



"Pity the Man who grows not in
knowledge" —Shakespeare

BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

January • 1953
Vol. XXIII • No. 1
Youngstown • Ohio

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1. Jolliffe, N., Special Article, Council on Foods and Nutrition: The Preventive and Therapeutic Use of Vitamins, J.A.M.A., 129:613, Oct. 27, 1945.
2. Lewey and Shay, Dietotherapy, Philadelphia, W. B. Saunders Co., 1945, p. 850.

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Our President Speaks

It is going to be difficult to succeed "Gus" as president of our society. He has followed problems, both large and small, to their solutions. The committees have been very active and have done much to bring new ideas to us and the community.

The president must act as an arbitrator in many unpleasant situations and at times makes decisions which are not pleasing to everyone. The happier and more constructive projects spring from ideas of individual members of the Society. I am sure there are many good thoughts which would benefit all of us if we would take the time to discuss them. It would be helpful to talk with each member because without interest and enthusiasm the Society cannot progress as it should.

The number of meetings to be attended has been increasing and is not only a local problem. It appears to me that our County Medical Society is the one thread by which we, as doctors, are commonly bound. If we should have fewer meetings, would they be better attended?

What do you think?

Vernon L. Goodwin, M.D.

BULLETIN of the Mahoning County Medical Society

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**VOLUME 23****JANUARY, 1953****NUMBER 1**

Published Monthly at Youngstown, Ohio

Annual Subscription, \$2.00

Published for and by the Members of the Mahoning County Medical Society

H. J. Reese

3720 Market Street

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M. H. Steinberg**EDITORIAL**

The Mahoning County Medical Society Bulletin has become, traditionally, a publication which is excelled by none in its class.

I am sure that the members of our Society realize that the Bulletin doesn't just happen. A good Bulletin is only a reflection of the degree of active participation which our doctors put forth. The best editorial board in the world couldn't publish a Bulletin without material. Therefore, your Editor is taking this opportunity of asking and inviting our loyal members to send in a constant stream of material — scientific, news-worthy, and otherwise. Use the Bulletin to let others know what you are doing and what you are thinking.

I realize the tremendous responsibility which has been entrusted to me as Editor, and with the present staff of co-editors and the contributions from our Society members, the future can be faced with confidence.

Harold J. Reese, M.D.

To the Members of the Mahoning County Medical Society:

I am sorry I could not report the activities of the House of Delegates and the Public Relations sessions at the Clinical Sessions of the A.M.A. at Denver December 2-5, 1952, but on arriving there I was put to bed with a virus pneumonia, so did not get to attend any of the meetings.

Those of you that looked forward to our report will find the reports in the Ohio State Medical Journal and the A.M.A. Journal for the December mid-year sessions.

William M. Skipp, M.D.

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KEEPING UP WITH A.M.A.

By W. M. Skipp, M.D.

(It is to the advantage of every one of us, and the profession as a whole, to read every word of the following article—The Editor.)

Hill-Burton Hospital Construction Program slowing down.

During the six years the program has been in operation, there has been approved 1,877 projects with a total of over one half billion dollars in U. S. Funds. 90,645 beds with 44% in operation, inflation and budget restrictions are rapidly slowing down the program. In 1950 five hundred thirty-seven projects were on the books, while this fiscal year will not exceed one hundred fifty. Construction costs have increased 50%. The program was set up to build small hospitals, but a high percentage of funds have gone to large institutions in urban areas. 57% have been for small hospitals with less than 50 beds, but only 25% of the money has gone into these small hospitals. A little more than 50% of the money has gone to hospitals of over 100 beds, for additions and alterations. 82% of the money is going to hospitals of 100 beds or more, 19 medical school connected hospitals are on the list.

The Liberal Party in Canada has circulated petitions through the Co-operative Commonwealth Federation asking Canadian to sign, so that the federal government will launch a national health insurance program. (Note: So our free neighbors to the north are trying to take a step further into socialism.)

The National Fund for Medical Education is launching a five million dollar industry-wide campaign in support of medical education in the United States. Colby M. Chester, Honorary Chairman of the Board of General Foods, is the National Chairman. This is a lay organization which is working with the American Medical Education Foundation. The fund raised will include the amount raised by the medical profession. 25,000 business concerns will be contacted by 50 industrial committees. (Note: With others outside our profession wanting to keep our medical schools out of government, it behooves us to give just a little more donation than we think we can for we do owe our schools for our education.)

Toledo Doctors Hold Postgrad PR Course: Pioneering in the field of public relations, Toledo doctors held what probably was the first two-day post-graduate course devoted to "Doctor-Patient Relationships." The lectures were given by psychologist Ernest Dichter, Ph.D., author of the now famous California report on doctor-patient relationships.

The course was the 15th in a series of previously scientific lectures given by the Medical Advancement Trust of the Maumee Valley Hospital to repay Toledo doctors for their services to charity patients.

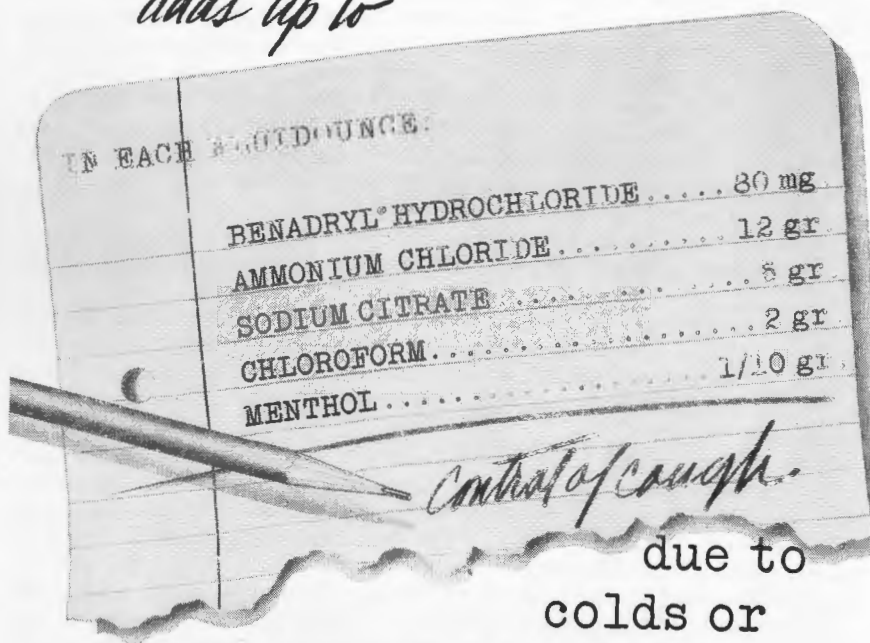
Problems confronting the medical profession in dealing with patients were first discussed. What amounts to a "cultural lag" has developed in the field of doctor-patient relations. Pointing out that our culture is changing, Dichter urged doctors to change their ways to keep pace with the times.

"The trend in all human endeavor is toward greater maturity and co-operation," Dichter said. He encouraged doctors to introduce a dynamic note into their dealing with patients and accept the fact that future patients will be the mature type who want to be treated as equals and demand full information about their condition.

In the waiting-room a doctor should try new ideas to show his patients he has their welfare at heart.

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Mainly, the lectures brought home the importance of introducing personality into the doctor-patient relationship. An individual assumes personality when human contact is established—not just a friendly bedside manner, but a mutual give-and-take relationship. The patient must realize that the doctor is human and understands his problems; the doctor must demonstrate that he also understands the patient's problems.

Doctor Minister to King Football: Each year members of the Lynchburg Academy of Medicine perform complete physical exams for members of the local high school football squad and also arrange for a doctor to be in attendance at every game — at home and away.

The high school coach notifies the Chairman of the Lynchburg (Va.) Academy Public Relations Committee each fall when football practice is about to begin. Then a special day is set aside on which five academy members go to the football stadium, examine all players free of charge and issue health certificates.

Whenever the team plays at home two doctors from the Academy sit on the bench to provide any needed medical attention. If the visiting team requests it, a doctor is supplied for their players, too. When the team plays away from home, either an Academy member attends the game or the Public Relations Committee makes arrangements for a doctor in the town in which the game is played to attend the game.

Families of the players seem to greatly appreciate this little service . . . which only goes to show that pigskin and PR are a potent combination.

PR Tip of the Month: Psychologically, there's a jagged break in the ideal doctor-patient relationship when a patient with a minor ailment is dispatched with a prescription after one visit to the doctor. "How can the doctor tell whether the medicine helped me or not?" wonders the patient. Many doctors solve this problem by handing such patients self-addressed postcards and asking them to report on their condition in a day or two. It's a friendly "Let me hear from you" gesture.

The Banderburgh County Medical Society of Evansville, Ind., explains to the residents of that county the purpose of the A.M.A. plaque (which all of us should have placed in a spot in our offices so it can be seen by all patients). This Society has issued a leaflet explaining why the plaque:

"The plaque you see hanging in your doctor's office addressed 'To All My Patients' is an invitation to you, the patient, to ask questions. If there is any doubt in your mind about your doctor bill, ask the doctor". The message points out that "physicians' fees" are based not only on the time and effort spent with the patient, but also on the time and effort he spent in acquiring the skill, care, and judgment with which he serves you.

The Banderburgh Society issued a leaflet explaining that arrangements can be made for easy payment of medical bills and emphasizes the fact that doctors have high operating overhead expenses and must pay heavy taxes, too. It urges patients to discuss fees with the doctor in advance because "it will pay you in the long run."

How Doctors Can Fight Communism—Acacia Life Ins. Company

In America communism and the weather have one thing in common—everybody talks about them, but nobody does much about them. Communists are no longer merely annoying nuisances—they have become a real menace to America's future.

The Acacia Mutual Life Insurance Company has launched a program to answer that question and seeks to enlist the aid of the medical profession to

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combat communism at home. In an advertisement entitled "Give Us This Day" in the July issue of Nation's Business, the Acacia Life Insurance Company outlined this eight-point anti-communism program:

1. See that Americans are fully and correctly informed about the true objects, methods and dangers of communism.
2. Encourage religion in your community.
3. Take an active interest in public affairs. Vote.
4. Support the election of candidates who understand the scope and seriousness of the communist problem and will agree to work for its elimination.
5. Be fair with your government. Vote for what's good for the country."
6. Take a vital interest in the education of your children. Get to know their teachers—become familiar with their school books.
7. Don't join groups—don't sign petitions unless you first investigate them! Communists have perverted words like "peace" and "freedom."
8. If any evidence of communism at work comes to your attention, get in touch with your nearest FBI office. Give them the facts and then forget it, unless asked by the FBI to do otherwise.

The 1952 election is over, and the American people in no uncertain terms repudiated the administration and everything it advocated including compulsory health insurance.

There is no need to recite here the strong and positive role played by our local individual doctors in the recent presidential and senatorial campaigns. But, now that the election is over we can't help reanalyzing some of the political shoutings that turned out to be flagrant mistakes. We are thinking particularly of all the socialized medicine guff that has been dished out in and out of the nation's capital.

For years the planners in Washington took delight in heaping abuse upon the doctors and their profession. Anyone who had the temerity to strike back was smeared as an enemy of the public welfare. The health program, which they spent so much time in advocating, was pictured as having the support of all the people. The voters spoke—they decided they wanted no part of these crackpot schemes. Doctors will no longer have to dance to the tune of the Ewing pipers.

Advocates of socialized medicine must be well aware by this time that despite all the propoganda and political harping in behalf of compulsory program the people actually abhor it. The Christian Science Monitor said "the President totally underestimates the opposition to this program."

"President Truman's effort to win support for compulsory health insurance by refraining from calling it compulsory is misleading. Any comprehensive government system of medical care insurance is bound to involve compulsion. It would be like the government's old-age insurance. Both employer and employee would be required to pay a tax, and it would be large.

"The president totally under estimates the opposition to this program. He pictures it as consisting only of a medical lobby of a few men in the American Medical Association. On the contrary, the hostility to socialized medicine—which government health insurance implies—has long been dominant in and out of Congress.

"In 1947 Senator H. Alexander Smith, chairman of a Senate committee holding hearings on a national health policy, wrote to the governors of the 48 states asking their views on two bills before Congress. One was the

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1. Steinbrecker, O.; Berkowitz, S.; Ehrlich, M.; Elkind, M., and Carp, S.: Paper read before the Annual Meeting of the American Rheumatism Association, Chicago, Ill., June 6, 1952.

2. Kuzell, W. C.; Schaffarick, R. W.; Brown, B., and Mankie, E. A.: J.A.M.A. 149:729 (June 21) 1952.

3. Smith, C. H., and Kunz, H. C.: J. M. Soc. New Jersey 49:306, 1952.



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Wagner-Murray-Dingell bill providing for a national system of compulsory sickness insurance. Not a single governor recorded himself as favoring such a program. The legislatures of a number of states have memorialized Congress in opposition."

Hartford Doctors Curb Excessive Fees: Hartford (Conn.) County's 867-member medical society recently adopted a new by-law which is aimed at curbing doctors who try to saddle patients with exorbitant charges.

The Hartford Times says: "The move is another step by the public relations-conscious organization to strengthen the position of the profession with the public by imposing shackles on any who might tear down public confidence through gross overcharging."

The county society amended its by-laws to give the committee on medical ethics and deportment a strong weapon to "police its ranks in matters of overcharging."

How Eisenhower and Republican Party Stand on Major Medical Issues:

Socialized medicine: General Eisenhower has stated repeatedly that he is opposed to national compulsory health insurance or socialization in any other form. On this he is supported all the way by the Republican party's platform. In contrast, President Truman consistently advocated compulsory health insurance. This does not mean the end of the issue.

Aid to Medical Education: General Eisenhower is determined that every effort be made to support medical education without resort to federal financial assistance; long before his nomination he was active in efforts to raise private funds to assist medical schools. A.M.A. is in substantial agreement with his ideas on this subject; it believes state and private sources should accept responsibility for supporting the schools.

Pension Plans for Self-Employed: The General has endorsed extension of tax relief to self-employed persons to help them establish pension funds. "There are over 10,000,000 workers who cannot take advantage of tax relief provisions now offered to corporations and their employees . . . I think something ought to be done to help these people to help themselves by allowing a reasonable tax reduction for money put aside by them for their own savings."

Veterans' Medical Care: The General promised a "firm assessment" of the Veterans' Administration medical care program, stating that charges of deterioration were "seriously disturbing" him.

Promised also: continued support of scientific research to stimulate adequate hospital services.

On Social Security: "We must improve it and extend it . . . security for old age, unemployment insurance, care for dependent children, and widows . . . are moral obligations." But they also are a sound investment.

This is the spot where the American Medical Education Foundation fits into the picture and we should all do our part in support of our medical schools.

Oscar Wein, Wilbur Cohen, and Jane Hoxey, all social-minded to the extent of socializing everything, medicine included, have taken a final trip at our expense, by which I mean medical people's expense, to India for an International Federation of Social Workers meeting there. 90 of them in all are travelling at the expense of our government. We hope some of this will be stopped with the new administration.

Rear Admiral Lamont Pugh, surgeon general of the Navy, stirred up a hornets' nest when he told the annual meeting of the Association of Military Surgeons in Washington that "big money in civilian practice" is keeping many physicians and dentists from entering military service. Their main

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object, he said, "is a matter of greed for easier, quicker, and bigger money—avarice."

The A.M.A. issued a statement to press associations branding Admiral Pugh's theories as erroneous. "The fact of the matter is that most physicians, like most civilians, prefer a non-military life. This is especially true in peacetime. When patriotism is at stake, the doctor, like everyone else, is always ready to serve his country. During World War II more than 60,000 physicians served in the armed forces—and not a single one was drafted. They all served voluntarily.

Admiral Pugh's statement ignores the U. S. Dept. of Commerce survey which showed that while most family expenses have been shooting up sharply, physicians' incomes have risen only moderately. In fact, the doctor today is getting only 28c of the medical care dollar.

"Physicians' incomes over the last 10 years have only risen at a rate that is similar to the income rise of citizens generally."

A.M.A. President Louis H. Bauer released a statement to newspapers in which he said Admiral Pugh's remarks were "an unjustified slur" on the medical profession as a whole.

"There is probably no question that some doctors are imbued with the commercial aspects of medicine, but by and large, this applies to only a small group."

He also recounted that the military services themselves were guilty of waste in the last war when more doctors than needed were drafted and kept in camps or in the field without doing medical work.

Dr. Harold Hillenbrand, secretary of the American Dental Association, also tore into Admiral Pugh, stating that the Navy's surgeon general "follows the usual military pattern of blaming everyone but the military for mistakes in handling of military problems."

End of Road for Krebiozen: In a strongly worded statement issued over the week-end, Dr. George D. Stoddard, president of the University of Illinois, relegated the controversial drug, krebiozen, to the limbo of forgotten cancer remedies.

He ordered staff members to drop all studies and use of krebiozen, describing the course of events surrounding the drug as "fantastic".

Pulling no punches, Dr. Stoddard's statement said: "There is to be no allowance of time, funds, space, equipment, patients, or printing in behalf of any staff member . . . for the clinical utilization of krebiozen and . . . krebiozen henceforth is to be disassociated from research or service programs."

The drug, brain-child of a Yugoslav physician, was first introduced in March, 1951, to the medical profession by Dr. Andrew C. Ivy, well known physiologist.

This places Dr. Ivy, who is 59, in a very precarious position. He now has to choose between his university job and continued work with the drug. Dr. Ivy has declined comment.

YOUNGSTOWN STAFF RE-ELECTS DR. NELSON PRESIDENT

The annual Youngstown Hospital Staff election resulted in the re-election of all officers: Dr. G. G. Nelson, President; Dr. John Noll, Vice-President; Dr. E. C. Baker, Secretary-Treasurer and Dr. W. H. Bennett representative to the Associated Hospital Service Board.

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- LAY EDUCATION AND SPEAKERS—L. S. Shensa, Chairman; A. Detesco, J. Smith, W. Breesmen.
- LEGISLATIVE—W. M. Skipp, Chairman; G. McKelvey, J. McCann, C. Gustafson, F. Schlecht, E. Reilly.
- MEDICAL-LEGAL—J. J. Sofranec, Chairman; D. Belinky, L. Reed, R. Mossman, J. McCann, T. Golden.
- MEMBERSHIP AND ATTENDANCE—G. E. DeCicco, Chairman; J. Scarnecchia, I. Chevlen, V. Herman, N. Bare, K. Kunin.
- MENTAL HYGIENE—J. B. Birch, Chairman; F. Gelbman, L. Bernstein, M. Kendall, S. Davidow, M. Raupple.
- MILITARY ADVISORY—W. M. Skipp, Chairman; A. Brant, F. McNamara, H. Patrick, I. Smith, J. Renner, A. Marinelli.
- POLIO—I. C. Smith, Chairman; T. Golden, K. Hovanic, C. Lowendorf, G. Cook, W. Ryall.
- POSTGRADUATE—G. W. Cook, Chairman, R. Tornello, J. Smeltzer, H. Hutt, S. Tamarkin.
- PRE-SCHOOL HEALTH—H. B. Hutt, Chairman; C. Stertzbach, S. Myers, M. Raupple, C. Lowendorf.
- PROGRAM—July 1952-June 1953—F. S. Coombs, Chairman; R. Donley, W. Bunn, C. Lowendorf, J. Vance, S. Ondash, P. Kaufman, M. Rosenblum, J. Brown, J. Herald, R. Kiskaddon.
- PROGRAM—July 1953-June 1954—S. W. Ondash, Chairman; A. Cukerbaum, G. DeCicco, R. Kiskaddon, J. Harvey, E. Thomas, P. Kaufman, M. Rosenblum, C. Wales, A. Scheetz, B. Brown, R. Resch.
- PUBLIC HEALTH—E. J. Reilly, Chairman; C. Scofield, H. Teitelbaum, D. Levy, L. Moyer, D. Yoder, J. Dulick.
- PUBLIC RELATIONS—E. A. Shorten, Chairman; S. Zoss, A. Phillips, E. Reilly, G. Delfs, J. Vance, F. Miller, W. Skipp, J. Smith, F. Gambrel.
- PUBLICITY—C. W. Stertzbach, Chairman; F. Schlecht, E. Weltman, E. McNeal, M. Raupple, A. Goudsmit.
- RURAL HEALTH—F. A. Resch, Chairman; B. Schneider, R. Heaver, C. Scofield.
- SCHOOL HEALTH—E. R. Thomas, Chairman; R. Kiskaddon, E. Mylott, M. Goldstein, S. Davidow, H. Shorr, P. Ruth.
- SOCIAL—R. R. Goldcamp, Chairman; S. Davidow, E. Thomas, J. Goldcamp, R. Hall.
- VETERANS—S. Franklin, Chairman; P. Giber, M. Goldstein, J. Goldcamp, W. Sovik, J. Keyes, F. Schellhase.

There are additional committees now under study that will be published later.



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THE YOUNGSTOWN HOSPITAL ASSOCIATION STAFF MEETING

The December meeting of the Youngstown Hospital Staff was called to order December 2, 1952 at 8:30 p. m. by the President Dr. G. G. Nelson. The minutes of the previous meeting were read and approved. The vital statistics for November were read and approved.

Dr. Stertzbach gave the program on Amblyopia. This simply means a dimness of vision. This is rather a common condition. It is important that the condition be recognized before 6 years of age. Treatment which is successful can be instituted if this condition is recognized early. Visual vacuity in children increases to about 5 years of age usually. Re-fractive errors, muscle imbalance and suppression of vision are all possible factors in amblyopia.

Dr. Klatman reported on the library. Volumes are still missing. The library will be locked and the key will be left with the night supervisor after the librarian leaves.

Dr. Thompson spoke about the laboratory measurement of protein bound iodine.

Dr. Fisher read a resolution on the death of Dr. Elsaesser. The resolution is included in the minutes.

E. C. Baker, M.D.
Secretary

Health Department Bulletin

CITY OF YOUNGSTOWN

REPORT OF NOVEMBER, 1952

	1952	Male	Female	1951	Male	Female
Deaths Recorded	—	—	—	190	118	72
Births Recorded	—	—	—	606	322	284

CONTAGIOUS DISEASES	1952	Cases	Deaths	1951	Cases	Deaths
Chicken Pox		126	0		40	0
Measles		3	0		25	0
German Measles		0	0		1	0
Polio		0	0		1	0
Scarlet Fever		1	0		4	0
Tuberculosis		5	0		16	0
Whooping Cough		2	0		13	0
Mumps		36	0		0	0
Gonorrhoea		28	0		23	0
Syphilis		12	0		28	0
Chancere		0	0		1	0

VENERAL DISEASES

New Cases	Male	Female
Syphilis	3	3
Gonorrhoea	20	11
Total Patients		37
Total Visits to Clinic (Patients)		224

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Elizabeth Veach, M. D.

GOOD NEIGHBOR POLICY**UTAH HOLDS PRESS-RADIO-TV DINNER**

The Utah State Medical Association played host, Wednesday, December 10, to press, radio and television representatives at a very enthusiastic and successful dinner held in one of the private clubs in Salt Lake City. Members of the council and the state committee on press relations, made up of five doctors from various sections of the state, also attended.

It was the first meeting sponsored by the newly-formed press relations committee headed by Dr. Wallace Brooke, Salt Lake City. He presided at the dinner, together with Dr. Kenneth B. Castleton, Salt Lake City, president of the state society. John L. Bach, Chicago, director of A.M.A. press relations, was the speaker.

Besides drafting a code of cooperation with newspapers, radio and TV, the press committee is instituting a new health column in 56 weekly papers. The state society also is starting a new non-scientific news bulletin for its members on January 15.

A question-and-answer period followed the dinner. The response, not only from press, radio and TV representatives, but from doctors as well, was surprising and beyond all expectations. The affair stimulated so much interest that the chairman eventually was forced to call it quits, explaining that "if we don't adjourn this meeting, we'll be here all night."

Everybody agreed that Utah doctors enjoy a cordial and fine working relationship with newspapers and radio and TV stations.

Press problems pertaining to medicine vary in the different states, of course. Utah has no coroner's law, with the result that the Salt Lake City Tribune feels it is obligated to its readers to serve as a watch-day over the causes of death within the city. It publishes the cause of death in nearly every item appearing in its obituary column each day. The cause of death is a matter of public record, but, even so, the newspaper often phones a doctor's office and asks the cause of his patient's death. Some doctors have refused to reveal this information, claiming that they have no legal right to do so even though a death certificate is filed. Other doctors give the information willingly. This difference of medical opinion on the subject of revealing causes of death was discussed at some length. It was agreed, finally, that legal opinion be obtained from counsel representing the state medical society and from counsel representing Salt Lake City newspapers. When the opinion is obtained, it will be discussed at another meeting of the doctor-press group.

Secretary's Letter, A.M.A., No. 240

ST. ELIZABETH STAFF (MEDICAL) ELECTION RESULTS

At the annual election of officers of St. Elizabeth's Hospital held on December 2, 1952 the following doctors were elected:

President, Dr. W. H. Evans; Vice-President, Dr. T. K. Golden; Secretary-Treasurer, Dr. H. J. Reese; Director of Surgery, Dr. J. A. Renner; Director of Medicine, Dr. J. N. McCann; Director of Obs. & Gyn., Dr. J. J. McDonough; Director of E. E. N. & T., Dr. E. J. Wenaas; Director of General Practice, Dr. Sam Tamarkin; Additional members on Executive Committee, Dr. M. W. Neidus, Dr. A. K. Phillips; Representative to Associate Hospital Service, Dr. J. M. Ramz.

The following were elected to the Dental Staff:

President, Dr. F. K. Phillips; Vice-President, Dr. O. G. Dreiling; Secretary, Dr. M. E. Greenberg; Treasurer, Dr. R. R. Centrello.

ANNUAL MEETING

Tuesday, January 20, 1953

Youngstown Country Club

Dinner 7:00 P. M.



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DR. GOODWIN TO HEAD SOCIETY FOR 1953

Dr. V. L. Goodwin was installed as President of our Society Tuesday evening, December 16, 1952, at the annual meeting held at the Hotel Pick-Ohio.

The year 1953 marks the 72nd Anniversary of the founding of the Mahoning County Medical Society. Much of the Society's success can be contributed to its fine scientific programs and the social, congenial atmosphere of its many social gatherings.

Dr. Goodwin's service to the Society has been outstanding. He served as Program Chairman, Membership and Attendance Chairman, Treasurer in 1945, Secretary from 1946 to 1950 at which time he was elected a three year delegate to the Ohio State Medical Association and in 1951 was elected President-Elect.



DR. V. L. GOODWIN

Dr. Goodwin is a diplomate of the American Board of Otolaryngology, American Academy of Otolaryngology, American Otorhinologic Society for the Advancement of Plastic and Reconstructive Surgery, Cleveland Otological Club, Pittsburgh Otological Society, a member of the board of St. Elizabeth Hospital School of Nursing and Assistant Treasurer of the Medical Service Foundation of Mahoning County.

DR. BROWN ELECTED PRESIDENT-ELECT

DR. J. D. BROWN

The new President-Elect is Dr. J. D. Brown, better known to most of us as "Jimmie." Dr. G. E. DeCicco was re-elected secretary and Dr. A. K. Phillips was re-elected treasurer. Dr. S. W. Ondash was elected as a three year delegate to the Ohio State Medical Association. Drs. I. C. Smith and W. M. Skipp continue their terms as delegates.

Alternate delegate to the Ohio State Medical Association for one year terms are Drs. A. A. Detesco, M. W. Neidus and Asher Randell. Dr. H. J. Reese has been appointed editor for 1953.

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POLITICAL MEDICINE

President Truman received the other day the report of his commission on the health needs of the nation. In praising the report, Mr. Truman sought to beat his critics to the punch in appraisal of its recommendations.

"It would be most unfortunate," he said, "if the same emotionalism which has prevented open minded study of major health proposals advanced during the last few years were to hinder the proper evaluation which this report merits."

If the critics can display more emotionalism than the drafters of the report, they will set some new high records for tizzies. The United States already has the best trained physicians, the best hospitals, medical schools, and research centers, and the highest standards of medical care to be found anywhere in the world. This care is available to the very poor as charity. The financing of its heavier burdens by self-supporting citizens is lightened by voluntary pre-payment plans—as the report notes.

To appraise this system of medical care and reach the conclusion that it calls for improvement which can only be achieved by federal intervention and the spending of taxpayers' billions is no exercise in logic. It calls for some pretty fancy emotionalism and the commission came thru.

Consider these excerpts from the commission's opening statement of principles:

"Access to the means for the attainment and the preservation of health is a basic human right . . . Comprehensive health service is the concern of society . . . Responsibility for health is a joint one, with the individual citizen and local, state, and federal governments each having major contributions to make toward its fuller realization."

Health as a "basic human right" is U. N. jargon intended to obscure the individual's right to spend his earnings as he sees best. State, local, and federal governments can make what are called their contributions to better health facilities only by spending taxes for such purposes. Their "contributions" are taken away from one citizen for the benefit of another. If some citizens, thru federal assistance, are going to have better medical care, that merely means that some other citizens are going to have to pay more taxes and will, therefore, have less to spend in the future than they are now spending for medical care.

In the background of the current report is the fact that Mr. Truman and Oscar Ewing, his federal security administrator, got exactly nowhere with their proposal of state medicine, which they presented in the guise of "compulsory health insurance." The present report urges instead that existing voluntary health insurance, or as the report styles them, pre-payment plans, be expanded, but . . .

The "but" is a big one. Some people cannot afford to pay the premiums of voluntary insurance of surgical and hospital care. Two proposals are made for taking care of them. One is that the federal government match state expenditures, dollar for dollar, in paying health insurance premiums for people receiving public assistance. The other is that federal social security funds be used to provide insurance for those receiving old age and survivors' insurance (popularly called "social security") benefits.

Local governments thruout the country already provide free medical care for citizens unable to pay for it. The citizen who can pay part of the cost of his care, but not the full amount, can also get treatment in a public hospital, paying what he is able. The commission's proposal would merely

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duplicate an existing service. It would transfer part of the cost to the federal government, which means only that the solvent citizen would pay a slightly smaller local tax, perhaps, but would surely have his federal income tax boosted.

The social security reserve funds already have an actuarial deficit. They pay current benefits, but they are not accumulating sufficient funds to pay the benefits due present contributors when they stop working. Putting an additional burden on them, in the form of medical insurance given whether a retired person needs it or not, would only increase the deficit and speed the day when social security taxes, borne equally by worker and employer, will have to be increased.

The Truman-Ewing state medicine scheme was also to have been financed by an increase in social security taxes. These two proposals of public aid thru voluntary health insurance plans—which, of course, the federal bureaucracy would want to supervise as soon as they started paying money into them—are just a means of putting the foot of state medicine in the back door.

It is significant that state medicine in Great Britain, where Ewing got the ideas for his scheme, started in this very manner. Originally the government supplied "free" medical service to persons with incomes below a certain figure. Eventually the socialists forced everyone into the system. They got free medical care, of a sort, but they paid for it in their tax bills and they got such medical care, on such terms, as the politicians dictated.

Mr. Truman had to drop his original state medicine scheme because the people of the United States didn't want a gang of politicians acting as brokers between themselves and their doctors and hospitals. The current report is simply an attempt to revive this scheme on the Fabian basis.

Chicago Sunday Tribune, Dec. 21, 1952

MAHONING COUNTY ACADEMY OF GENERAL PRACTICE

The regular meeting of the Mahoning County Academy of General Practice was held on December 9, 1952, at the South Side Nurses Home. A movie was shown by the Wyeth Co. showing the highlights of the 1952 National Convention.

Election of officers was held and the following were elected:

President, Dr. K. E. Camp; President-Elect, Dr. H. P. McGregor; Secretary and Treasurer, Dr. H. H. Ipp.

Our next meeting will be held on January 13, 1953, at 8:00 P. M., where the first course on "Endocrinology" will be given by Dr. E. Perry McCullagh and his associates.

David H. Levy, M.D.

TV TO BRING A.M.A. MEETING TO PUBLIC

Doctors who cannot personally attend the American Medical Association's annual meeting June 9 to 13 in Chicago will have the opportunity of viewing its highlights via television. As the nation's top medical authorities report to doctors on the latest medical developments, NBC mobile TV units will move through the corridors of the exhibit hall at Navy Pier, transmitting the news coast-to-coast. Present arrangements call for two half-hour programs to be televised on Tuesday and Wednesday evenings over most NBC network stations. The telecasts are being sponsored by Smith, Kline and French, Philadelphia pharmaceutical firm.



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(as the sodium salt)		
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Riboflavin	1 mg.	(1/60 gr.)
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REPORT OF THE COMMITTEE ON DIABETES

Daily radio talks were given and articles appeared in our local newspaper. An exhibit on Diabetes was held each evening from Nov. 17th to 21st from 7:30 p. m. to 9: 00 p. m. at the laboratories of the Youngstown Hospital. The exhibit included pictures of the various complications of diabetes, pictures of various calorie diets, local statistics of diabetic admissions in the Youngstown Hospital over a 10 year period (1940-1950) showing the age groups and mortality. A film "They Live Again" and "How to Care For Diabetes" was shown each evening. Two physicians and a dietitian were present at the exhibit to answer any questions. Surprisingly, the dietitian received most of the questions.

The Ladies Auxiliary of the M.C.M.S. distributed the posters and the testing material to the physicians offices. The Mahoning County Druggist Assn. distributed the posters to the various pharmacies.

Dr. Henry Ricketts of Chicago spoke to the Mahoning County Medical Society Nov. 11, 1952 on "Recent Developments in Diabetes and Their Bearing on Its Management."

He also spoke to the House officers of the St. Elizabeth and Youngstown Hospitals in the afternoon on the Pre and Post operative care of a Diabetic patient.

1339 urine tests for sugar were done. 188 at the laboratories of the local Hospitals and 1151 tests at physicians offices during the week. There were 43 positive tests and 25 new cases of diabetes discovered.

The Ladies Auxiliary to the Mahoning County Medical Society are to be commended for their fine cooperation in distributing the posters and material to the physicians' offices. There wasn't a hitch in the entire procedure.

Dr. Herman Ipp was in charge of the exhibit. Mrs. Willard Wright, director of photography at Youngstown Hospital did an excellent job in preparing the various material.

Dr. Milton Yarmy arranged for the physicians that were present for the evening exhibits. The dietitians of the Youngstown Hospitals were excellent in their method of speaking and explaining the values of the various diets. They were swamped with questions. Their exhibit of the various diets are still on display at the laboratory of the North Side unit of the Youngstown Hospital.

The rest of the members of the committee spoke on the radio and at meetings of lay organizations.

From the above, one may conclude that the chairman merely pushed the button and work was done — and so it was. Just think, with the coming of the atomic age the future chairman won't even have to do that.

Morris S. Rosenblum, M.D.
Chairman, Committee on Diabetes

State Health Department says some thoracic surgeons and chest specialists have mistakenly failed to report tuberculosis cases referred to them by general practitioners on assumption the G. P. had done so and the G. P. has assumed the report would be made by the specialists . . . Every T. B. case should be reported, as required by law, even though it may mean duplication in some cases.—OSMA Gram, Feb. 20, 1952.



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WOMAN'S AUXILIARY Mahoning County Medical Society

On Tuesday, January 20, 1953 at 1:30 o'clock the Woman's Auxiliary to the Mahoning County Medical Society will meet at the North Side Hospital Nurse's Home. There will be an important business meeting and reports from the various committee chairmen.

The program, in charge of Mrs. W. L. Mermis and her assistant, Mrs. A. K. Phillips, will be devoted to health. Dr. Merrill D. Evans, the principle speaker, has chosen as his subject "Geriatrics," which promises to be interesting as well as informative.

Mrs. Wayne Hardin, chairman of the Social Committee, and her assistants Mrs. Frances Gambrel, Mrs. Robert Brown, Mrs. H. E. Hathorne, Mrs. F. A. Schellhase, Mrs. Gene Fry, Mrs. S. G. Patton, Mrs. Saul Tamarkin and Mrs. Louis Zellers, have planned a tea and social hour following the meeting.

Mrs. J. M. Benko, Auxiliary Treasurer, reports the benefit dance on Saturday, November 15, 1952 at Squaw Creek Country Club a huge success. To date, the figures show a profit of approximately \$1,000.00, after all expenses have been paid, with several members yet to be heard from. Mrs. B. I. Firestone and her dance committee are to be highly commended for the fine job they did.

We are sorry to note the passing of one of our members, Mrs. W. S. Curtis. While not an active member in recent years, Mrs. Curtis maintained an interest in all of the Auxiliary activities.

Mrs. A. E. Rappoport

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Did you know that during one month the Dietary Department used:

Fresh Apples.....	21 bushels	Frozen Vegetables.....	1367 pounds
Bananas.....	760 bushels	Bread.....	2726 loaves
Carrots.....	840 pounds	Milk (White).....	6470 quarts
Celery.....	474 bunches	Milk (White).....	4500 half pints
Grapefruit.....	960 pounds	Milk (Choc.).....	770 quarts
Head Lettuce.....	348 heads	Milk (Choc.).....	2860 half pints
Leaf Lettuce.....	198 heads	Ice Cream.....	1568 quarts
Oranges.....	1200	Eggs.....	990 dozen
Potatoes.....	114 bushels		

also

27,429 patients were served
23,949 personnel and guests were served
1,695 diabetic trays went out
960 ulcer trays were served
12,576 baby bottles were prepared.

*We People, St. Elizabeth's Hospital,
Bulletin, Dec., 1952*

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SIX-YEAR STUDY SHOWS SOURCE OF FUNDS FOR SUPPORT OF MEDICAL RESEARCH

The Medical Sciences Information Exchange, the government's clearing house for medical research information, reports that federal and private funds spent on medical research in the years 1946 through 1951 totaled \$135,044,125. The exchange is an office of the National Research Council. Although emphasis is shifting to federal assistance, the Exchange points out that private research grants have increased significantly during the six years and concludes:

"Increasing governmental support of medical research has not diminished funds from private sources." As shown below, private funds increased more than 400%.

Federal

\$83,110,671 (or 61.5%) of 6-year total.

\$1,871,065 (or 44%) of 1946 total.

\$21,785,603 (or 66%) of 1951 total.

Private

\$51,933,454 (or 38.5%) of 6-year total.

\$2,436,376 (or 66%) of 1946 total.

\$11,108,006 (or 44%) of 1951 total.

Other points from the report: (1) Because only 31% of the 619 institutions receiving grants got funds from both public and private sources, the Exchange concludes, "There is no evidence of unreasonable duplication of research support by government and private agencies;" (2) Most grants were relatively small — 68% in amounts of \$10,000 or less per year, only 3% over \$50,000 a year; (3) At least 54% of all projects received support over a three-year period but there has been "substantial increase" in those receiving only one and two years' support; (4) Geographic distribution was said to conform to research potentials of the various areas with over 75% of all money going to institutions in 11 states. —*Capitol Clinic, Vol. 3, April 22, 1952, No. 16*

RECRUIT NURSES

1. Are you going to need a nurse or nurses now or in the near future?
2. Do you have patients who are unable to obtain nurses to do private duty?
3. Do you sometimes see instances where nurses are taken from one area and placed in another? (They are needed in both but more desperately in the latter.)
4. Do you want your patients to have satisfactory care?

If you answer "yes" to these questions, you'll want to help young people who ask you for advice about whether they might find nursing a worthy career. You will be doing not only a service to them, but to yourself and the community.

The City's nursing schools need your help. They cannot do the job alone. Do you know a young person who might be interested in nursing? You do? Wonderful! Tell them about the benefits of nursing: a worthy career, good pay and a chance to serve in many fields. Your nod of approval means a great deal to prospective students.

Muriel L. Dunlap, Director of Nursing Education
Youngstown Hospital Association

NOT ANY ONE OF US — ALL OF US . . .

The American Medical Education Foundation is depending on all of us to help keep our medical schools out of government control.

We must all make a substantial contribution either to the Foundation, earmarked for our school, or earmarked for all schools.

This should be a "must" on your annual donations because, as you know, it is a deductible item from your income.

We cannot expect non-medical people to do for us what we owe each of our medical schools.

Send your check directly to the

American Medical Education Foundation
535 Dearborn Street
Chicago, Illinois

Mahoning County Committee for
American Medical Education Foundation
William M. Skipp, M.D., Chairman

**PHYSICIANS, SKILLED LABORERS SHOW
COMPARABLE HOURLY EARNINGS**

The concept of overtime work at overtime pay, although familiar to most Americans, is seldom applied to a profession like medicine. If it were so applied, it would demonstrate that the skilled laborer and the typical doctors get roughly comparable hourly returns.

So states the January issue of *Medical Economics*, national business magazine for physicians.

In a nationwide survey conducted recently among its 134,000 M.D.—readers, the magazine found that the average family doctor had a 1951 net income, before taxes, of \$14,098. This bare figure, *Medical Economics* points out, doesn't take into account the extra hours the typical physician puts in.

The magazine therefore computed the average family doctor's hourly base pay, assuming time-and-a-half for overtime and double-time for Sunday work.

"According to our survey," it explains, "the family doctor works an average of sixty-two hours a week. Twenty-two of these hours must be counted as overtime; perhaps five of these hours represented Sunday work. For pay purposes, therefore, he'd be credited with about seventy-five hours a week or 3,750 a year.

"The average family doctor nets \$14,098 annually. Divided this figure by his hourly credits for the year (3,750) and you get the equivalent of hourly base pay. It turns out to be \$3.76 an hour."

The magazine observes that "the interesting thing about this figure is its strong resemblance to current base pay for skilled union labor. Many bricklayers, for example, get \$3.25 an hour nowadays. And if other workers earn less, and if medical specialists earn more, isn't this explainable in terms of degree of specialized skill?"

Medical Economics, Jan. 1953

PROCEEDINGS OF COUNCIL

The regular monthly meeting of the Council of the Mahoning County Medical Society was held at the office of the Society, 202 Schween-Wagner Bldg., Youngstown, Ohio, on Monday, December 8, 1952.

PRESENT: Dr. C. A. Gustafson, presiding, Dr. M. W. Neidus, Dr. V. L. Goodwin, Dr. J. D. Brown, Dr. S. W. Ondash, Dr. E. R. McNeal and Dr. J. N. McCann. Also present were Dr. James Smeltzer and Dr. H. J. Reese.

Council discussed expenses incurred during the year and deemed it advisable to inform Committee Chairmen to come to Council for appropriations where necessary to carry on a successful program.

The following applications were read.

ACTIVE MEMBERSHIP

Dr. Leon L. Bernstein, 2204 Glenwood Avenue, Youngstown, Ohio.
 Dr. Kalman C. Kunin, 314 Home Savings & Loan Bldg. Youngstown, Ohio.
 Dr. David R. Brody, 601 Home Saving & Loan Bldg. Youngstown, Ohio.

JR. ACTIVE MEMBERSHIP

Dr. V. V. Jelinek, 414 Home Savings & Loan Bldg., Youngstown, Ohio.

ASSOCIATE MEMBERSHIP

Denton P. Engstrom, 554 W. Indianola Avenue, Youngstown, Ohio.

INTERNE MEMBERSHIP

Dr. N. T. Martin, Youngstown Hospital Assn., Youngstown, Ohio
 Dr. R. G. Warnock, Youngstown Hospital Assn., Youngstown, Ohio.
 Dr. J. L. Craig, Youngstown Hospital Assn., Youngstown, Ohio.
 Dr. Carol E. Craig, Youngstown Hospital Assn., Youngstown, Ohio.
 Dr. James C. Oberholtz, Youngstown Hospital Assn., Youngstown, Ohio.

ANNUAL BUSINESS MEETING

The regular annual meeting was held at the Pick-Ohio Hotel Tuesday, December 16, 1952. The following officers were elected for the year 1953.

President-Elect, Dr. J. D. Brown; Secretary, Dr. G. E. DeCicco; Treasurer, Dr. A. K. Phillips; Delegate, (three year term) Dr. S. W. Ondash; Representative, Associated Hospital Board, Dr. H. E. Patrick.

The membership voted \$500.00 to the American Medical Educational Foundation. Dr. W. M. Skipp is chairman of that committee.

Dr. F. F. Piercy was voted an Honorary Member.

G. E. DeCicco, M.D. Secretary

EXCERPTS FROM THE AMA PRESIDENTS ADDRESS TO THE HOUSE OF DELEGATES

Dr. Louis H. Bauer, Hempstead, N. Y., president of the American Medical Association, said recently that the United States has "25% more practicing physicians, in proportion to the population, than any other country in the world."

Speaking before the House of Delegates, the Association's policy-making

body, he said that medical schools today are turning out doctors at a faster rate than the population is increasing.

Dr. Bauer, who is also secretary-general of the World Medical Association, said that in the isolated areas where there is a shortage of physicians steps must be taken to remedy the situation.

"First," he added, "we must encourage communities to establish facilities for a doctor to practice good medicine and second, we must recommend that our Specialty Boards revise their requirements.

"The present system results in more men going into the specialties of medicine than is desirable, as they realize that if they are ever to become specialists, they must begin their training immediately on graduation. The present system practically prevents a general practitioner from becoming a specialist.

"The best specialist is the one who has a background of general practice." He suggested it would be desirable to provide for greater recognition of general practice as one of the requirements for at least the majority of special fields.

"A revised plan would accomplish two things—better qualified specialists, and fewer people going into the specialties, because many physicians would find that they like general practice and would stay there. As it is, they have no opportunity to find out," he said.

Allegheny County Medical Bulletin, Dec., 1952

EXPENSES CLAIM TWO-FIFTHS OF AVERAGE M.D.'s INCOME

The average physician in private practice spent \$9,508—two-fifths of his gross income—on operating expenses in 1951.

This is revealed in the January issue of *Medical Economics*, national business magazine for physicians. The magazine is publishing the results of a nationwide survey of medical practice, based on a questionnaire sent to each of its 134,000 M.D.—readers.

According to the survey, the average doctor's professional expenses rose 24 percent from 1947 to 1951. They came to only \$7,200 in 1947.

Office assistants' salaries alone cost the average doctor \$2,689 in 1951. Other major expense items were drugs and supplies (\$1,966); office rent (\$1,149); auto upkeep (\$882); and instruments and equipment (\$661).

Medical Economics found that doctors in small towns generally spend a higher percentage of their gross income on expenses than medical men in large metropolitan centers. Operating costs also tend to be proportionately higher among physicians with low incomes than among those in the upper brackets.

—Medical Economics, Jan. 1953.

ROSTER OF MAHONING COUNTY MEDICAL SOCIETY

SENIOR ACTIVE

Allgood, John Evans
Allsop, W. K.
Altdorfer, J. A.
*Autenreith, W. C.

Badal, S. S.
Baker, E. C.
Baker, W. Z.
Banninga, H. S.
Basile, J. M.
Bayuk, A. J.
Beede, R. W.
Belinky, D. A.
Belinky, N. D.
Benko, J. M.
Bennett, Hugh N.
Bennett, W. H.
Berkson, M. I.
Beynon, David E.
Birkamp, F. J.
Birch, J. B.
† Bloomberg, Louis
Bowman, Brack M.
Boyle, P. L.
Brandmiller, B. M.
Brandt, A. J.
Brant, A. E.
Brant, E. E.
Breesmen, W. T.
Brody, E. R.
Brown, Ben S.
Brown, J. D.
Buchanan, J. U.
Bunn, W. H.
Burrowes, B. B.

Camp, K. E.
*Campbell, C. H.
Catoiline, R. N.
Cavanaugh, J. M.
Cestone, P. B.
Chevlen, I. H.
Clifford, R. V.
Coe, L. G.
Colla, Joseph
Conti, M. E.
Cook, G. W.
Coombs, F. S.
Coy, W. D.
Cukerbaum, A. R.
Curtis, W. S.

Davidow, Sidney L.
DeCicco, G. E.
Deltis, Genevieve
Detesco, A. A.
Dilorio, Enrico
Donley, R. S.
Dreiling, B. J.
Dulik, John F.

Elder, E. E.
*Elsasser, Armin
Epstein, Samuel
Evans, W. H.
Evans, Merril D.

Fenton, R. W.
Firestone, B. I.
Fisher, I. L.
Fisher, A. J.
Flynn, W. J.
Franklin, Sidney I.
Friedrich, F. A.
Fusco, P. H.
Fusselman, H. E.
Fuzy, P. J.

Gambrel, F. J.
Gelbman, Frank

Getty, L. H.
Goldberg, S. D.
Goldblatt, L. J.
Goldcamp, John S.
Goldcamp, R. R.
Goldcamp, S. W.
Golden, T. K.
Goldstein, M. B.
Goodwin, V. L.
Goudsmit, Arnoldus
Gustafson, C. A.

Hall, J. C.
Hall, Ray
Harvey, J. P.
Hathorn, H. E.
Hauser, C. B.
Heaver, R. J.
Heberding, John
Herald, J. K.
Herman, V. G.
Hovanic, K. J.
Hutt, H. B.

Ipp, Herman

Jones, E. H.
Jones, E. H., Jr.
Jones, Paxton L.
Jones, W. L.

Kaufman, P. M.
Kendall, M. M.
Kennedy, P. H.
Keogh, J. P.
Keyes, J. E. L.
Keyes, Sidney
Kirkwood, E. E.
Kiskaddon, R. M.
Klatman, S. J.
Kocialek, M. J.
Kravec, F. G.
Kucec, J. B.

LaManna, J. R.
Lander, T. A.
Lawton, O. M.
Leimbach, P. H.
Levy, D. H.
Lowendorf, C. S.
Lupse, R. S.

McCann, J. N.
McConnell, P. R.
McCune, E. L.
McDonough, J. J.
McElroy, W. D.
McGregor, H. P.
McKelvey, G. M.
McNamara, F. W.
McNeal, E. R.
McOwen, P. J.
McReynolds, C. A.

Mahar, P. J.
Mahrer, M. P.
Maine, W. E.
Marinelli, A. C.
Mathay, H. E.
Melaragno, U. A.
Mermis, W. L.
Mermis, W. O.
Metcalfe, D. M.
Meyer, N. N.
Middleton, R. H.
Miglets, A. W.
Miller, Frances
Miller, J. D.
Miller, R. R.
Montgomery, D. E.

Morrall, R. R.
Mossman, R. G.
Moyer, L. H.
Munson, H. B.
Myers, Stanley
Mylott, E. C.
Nagel, E. H.
Neel, V. A.
Neidus, M. W.
Nelson, G. G.
Nesbit, Dean
Noll, John
Ondash, S. W.

Parillo, G. A.
Patrick, H. E.
Patrick, James A.
Patton, S. G.
Patton, S. G., Jr.
Patton, Thomas E.
Phillips, A. K.
Pichette, C. E.
*Piercy, Robert Lee
Piercy, Robert Lee
Poling, R. B.

Randell, Asher
Ranz, J. M.
Rappaport, A. E.
Raupple, M. C.
Reed, L. K.
Reese, H. J.
Reilly, E. J.
Renner, J. A.
Resch, F. A.
Rodin, Robert
Rogers, John A.
Rosapepe, A. R.
Rosenblum, Morris S.
Rothrock, D. M.
Rummell, R. W.
Russell, J. M.

Scarnecchia, J. L.
Scheetz, R. J.
Schellhase, F. L.
Schlecht, F. G.
Schwebel, Sam
Scofield, Charles
*Sears, C. W.
Segal, Lawrence
Shensa, L. S.
Sherk, A. B.
Shorr, H. L.
Shorten, E. A.
Sisek, Henry
Skipp, William
Smeltzer, D. H.
Smith, H. A.
Smith, I. C.
Smith, John H.
Smith, W. R.
Sofranec, J. J., Jr.
Sovik, W. E.
Speck, M. H.
Steckschulte, J. B.
Stefanski, Clarence
Steinberg, M. H.
Stertzbach, C. W.
Stewart, C. C.
Stillson, D. E.
Stotler, J. F.
Sunday, Michael J.
Szucs, M. M.

Tarnapowicz, John W.
Tamarkin, Samuel
Tamarkin, Saul J.
Teitelbaum, Harold
Thomas, E. M.

Thomas, E. R.
Thomas, R. G.
Tidd, A. C.
Tims, W. J.
Turner, O. A.
Turner, W. B.

Vance, J. C.

Wagner, C. F.
Wales, Craig C.
Wallace, J. H.
Walter, C. K.
Walner, Charles
Warnock, G. C.
Wasilko, J. J.
Weidermier, C. H.
Weller, L. W.
Welsh, W. A.
†Welter, John A.
Weltman, Erhard
Wenacs, E. J.

Yarmy, M. M.
Yauman, C. F.
Yoder, Durbin T.
Young, E. H.
Young, W. P.

Zervos, M. S.
†Zeve, H. S.
Zlotnick, Sam
Zoss, S. R.

ASSOCIATE

Beach, J. K.
Bare, Northon H.
LoCricchio, John
Bernstein, Leon L.

JUNIOR ACTIVE

Brody, David R.
†Calvin, J. L.
†Covert, Donn F.
Fuzy, P. J., Jr.
Gordon, J. N.
Inui, Frank K.
Kunin, K. C.
Lero, Sam
Rizk, F. G.
Ruth, Paul E.
†Segal, Harold
Shaw, Frank
Telego, A. J.
Tornello, Robert L.

INTERNE

Brown, Robert A.
Brown, D. B.
Campolito, J. J.
Dobson, Paul A.
†Fisher, R. R.
Gasser, Lewis
Giering, Charles N.
Hardin, Wayne B.
Hucin, Lambert J.
Lamprich, F. M.
Luchette, A. A.
Morrison, F. W.
Murray, R. D.
Parry, Robert W.
William, James R.

NON-RESIDENT

Caskey, E. G.
Chalker, H. E.
Clark, Wm. A.
Fry, Gene D.
Giber, P. B.
Gross, D. A.

(Continued on Page 37)

ROSTER OF MAHONING COUNTY MEDICAL SOCIETY (Continued)

Krupko, Marie
Krupko, Paul
McGowan, J. F.
Schneider, B. M.
Thomas, J. H.

HONORARY

Beight, C. H.
Blott, H. E.
Cervone, Louisa
Clark, C. R.
Goldcamp, E. C.

Hayes, M. E.
Hinman, A. V.
*McClenahan, H. E.
*Monroe, F. F.
*Norris, C. B.
Osborne, H. M.

Ryall, W. W.
Schmidt, Henri
*Whelan, R. E.

† In Service
* Deceased

BLOOD CULTURE LABORATORY SPECIMEN OUTFITS

As an added service to Health Departments and physicians in Ohio, the Ohio Department of Health is offering an improved laboratory specimen outfit for blood culture. This outfit will be distributed to physicians through their local health departments as is the practice for the other laboratory mailing outfits.

It is hoped that increased use of the blood culture procedure will aid in the diagnosis of some obscure bacterial infections. Physicians who desire to perform blood cultures on their patients can carry the outfit together with a sterile syringe and needle in their instrument bags, and thus be ready to take the specimen and inoculate the medium at the first visit to a febrile patient, before antibiotic or chemotherapy has been instituted.

Repeated blood cultures have been found particularly desirable for use in septicemia and bacteremia associated with endocarditis, typhoid, salmonellosis (food poisoning), brucellosis, meningitis, pneumonia, osteomyelitis, peritonitis, puerperal sepsis, and wound infections. Antibiotic sensitivity tests can be requested for any organism cultured.

To introduce this outfit we are forwarding to you six complete blood culture containers. We would appreciate your actively promoting their use by physicians in the area; please bring the new outfit to their attention when they or their office personnel stop in for other laboratory outfits. We shall be happy to forward an additional supply upon receipt of the usual request to our laboratory in Columbus. Blood culture outfits are good indefinitely.

John D. Porterfield, M.D.
Director of Health

"TWENTY YEARS AGO"

There were 37 cases of diphtheria in Youngstown and 3 in the County. There were 7 cases of smallpox in the city and 32 in the County. Youngstown had more diphtheria than any city in Ohio. Mahoning County had more smallpox than Germany, Holland and Belgium combined.

FROM THE BULLETIN*J. L. Fisher, M.D.***TWENTY YEARS AGO — (JANUARY 1933)**

President Harvey wrote "We cannot look forward to a new year of great prosperity with poverty, unemployment and deflated credit every where about us . . . With the inroads of the depression having affected all classes of people we see the medical profession battered to its knees but doing its best to serve this community."

At the annual banquet Dr. Fielding H. Garrison, noted medical historian spoke on "Geographical Medicine." He gave a scholarly talk which was received with rapt attention by his audience.

The following resolution was passed by Council on Dec. 30th: The Council of the Mahoning County Medical Society looks with disfavor on any kind of advertising by physicians in magazines or publications other than medical, under the guise of a directory or the like; and furthermore the Council cautions and advises the members against participation in such procedures, unless they receive the endorsement of the Secretary.

Henry Sisek, Walter Mermis and Peter J. McOwen became members of the Society.

On the recommendation of Council, the city closed its dispensary and all indigent sick were referred to the hospital dispensaries. The doctors agreed to treat their old patients on any basis they could afford. It didn't appear in the Bulletin but this writer remembers that many patients received food and clothing as well as medical care from their doctors those days.

TEN YEARS AGO — (JANUARY 1943)

President-Elect Nagel assumed the duties of President and prevailed on Claude Norris to edit the Bulletin another year. George McKelvey was Secretary, Saul Tamarkin, Treasurer; Bill Bunn headed the program committee and Elmer Wenaas the social committee. A. J. Brandt was stuck with Post-Graduate day with E. H. Young, Fusselman, Fuzy, Zoss and Rummell to help him. Delegates were E. J. Reilly, John McCann and Bill Skipp; alternates were Birch, McOwen and Fuzy.

Dr. J. Huber Wagner of Pittsburgh was listed as speaker that month. His subject was "Traumatic Surgery." Meetings were back at the Youngstown Club again and well attended although the weather was cold and snowy.

More members were gone to military service: John R. Buchanan and J. L. Fisher. Louis Deitchman, John Goldcamp and Marvin Goldstein wrote in to complain about not receiving the Bulletin. Many of the men in service were home on leave for the holidays. Tims was in England. Stan Myers and Bill Evans were in the South Pacific.

Dr. Francis Gambrel and Josephine Fusco were married on Thanksgiving Day. Dr. Wm. L. Mermis became a new member. Dr. John W. Shaffer, one of Youngstown's pioneer surgeons died Dec. 3rd.

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of the

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L. Perloff, W. M.: Am. J. Obst. & Gynec. 58:684, 1949.

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TRI-VI-SOL® Each 0.6 cc. supplies	5000 Units	1000 Units	50 mg.			
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