorns. State-of-the-art kitchen w/all the bells & whistles, handsome study, elegant mstr retreat, outstanding lwr lvl w/media center, ex rm, bonus rm & more! (2845111)



10666 WINTERWOOD DRIVE • \$1,044,900 Magnificent Winterwood estate nestled on a lush 1.5-ac setting w/pool, spa & greenhouse! Bright & open flr plan w/generous rm sizes, dynamite sunroom overlooking private oasis, remodeled kit, fin lwr lvl & more! (2821807)



## Senior/Inactives William H. Dick, MD

Due to an illness, Dr. Dick was unable to report on the Senior/Inactives' September Meeting.

## Hoosier Pioneer: Elwood Haynes

Unless you hail from Kokomo, Indiana, you probably have not heard of Elwood Haynes. Yet he was one of the industrial giants of the early 20th century. His accomplishments are: first person to drive a car - 4, July 1894, producer of the Haynes automobile, inventor of stainless steel and inventor of stellite a pre-space age alloy produced from cobalt and chromium.

Though he later settled in Kokomo, he was born in Portland, located in east-central Indiana. He was the fifth of eight children born to Jacob and Hilinda Haynes. Jacob practiced law and became a circuit judge.

Nearly all of the children completed their college degrees.

Elwood became interested in metal alloys from an early age, when he read about them in his sister's college textbook at age 12. By age 15, he was experimenting with alloys. From 1878 to 1881, he attended Worchester County Free Institute of Industrial Science (now Worchester Polytechnic Institute) in Worchester, Massachusetts, His graduate thesis, "The Effect of Tungsten on Iron and Steel" is said to have come about as a result of his desire to find a material which would prevent razors from rust and tarnish.

Upon his return to Indiana he taught at Portland High School; in the following year he served as principal. He left that post to do graduate work in chemistry and biology at Johns Hopkins in Baltimore, Maryland. His studies were cut short by his mother's death in 1885 and he returned to Indiana to teach. In 1886, natural gas was discovered near Portland. He and a group of investors founded the Portland Natural Gas & Oil Co., of which he later became superintendent. One device that he made was similar to an early home thermostat.

In 1887, after a ten-year courtship, he married Bertha Lanterman, when her family returned to Indiana. Much of that time (about 12 years) she lived in Alabama with her family. A daughter, Bernice, was born in 1892 and a son, March arrived in 1896. In 1890, he joined the Columbus Construction Company, which helped to build an innovative gas pipeline across the state and on to Chicago. At that time the Haynes' moved to Kokomo.

His experimentation on a horseless carriage began in 1891 with his work on an internal combustion engine. He hired Elmer and Edgar Apperson, two brothers who were mechanics and owners of the Riverside Machine Shop in Kokomo, to build an automobile based on his drawings. In the same year, Karl Benz of Germany offered the first autos for sale in Europe. In 1893, Charles and Frank Duryea claimed to have made the first automobile run in Springfield, Massachusetts. Haynes would later dispute their assertion. Haynes made his vehicle expressly designed as an auto; the Duryea's had placed an



engine on an existing carriage. In their automobile ads, both later claimed to be the first person to drive a car.

In February 1897, the Duryea's produced the first auto for sale in the USA; by 1900, there were over 30 automobile companies. Haynes's car was named the "Pioneer." It later had pneumatic tires and reached speeds of 12-14 miles per hour. The first test run was on Pumpkinvine Pike outside Kokomo on 4 July 1894. It traveled a distance of six miles at a speed of six to seven miles per hour. This auto was later donated to the Smithsonian Institution in 1910. Debate still continues as to who

built the first auto in the United States. Elwood Havnes was certainly one of the first.

Later improvements included a successful carburetor, the first muffler and the first use of aluminum in automobile engines. The team of Haynes and the Apperson brothers produced cars under the name of Haynes-Apperson Automobile Company from 1889-1902, when they split up the company. Haynes went on to concentrate on the luxury car market and the Appersons on less expensive cars. Sales of the Haynes Automobile Company peaked in 1916. As we now know, the luxury car market would have only a few survivors, after the rise of Henry Ford and General Motors.

Haynes is not well known for his automobile though a few are on display at the Haynes Museum in Kokomo. His fame and fortune would be in his first love - metals. During the time that his auto sales were doing well, he was experimenting on alloys in his lab. He invented stainless steel and a cobalt-chromium alloy, which he named "stellite." These alloys were lightweight, durable and strong. Patented in 1912, "stellite" led to the development of other super-strong, corrosion-resistant alloys which became important in the manufacture of spacecraft. Some of his tungsten and cobalt-chromium alloys were later used in the production of dental and surgical instruments.

His invention quickly grossed several million dollars. His fortune later ebbed due to lawsuits over patents for "stellite" and the sudden failure of the Haynes Automobile Company in 1924. In 1916 he ran for the U.S. Senate on the Prohibition ticket but was not successful. The Stellite Corporation was sold to Union Carbide in 1920. Later it was split off, and after a series of owners, it is now known as Haynes International, headquartered in Kokomo. Haynes' work with tungsten and cobalt-chromium alloys, more than his work with the automobile, will be his lasting contribution to American industry. Havnes died of heart failure on 13, April 1925 at the age of 67.

Photograph from the collection of the Haynes Museum. Printed with permission of the Haynes Museum, 1915 S. Webster St. Kokomo, Indiana 46902, 765-456-7500



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James Thomas McElroy, MD 1937 - 2008

James Thomas McElroy, MD, Internist, age 70, Indianapolis, Indiana passed away Saturday, September 20 after a courageous battle with MS.

Dr. McElroy was born in Indianapolis, Indiana on November 21, 1937. He graduated from New Castle (Indiana) High School in 1955 and Wabash College, Crawfordsville, Indiana in 1960. Dr. McElroy earned his medical degree in 1964 from Indiana University School of Medicine. He served his internship and residency at the Indiana University Medical Center.

He had battled MS for 45 years. In 2006, Dr. McElroy and his wife Carol were presented the Perseverance Award from College Park Church for their example of faith and courage in the face of the disease. Dr. and Mrs. McElroy, an RN, made a unique and inspiring team, as she became his hands and feet while he served people with his insight and medical expertise. After being diagnosed with MS in 1963, Dr. McElroy went on to practice internal medicine and family counseling for over 30 years while confined to a wheelchair. Over the course of his career, he maintained a private practice, worked for St. Vincent Hospital for 25 years and served as the Medical Director for Northwest Manor nursing home. He also volunteered at local free clinics Raphael and Good Samaritan.

Dr. McElroy was honored with the 1999 Courage Award at the National Multiple Sclerosis Society, Indiana State Chapter's ninth annual Dinner of Champions. The Courage

IMS Artsy -Craftsy Calling All IMS Artists - Fine, Crafty and Cleaver The IMS wants to host an exhibition and auction of the creative artwork of IMS and Alliance members. Are you are photographer, painter, weaver, quilter or just gifted in the arts? Please call the IMS at 639-3406, email ims@imsonline.org or fax your information to 262-5609. The First Ever & Annual IMS Artsy - Craftsy will be in 2009!.

Award is given annually to an individual whose courage and determination in living with multiple sclerosis has been an inspiration to others.

In 1998, Dr. McElroy was appointed to the board of directors for the Indiana Medical Directors Association.

He was a member of the American Medical Association.



Vernon A. Vix, MD 1927 - 2008

Vernon A. Vix, MD, Radiologist, age 80, died in Nashville, Tennessee. Dr. Vix was born in Sawyer, North Dakota on October 10, 1927. He received

his pre-medical education from the University of Minnesota in 1945 and earned his medical degree from the University of Pennsylvania School of Medicine in 1949.

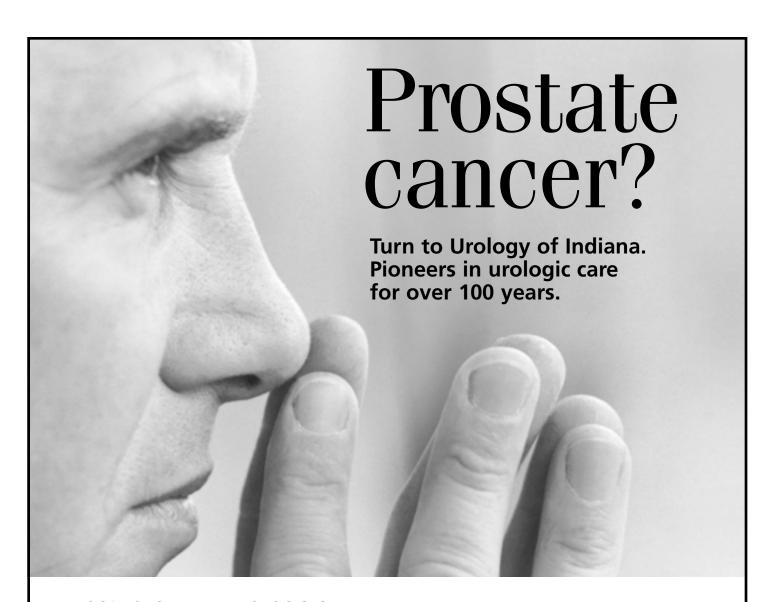
Dr. Vix interned at Ancker Hospital in St. Paul, Minnesota from 1949-1950. He was a Fellow in Internal Medicine at Tulane University from 1950-1951. A resident in internal medicine at the VA Hospital in Minneapolis 1951-1952 and 1954-1955, he served his residency in radiology at the University of Minnesota, Minneapolis in 1962-1965.

A veteran, Dr. Vix was a Captain in the Air Force serving as a medical officer in Anchorage, Alaska during the Korean War.

Dr. Vix had a long and distinguished career in medicine. He practiced in Minnesota from 1955-1966. He became a member of the faculty at Vanderbilt University School of Medicine and practiced there from 1966 until 1974. From 1974 until his retirement in 1994, Dr. Vix was a professor of Radiology and Medicine at Indiana University School of Medicine.

Dr. Vix transferred his membership from the Davidson County Medical Society, Nashville, Tennessee to the IMS in 1975. He was honored in 1998 by the IMS on becoming a member of the Fifty-Year Club.





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John P. McGoff, MD

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Are you originally from Indianapolis?

I was born and raised in Indianapolis and grew up a few blocks from Broad Ripple Park. Many of you may remember the pool, which was the largest in the United States for many years and always stayed chilly until mid-July.



Tell us about your family.

My father's parents came over from Ireland and my mother's folks came from Germany, both settling in Cleveland. My father was transferred to Indianapolis in the early 1950's with Bryant Heating & Cooling. We were founding members of St. Pius X parish. I have five brothers and sisters, one of whom sadly died of a GBM two years ago. I met my wife Karen, while in residency training at Thomas Jefferson University in Philadelphia. We have a twelve-year old daughter who is a 7th Grader at St. Pius, the same grade school I attended.

Tell us about your leisure interests.

Emergency medicine requires one to work a lot of weekend and holidays, but it also gives you time off during the week. I enjoy traveling, reading, going to the gym and of course, the proverbial few rounds of "bad" golf.

How did you decide to go into medicine?

My father had been a Navy Corpsmen in WW II, but like many physicians I know, there were no doctors in Continued on page 26.

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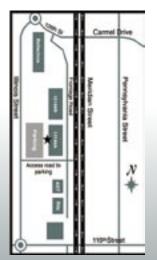
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#### **Project Health/Project Diabetes**

Carrie Jackson Logsdon, Director

## Thank you, Larry T. Micon, MD



Larry T. Micon, MD, is Project Health's physician volunteer of the month for November. His older brother, sister and he grew up in Munster, Indiana. Dr. Micon says he was always a good student and interested in science. He credits his older brother with inspiring him to go into medicine. His brother was a family practice physician in Greenwood. His sister is a

journalist in Springfield, Illinois – covering the legislature.

Dr. Micon went to Indiana University as an undergraduate and completed medical school at I.U. He said he was headed for family practice and wanted to partner with his brother in Greenwood, until he did his first clinical rotation in trauma surgery with Dr. Ted Grayson. He switched directions and did his internship and residency in surgery at Methodist Hospital. "I liked all the activity and excitement with trauma and critical care," says Dr. Micon. So, Dr. Grayson urged him to do a fellowship in Trauma and Surgical Intensive Care at the University of Minnesota/St. Paul Ramsey Medical Center and then return to Indianapolis. He took that advice. Now, he's with Tower Surgical and is the Co-Chairman of Clarian-Methodist Hospital. By default and being on call, he's seen several Project Health patients in the emergency room that required surgery and hospital admission. As most of you know, Project Health patients don't visit any emergency room unless it is a *true* emergency.

Dr. Micon's first Project Health patient was a young man who was newly married and had a new job – but his insurance wouldn't take effect for several months. It is fortunate he had been enrolled in Project Health, because he and his wife were moving things around and he suddenly doubled over in pain. A fast trip to the hospital was necessary, where Dr. Micon discovered a gangrenous appendix that was about to burst. They removed it. The young man recovered, and is back at work, with insurance, and a baby on the way. Dr. Micon said that usually once appendicitis develops, a person has only 12-24 hours to have it removed before it bursts, which can be a life-threatening condition.

Dr. Micon has two adult children; a 23-year old son who attended Tufts University and is working for a small health care consulting and business planning company out of Boston. His 21-year old daughter is a junior at Washington University in St. Louis, majoring in business.

Trauma and critical care are intensive enough, so he has a couple of outside interests. His first "hobby" is playing golf ... "a lot of golf"... at Crooked Stick. His second passion is watching sports, and he admits to being a sports nut. Having grown up near Chicago, his favorite teams are the Bears and White Sox. It's too bad that the Cubs and White Sox are out of the running, but the fact that they got so far this year proves there's always hope next year — which is what he gives to Project Health patients. He gives them their healthy lives back.

Thank you Dr. Micon, and all our Project Health volunteers, for being there when patients most need you.







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## The Prescription for Getting Paid Faster

Recently I stopped by the bank and made a deposit. When I arrived home later that evening, I logged onto my online banking site and paid bills. What could be easier? Technology once again was there to make my life easier. The only problem is that it was after 2:00 P.M. when I made my deposit and the bank's computer system failed to recognize the deposit, but did not fail to pay the bills—resulting in several NSF (non-sufficient funds) charges. After multiple e-mails and phone calls, the problem was handled, but once again I learned that money goes out faster than it comes in.

This is painfully true in healthcare organizations, regardless of your organization's size. Few business processes affect your organization more than the speed with which claims are processed and receivables are collected. From charge documents and EOBs to checks and correspondence, paper documents impede efficiency. The total administrative cost of processing a medical claim can be as high as \$10 per claim, yet an average of 30% of all medical claims sent to the insurance company never get paid. On top of that, it is not uncommon for an insurance company to take up to three months to process paper claims.

But there is a prescription for this dilemma: technology that maximizes claim collections. With a document management system that includes integrated workflow technology, billing managers can dramatically improve collection times and amounts. This type of technology delivers simpler and faster coding and billing, improved client service and reduced overhead expenses—which ultimately results in appreciable dollar savings and a substantial return on investment (ROI).

In-depth studies of billing departments and billing organizations have identified several key areas where a document management system can deliver a substantial ROI: claim processing efficiencies, workflow automation efficiencies, EOB management, administrative efficiencies and space efficiencies. Using a traditional cost-benefit analysis and variable cost factors common to all billing organizations, the chart BELOW summarizes savings by organization size:

There are a number of reasons to consider implementing a document management solution, including competitive advantage, increased customer satisfaction, improved collection cycles and dramatic cost reduction. Shorter collection times, greater efficiency and increased business value are in your reach—and the right technology is the key.

The fact is that digital document management software designed for business practices, not just patient records can dramatically increase efficiency and shorten collection times. You can spend time looking into this solution OR you could spend time waiting to get paid. It's your choice.

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Excerpts taken from the Laserfiche white paper "ROI for Medical Billing," available at http://www.laserfiche.com/ medicalbilling.

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Staff Savings	\$30,140	\$90,419	\$301,395
Space Savings	\$55,181	\$151,144	\$465,413
Workflow Automation Savings	\$32,452	\$97,356	\$324,519
EOB Management Savings	\$30,829	\$92,488	\$308,293
Total Savings	\$155,757	\$458,722	\$1,519,920

# Indiana Professional PLA Kristen Kelley, Director

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#### 2009 Board Meeting Dates

January 22 February 26 March 26 April 23 May 28 June 25 July 23 August 27 September 24 October 22 December 3

\* - All meetings are scheduled in the Indiana Government Center South Building, 402 West Washington Street, Room W064, Indianapolis, Indiana.

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## Leadership Profile (Continued from page 20)

my family. Early on, I excelled at science, which often steers one towards a career in healthcare. I volunteered in the old Wishard ER during my junior year of high school and knew I had found my calling. I was in such a hurry to become a physician, that I took summer classes so I could finish college in 3 years.

#### Who have been your mentors?

There have been a few mentors during my career. During high school at North Central, I had an anatomy and physiology teacher, Dr. Charles Russell, who was able to make learning the drudgery of family, class, genus, phyla, exciting. In medical school, I had the great fortune of studying general medicine with Dr. Walter Daly, truly one of the brightest and most compassionate individuals I've known. At Thomas Jefferson University, my residency director, Dr. Joseph Zeccardi was an inspiring instructor and helped solidify my commitment to a career in emergency medicine.

What gives you the most pride in your life?

My greatest pride comes from my family. My parents are still healthy and active in their 80's and I am surrounded by a slew of relatives. I am especially blessed with a supportive wife and strong-willed, preteen daughter.

Why is advocacy for general medicine important?

Physicians are very giving of their time and talent. Often times it is not recognized by others, especially the important role that we play in society. The future of the healthcare system in America will change drastically over the next few years for a variety of reasons. It is imperative that we have does at the table advocating first, and foremost, for our patients, as well as our ability to continue to practice quality medicine with limited government intrusion.

What got you started in organized medicine?

My residency director was very involved in organized medicine in Pennsylvania and instilled in us the importance of your specialty society, but more importantly our county and state medical societies. In fact, one of my residency colleagues is now the President of the Pennsylvania Medical Society. Starting early in one's medical career is the key to keeping committed members.

Why is the IMS important to you?

I started out working through my specialty society. I was very active with the Indiana Chapter of the American College of Emergency Physicians, including a Continued on page 32.



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# IMS Sound Bites

IMS Sound Bites ... This is a series of timely, informative meetings ... with food ... designed to provide IMS Members and their support staff with up-to-date information for use in their practice and professional lives. (non-Members may attend)
 Watch your email for IMS Sound Bites information or complete the handy form below.
 IMS Sound Bites' next presentation is November 19, 2008, 7:30 a.m.,
 IMS Headquarters Conference Center. David Cassis, cassis design, presents,
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# Women in Medicine/wine-Tasting

Bridget M. Sanders, MD, Chair, IMS Women in Medicine Photography by Beverly Hurt, EVP

The IMS Women in Medicine had a great evening of wine education and tasting on September 30, 2008 at the extraordinary



northeast side home of hostess Dr. Kimberly Short. Surrounded by beautiful music, art work and women (if I do say so myself), Dr. Charles R. Thomas, past president of the IMS and Vintner extraordinaire, taught the Lady Docs of Indy

to see, swirl, sniff, sip and savor some of his excellent vintage of vino from Chateau Thomas Winery. A great time was has by all Lady Docs. The wine, food, and most of all, the company was excellent!

The Lady Docs of Indy in attendence were Samia Burton, MD; Chrissa Collings, MD; Carolyn Cunningham, MD; Jennifer Davel, MD; Heidi M. Dunniway, MD; Irmina Gradus-Pzlo, MD; Paula A. Hall, MD; Theresa Rohr-Kirchgraber, MD; Pat



Kotylo, MD; Kathy Krol, MD; Colleen Madden, MD; Jill Mazurek, MD; Mary Ian McAteer, MD; Jacqueline O'Donnell, MD; Nicole Perry, MD; Bridget Sanders, MD; Laura Schmidt, MD; Kimberly Short, MD; Anne J. Stump, MD; Elisabeth von der Lohe, MD; Cathy D. Carr, MD and Beverly Hurt, EVP.

Special thanks to Dr. Short for her hospitality and elegant appetizers and our own wonderful, Mrs. Beverly Hurt for everything!

Our next adventure in food and drink, Grillmaster's Garden, 345 South Main St., Zionsville, Thursday, November 13, 6:30 pm. Contact Beverly Hurt with questions or reservations, 639-3406, ims@imsonline.org











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#### Meet Our New Doctors

In an effort to continue offering the best service to our patients, Women's Health Alliance is pleased to announce the addition of five new physicians to our practice. Women's Health Alliance is dedicated to the highest level of service and care for our patients, and we know this new addition will only assist in strengthening that standard for years to come.



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Catherine Hilliker, M.D.



Judith L. Kennedy, M.D.



Kristine A. Knapp, M.D. Elizabeth A. Wolf, M.D.



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#### Indiana Spine Group Welcomes New Spine Surgeon



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Indiana Spine Group is excited to announce the addition of a new orthopaedic spine surgeon to their team, Paul E. Kraemer, M.D.

Dr. Kraemer completed his fellowship in orthopaedic spine surgery, and received advanced clinical experience at Harborview Medical Center / The University of Washington in Seattle. He received his medical degree from the University of Iowa College of Medicine and completed his orthopaedic residency at the University of Wisconsin. Dr. Kraemer specializes in all aspects of spine surgery, including cervical, thoracic and lumbar. His medical interests include adult spinal deformity and orthopaedic spinal trauma.

Dr. Kraemer sees patients at our office located at 8040 Clearvista Parkway, Suite 440.

For more information or to schedule a patient consultation, please call (317) 228-7000.

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#### Leadership Profile (Continued from page 26)

stint as President in the '90's. However, for many years, I have attended the ISMA Convention as a delegate and served on many of their committees. The IMS is the grass roots organization for physicians in Indianapolis and represents our voice to the larger groups within organized medicine.

What are the challenges in getting physicians involved? It is a problem not unique to organized medicine. Service groups like Kiwanis, Optimists, and Rotary, as well as, many church organizations are struggling to get new volunteers. Most physicians are working harder and making less than they did a few years ago. Many docs are trying to spend more time at home with their families going to ball games, recitals, etc. The days of Dr. Welby, the proverbial family doc, who worked 24/7, is rare these days. It's just a matter of showing physicians that working with organized medicine in some capacity will benefit all physicians for decades to come.

What are your goals for the IMS?

As I have said previously, the next few years will be difficult for physicians. It is imperative that we are well organized and ready to respond to the challenges. As such, my goals are to encourage the IMS to become a

truly digital society, where we can send an e-mail to all 2,100 members to respond quickly to certain advocacy measures. I believe that Project Health is one of the best things the IMS supports and will be working closely with them to ensure long-term funding and financial stability. Lastly, I want to increase physician involvement with the local and state legislative bodies to ensure that our lawmakers know whom to call about their healthcare concerns.

Tell us something about yourself that most people might find surprising.

I have spent the last 26 years in the Air National Guard and have traveled all over the world, including a three-week stint in Antarctica. As a Flight Surgeon, I have over 600 hours of military flight time most of which is in the F-4 and F-16.

What gives you that smile of satisfaction?

There are certain moments in the ER, where a patient or family member is particularly thankful for the care you give. One example might be reducing a nursemaid's elbow. The child stops crying and the parents are ecstatic that a simple procedure has "cured" the problem. They walk out happy. I wish it were always so easy!

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Every Tumor Board (Case Presentations)

Tuesday Medical Staff Conf. Room, 12:00 - 1:00 p.m.

Critical Care Conference First

Wednesday Medical Staff Conf. Room, 12:00 - 1:00 p.m.

Medical Grand Rounds Second

Medical Staff Conf. Room, 12:00 - 1:00 p.m. Wednesday

Community Hospital South

Medical Grand Rounds Fourth

Thursday Conf. Rooms A & B, 7:30 - 8:30 a.m. Tumor Board (Case Presentations) 3rd Wednesday Conference Room A, 7:00 - 8:00 a.m.

Community Hospital North

Second Tumor Board (Case Presentations) Board Room, 12:00 - 1:00 p.m. Wednesday

First North Forum

Board Room; 12:00 - 1:00 p.m. Friday

**North Cancer Pavilion** 

Case Presentations

Wednesday Melanoma Conference, 7:00 - 8:00 a.m.

For more information, contact Valerie Brown, (317) 355-5381.

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Friday, December 5, 2008 Update in Cardiology and Richter Lecture The Renaissance, Carmel, Indiana

#### University of Wisconsin School of **Medicine and Public Health**

November 7-8, 2008 Psychiatric Update/Fall 2008 Monona Terrace Community and Convention Center Madison, Wisconsin

Jointly sponsored by the University of Wisconsin School of Medicine and Public Health and the Madison Institute of Medicine, Inc. For more information, please contact Lynn Tobias at (608) 827-2462 (ltobias@healthtechsys.com) or visit http://www.miminc. org/cmeconferences.html.

#### Cancer Stories: How Telling the Tale Impacts the Illness

Free Medical Humanities Symposium November 6-8 Indiana University School of Medicine campus

"Cancer Stories" speakers and their topics will include: David Cantor, deputy director of the Office of NIH History, "Choosing to Live: Cancer Education, Movies, and the Conversion Narrative in 20th Century America;"Arthur W. Frank, professor of sociology at the University of Calgary, Ontario, Canada, "Telling Your Story: Narrative Illness in an Age of Authenticity and Appropriation" and Martha Stoddard-Holmes, associate professor of literature and writing studies, California State University, "Cancer Comix: Narrating Cancer through Sequential Art'

The film, "A Lion in the House: The Transformative Power of Storytelling at End-of-Life" will be shown and other breakout sessions.

Visit medhumanities.iupui.edu/symposium\_2008.htm for more information.

#### Clarian Health Partners

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Update on Pediatric Endocrinology Ruth Lilly Learning Center, Indianapolis, Indiana Nov. 5

16th Annual Trauma/Surgical Critical Care Symposium University Place Conference Center, Indianapolis Nov. 7-8

Nov. 14 7th Annual Lingeman Lectureship

Ruth Lilly Learning Center, Indianapolis, Indiana

5th Annual Symposium in Women's Health for Nov. 14-15

Primary Care Providers University Place Conference Center, Indianapolis

American College of Physicians Indiana Chapter Nov. 14-15 Annual Scientific Meeting

Adam's Mark Hotel, Indianapolis, Indiana

Nov. 15 Colonoscopy and Endoscopy Technology Workshop University Place Conference Center, Indianapolis

Grant Writing Workshop: Write Winning Grants Nov. 17 Ruth Lilly Learning Center, Indianapolis, Indiana

Nov. 21 Richard E. Lindseth Lectureship

University Place Conference Center, Indianapolis

Dec. 5 6th Annual Christian Sarkine Autism Treatment Center Conference

Ritz Charles Banquet Facility, Carmel, Indiana

Review of the 2008 San Antonio Breast Jan. 31

Cancer Symposium

University Place Conference Center, Indianapolis

Feb. 15-18 Hepato-Panceato-Biliary Disease:

The IU Multidisciplinary Approach

The Westin Kierland Resort, Scottsdale, Arizona

Annual Meeting of the Indiana Society of Feb. 21

Anesthesiologist and Anesthesia Update University Place Conference Center, Indianapolis

April 3 Gastrointestinal Oncology:

The IU Multidisciplinary Approach University Place Conference Center, Indianapolis

April 24 Diabetes Update

University Place Conference Center, Indianapolis

Course dates and locations are subject to change. For more information, please visit http://cme.medicine.iu.edu or call 317-274-8353.

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#### St. Francis Hospital & Health Centers

#### **Beech Grove Campus**

Every Thurs. Tumor Board - 7:00 a.m. For more information, call 317-783-8136.

> Please submit CME & Conferences information to ims@imsonline.org or mhadley@imsonline.org by the first of the month preceding publication.

#### St. Vincent Hospital & Health Services

Stroke Symposium Credit: 5.25 Contact: 338-2273

Renaissance Indianapolis North Hotel

Carmel, Indiana

St. Vincent Sleep Disorders Center CME Conference Nov. 1

Credit: 3.25 Contact: 338-2273 The Marten House Indianapolis, Indiana

Nov. 4&5 DSEK Advanced Cornea Course

Credit: 14.0 Contact: Wendy Mickler, 814-2823

Price Vision Group Indianapolis, Indiana

Surgical & Anesthesia Services Quarterly Meeting Credit: 1.0 Contact: Pam Payne, 338-3500

Schaefer Rooms A&B

St. Vincent Hospital, Indianapolis

Nov. 12&26 Spine Club

Credit: .75 Contact: Tina Woods, 396-1306

POB

Indianapolis, Indiana

Nov. 11 Intra-Operative Chemotherapy

Credit: 1.0 Contact: Donna Carl, 338-6711

Surgery Conference Room St. Vincent Hospital, Indianapolis

Nov. 12 OB/GYN Grand Rounds Credit: 1.0 Contact: Robin Nance, 415-7528

Classroom B

St. Vincent Women's Hospital

Nov. 25 Obstetrics Morbidity & Mortality Credit: 1.0 Contact: Robin Nance, 415-7528

Classroom B

St. Vincent Women's Hospital

Nov. 26 Cardiothoracic Surgery M&M Credit: 1.0 Contact: Jennifer Irlbeck, 583-7800

Cine Room

St. Vincent Hospital, Indianapolis

#### The Indianapolis Medical Society

#### November

IMS Advisory Breakfast, 7:30 am

ISMA BOT, 9:00 AM, state headquarters AMA Interim, Marriott Orlando World Center, Florida IMS Women in Medicine, Grillmaster's Garden, 8-11 13

345 South Main St., Zionsville, 6:30 pm

19

Executive Committee, Society, 6:00 pm

IMS Sound Bites, 7:30 am., Conference Center
cassis design, "Branding Your Practice 101,
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**December** 

IMS Board, Society, 6:00 PM; 6:30 PM, Dnr/Mtg.

Senior/Inactive Luncheon Meeting, Noon



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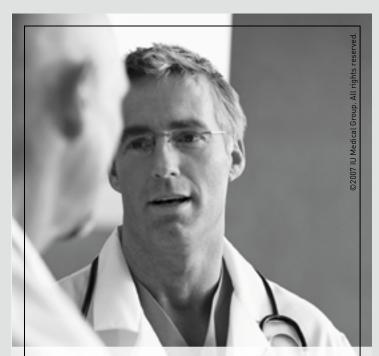
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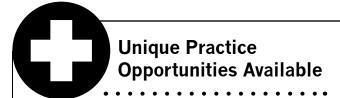
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#### Letter to the Editor

(Continued from page 8.)



This arrangement terminated when Harold went to Stanford University, in California, to complete his training.

Harold returned to Methodist Hospital from Stanford, a very skilled cardiac surgeon. He did the first heart transplant in the State of Indiana. It was also the first such surgery done in the

United States in a private hospital (Methodist); all other such transplants had only been done in university hospitals.

I was born in 1916 with a prolapsed mitral valve, but it never bothered me. In 1994. I had a wisdom tooth pulled. A few hours later, my prolapsed heart valve broke completely. I went into early congestive heart failure. It was decided that an emergency replacement with a plastic valve was necessary.

While under oxygen therapy, I decided, very quickly, that if anyone was going to cut my heart open, it was my friend, Harold Halbrook, MD. He agreed to do so. He replaced my broken mitral heart valve with a St. Jude plastic artificial valve. At the time, I was critically ill, but survived the surgery. I gave Harold Halbrook, MD, credit for saving my life. My surgery was in 1994. Now, fourteen years later, the plastic valve is still performing better than the original valve. I have been truly blessed, and will never forget it.

This letter has turned out to be much longer than I anticipated. Since I have retired and am not working, sometimes I get a little fidgety or anxious. Nothing calms be like putting some of my thoughts in writing.

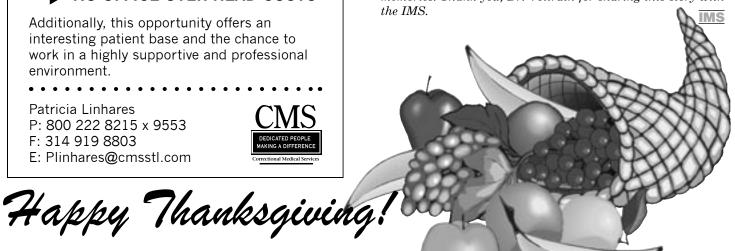
It has been said, "Retirement is when you stop living at work, and start working at living."

I apologize for bothering you with all this information. Please do not hesitate to discard it into the wastebasket. Just count reading this information as your good deed for the day. My sending this to you has done some good. It has helped me to renew some fond memories and to calm the soul of a 92-year-old physician. To me, it is just a form of self-therapy.

With kindest regards, I am, sincerely yours, Victor J. Vollrath, MD

P.S. I have changed my mind about your destroying this letter. Perhaps, when you are finished with it, just return it because I want to save Dr. Harold Halbrook's picture.

Ed – We would not think of destroying these marvelous memories. Thank you, Dr. Vollrath for sharing this story with



Patients experiencing dizziness or balance problems can be the most puzzling of cases. With so many causes and complicating factors, these patients can be difficult to treat.

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## **President's Page**

(Continued from page 7.)

who practice in underserved communities or work in community health centers.

For all of these candidates, I have only scratched the surface of their programs and I highly encourage you to visit their websites or contact their campaigns for even more details. There will be no block vote for medicine or obvious choice in this election. Often we are conflicted, between our professional goals and personal ideals. One candidate may more accurately reflect my social views, but not be in line with my thoughts on fiscal matters. Thus, the ever-present election conundrum. But, to break it down in simplistic terms, this country is on the verge of some of the biggest challenges ever faced in our history. We are at the tipping point and you must ask yourself the question. Who is most capable of navigating and leading us back to peace and prosperity? Good luck!

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Alternate Delegates to the State Convention, September 2009, Indianapolis
The year shown in parentheses indicates year in which the term expires following the conclusion of the ISMA Annual Convention.

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# IMS Presidential Inaugural

Friday, October 3, 2008, Columbia Club

Photography by Debbie Winchester

John P. McGoff, MD, was installed as the 135th President of the Indianapolis Medical Society on Friday, October 3, 2008, at the President's Inaugural Reception held at the Columbia Club.

Outgoing President Heidi M. Dunniway, MD, served as Master of Ceremonies for the evening.

The Indianapolis Medical Society recognized

members of the 50-Year Club who could attend: William H. Fulton, MD; Carl W. Holl, Jr., MD; Earl H. Johnson, MD; Michael H. Lashmet, MD; Thomas E. Lunsford, MD; Anastacio C. Ng, MD; John G. Pantzer, Jr., MD; Charles R. Thomas, MD and Wilbert Washington, MD. Other 50-Year Club members who were honored but could not be in attendance were: Willard H. Albrecht, MD; Richard E. Brashear, MD; Robert C. Collins, MD; James M. Donahue, MD; John P. Donohue, MD (deceased); Frank W. Fortuna, MD; Alois E. Gibson, MD; Robert H. MacWilliams, MD; D. E. McLaren, MD; Henry E. Montoya, MD; Philip M. Morton, MD; Daniel M. Newman, MD; Oliver W. Page, Jr., MD; Stafford W. Pile, MD; Ronald B. Rice, MD and Earle U. Robinson, Jr., MD.

Representing New Members of the Society at the Inaugural were Houman Kiani, MD; Matthew R. O'Malley, MD; Daniel G. Spomar, MD and Kenny E. Stall, MD.

IMS Foundation President Paula A. Hall, MD, made presentations of IMS Foundation Scholarships to James

Taggart (\$5,000), Laura Benjamin (\$2,000) and Kimberly Hamilton (\$2,000). Dr. Hall delighted members and guests with her deft auctioneering skills obtaining additional donations for the scholarship winners ... Thank you, Drs. Pless and Dunniway.

The Indianapolis Medical Society was pleased to have 12 IMS Past Presidents in attendance: Bill Beeson, MD; Carolyn Cunningham, MD; Bernie Emkes, MD;

Continued on page 44.





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## IMS Presidential Inaugural (Continued from page 42.)

Brad Hale, MD; Paula Hall, MD; Greg Larkin, MD; Jon Marhenke, MD; David Need, MD; John Pless, MD; Dick Schnute, MD; Dwight Schuster, MD and Charles Thomas, MD.

Four Alliance Past Presidents attended, Mrs. Anita Johnson, Mrs. Anne Pantzer, Mrs. Mary Schnute and Mrs. Anne Schuster.

**Dr. Dunniway** was honored by the Society for her stewardship as the 2007-2008 Indianapolis Medical Society President.

The attendees enjoyed the music of Dr. Gust T. Spenos, IMS member, and The Gust Spenos

Quartet with Past President, Brad Hale sitting-in.











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A note from the IMS President:

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John P. McGoff, MD

IMS President

Questions? Phone Beverly @ 639-3406.

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