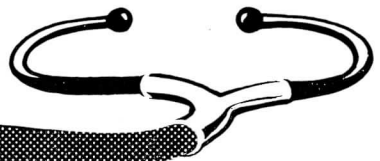
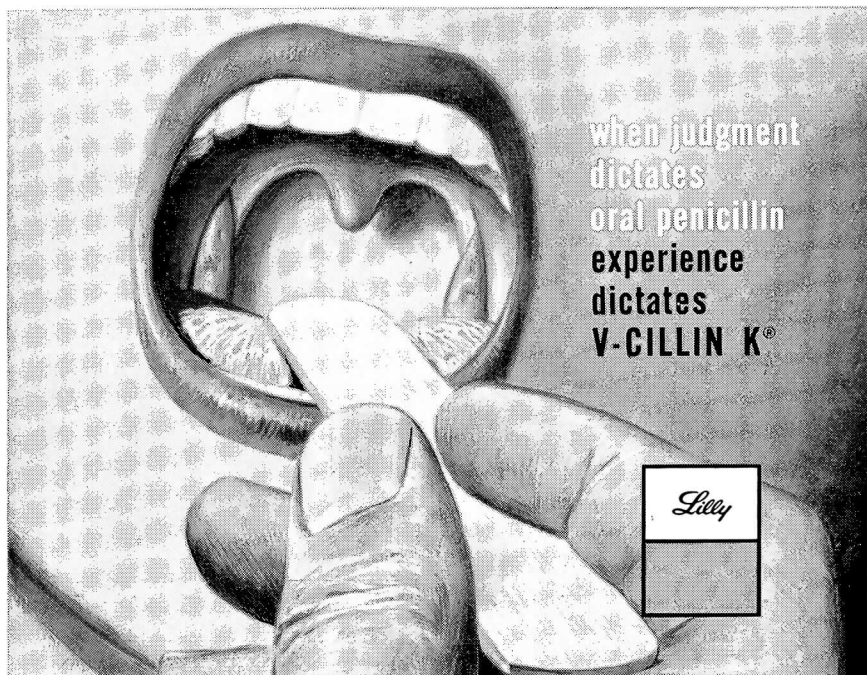


BULLETIN

of the
MAHONING
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MEDICAL
SOCIETY



NOVEMBER, 1960 • VOLUME XXX, No. 11
YOUNGSTOWN, OHIO



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1. Griffith, R. S.: Comparison of Antibiotic Activity in Sera after the Administration of Three Different Penicillins, *Antibiotic Med. & Clin. Therapy*, 7:129 (February), 1960.

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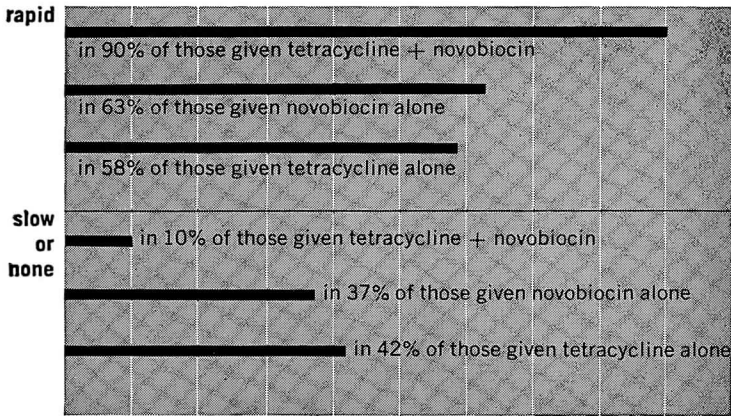
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NOVEMBER

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7:00 Dinner

8:00 Speaker — **SUSAN E. REES**, Past-president
Ohio State Society of Medical
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ship Committee OSSMA.

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DIABETES WEEK

NOVEMBER 13 - 19, 1960

NOVEMBER MEETING

TUESDAY, NOVEMBER 15 — MURAL ROOM

6:30 P.M. FREE BUFFET DINNER

NOMINATION OF OFFICERS

DIABETES WEEK REPORT

DECEMBER MEETING

TUESDAY, DECEMBER 20 — MURAL ROOM

MEDICAL SOCIETY MEETING

MEDICAL SERVICE FOUNDATION MEETING

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 1005 Belmont Ave. 3610 Market Street Canfield, Ohio

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S. W. ONDASH	E. R. McNEAL	G. E. DeCICCO (1961)	J. J. McDONOUGH
H. J. REESE	F. A. RESCH	ASHER RANDELL (1962)	S. W. ONDASH
M. S. ROSENBLUM	R. J. SCHEETZ	P. J. MAHAR (1963)	C. C. WALES

Representative to the Associated Hospital Service: J. M. RANZ
 Executive Secretary: H. C. REMPEL, JR.

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Our President Speaks

GOOD APPLES AND GOOD MEDICINE

There is considerable pessimism among doctors that domination of medicine by government and pressure groups is inevitable. Perhaps it is, but in a matter so serious, we should not assume that it is without exploring the possibility that it is not inevitable.

It is not inevitable if doctors meet the mounting challenges and broad obligations that confront medicine. It is not inevitable if we are united in our determination to provide the best medical care for all our people and exercise our rights and privileges as citizens. It is not inevitable if we are alert to the dangers that threaten our moral and intellectual independence. It is not inevitable if the problems are met with the informed understanding and effort of all members. In truth, only doctors can engineer their own debacle.

Medicine can properly be proud of its significant achievements but it also has a great responsibility to see that nothing stems the tide of progress, nor permits our enviable position in medicine to deteriorate.

Sober logic and mass public relations programs will not suffice against perverted political rhetoric. We are at a point which demands positive action on the part of the medical profession. The Medical Society must devote more time and effort in certain activities that have been the subject of much discussion recently. Of prime importance are programs of medical care for all citizens, insurance plans, excessive fees, and socio-medical problems. We must determine what really is involved in the increased costs of medical care.

Much is said of doctors being "against" any proposal for altering medical care. The medical profession, in battling to keep itself free from the heavy hand of government and pressure groups, has given some people the wrong impression that it actually opposes the spread of health services to more people. Our position is similar to that of the farmer who was chided as being against moths because of relentless spraying of his apple orchard. His reply was that he wasn't against moths—he was just for good apples. We have no quarrel with health being everybody's concern and medicine is for everyone—we are just for good medicine. The medical society can rightly have its own ideas and standards for what in public policy is best for patients.

There are powerful economic, social, and political forces acting on medicine, but no matter what changes in medical practise lie before us, there is one thing we dare not change, and that is our dedication to our ideals as physicians.

—Fred G. Schlecht, M.D.
President

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The opinions and conclusions expressed herein do not necessarily represent the views of the Editorial staff or the official views of the Mahoning County Medical Society.

Volume 30

November, 1960

No. 9

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

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Robert B. McConnell, M.D.

Richard D. Murray, M.D.
Morris S. Rosenblum, M.D.
James R. Sofranec, M.D.
John J. Turner, M.D.

EDITORIAL

ABOUT THOSE NOMINATIONS

This month we meet to nominate the officers of our Society. This should be the most important meeting of the year for we will be asked to make decisions which could affect every single one of us in the future.

The time has long since passed when we merely give honor to whom honor is due. The nominations and election are not a popularity contest. We do not meet to elevate those who have "gone through the chairs" necessarily. While experience is an important counter-part to leadership this alone is not enough. Weak, indecisive leadership, if only for one year, can produce far reaching negative reactions for many years to come. In public relations alone, strong, imaginative leadership needs to be continued if we are to prevail as a respected community voice. Indeed, our very freedom is at stake and what we do now may set the course for the future. This observer would raise the following questions:

1. *Does the President-elect always need to be rotated between the two hospital staffs?* This ancient ritual would imply competition when competition between hospitals is not the issue.
2. *Must the officers necessarily serve through the succession of offices in order to reach the top?* While this gaining of experience produces an understanding of the workings of the Society, it limits experience to a few. Council posts could well include new men every year. There is wisdom in retaining delegates from term to term so that they may become known on the state level, but more physicians should be given the opportunity to serve the remainder of the Council.

The Society in the past has been reluctant to nominate more than one man for the several offices. It has been said that the loser might have "hurt feelings." Too long have we thought about election as an honor only. The jobs are far too important for this or for hurt feelings. It is a matter of service and service is something to which we are called—not chosen.

—Jack Schreiber, M.D.
Editor

NOMINATIONS FOR 1961

Nomination of officers will take place at the November 15 meeting of the Mahoning County Medical Society. Nomination will be made by written ballot at the meeting. The two receiving the highest votes for each office will be the nominees. Nominations made at this meeting will be voted upon at the December meeting.

Some of the officers, council and delegates will carry over from the current year. In the outline below, those to be nominated are left blank:

OFFICERS: 1961

President	A. K. Phillips
Immediate Past President	F. G. Schlecht
President Elect	-----
Secretary	C. E. Pichette
Treasurer	-----

COUNCIL: 1961

One year members:	Two year members:
G. E. DeCicco	-----
E. R. McNeal	-----
R. J. Scheetz	-----
F. A. Resch	-----

DELEGATES: 1961

1961 G. E. DeCicco	Alternates: -----
1962 Asher Randell	-----
1963 P. J. Mahar	-----
1964 -----	-----

Retiring officers are: C. W. Stertzbach, who has served two years as treasurer; H. P. McGregor, who has completed a four-year term as delegate; four council members who have completed two-year terms. H. P. McGregor, S. W. Ondash, M. S. Rosenblum, and H. J. Reese; and the four alternate delegates, who have completed one-year terms, J. J. McDonough, R. R. Fisher, S. W. Ondash, and C. C. Wales.

In summary: to be nominated at the November meeting will be two members for the office of president-elect, two members for the two-year term of treasurer, two members for the four-year term of delegate, eight members for the four two-year terms on council, and eight members for the four one-year terms as alternate delegates.

Also to be nominated is the representative to Associated Hospital Service, the position currently held by J. M. Ranz.

DR. BENNETT HEADS HEART ASSOCIATION

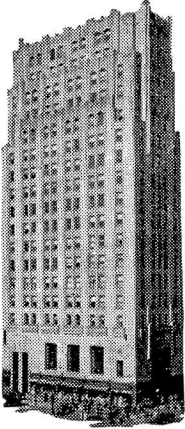
Dr. H. N. Bennett was elected president of the Youngstown Area Heart Association at the annual meeting held at the Youngstown Club on Tuesday, October 5. He succeeds Dr. J. A. Rogers.

Dr. John Noll will continue as vice-president and Victor A. Norling was elected trustee and treasurer. Mr. John S. Andrews will continue as chairman of the board. Mrs. James H. Walls is executive secretary.

Newly elected to the board were: Dr. S. E. Tochtenhagen of Girard and Dr. M. E. Pearlstein of Warren.

Bronze medallions for service were presented to Dr. Rogers and K. M. Montizambert, retiring treasurer.

Participating in a panel discussion at that meeting were Drs. L. P. Caccamo, Rogers, Bennett and Noll.



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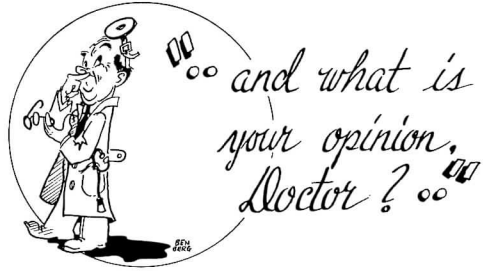
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Question: What would you do to improve participation in County Medical Meetings?



Dr. J. V. Newsome: Answer—I have attended many meetings over the course of the years and those particularly in the last few months. I have found participation quite excellent. Issues have been good as presented, further participation by greater numbers of physicians will only be arrived at when the physicians themselves realize or are made to realize through education, the importance of these meetings to each and everyone of us.

Dr. Raymond Boniface: Answer—I believe that participation could be improved by having a good medical lecture following each meeting. I know that in the past that these are the meetings that I have attended and found most interesting. I believe that the educational factor in addition to discussion of the local policies and problems would be most beneficial.

Anonymous: This reporter has interviewed a number of other men who have had opinions to discuss and express upon this question, but none of them wished to be identified. I feel that the number of men who answered the question and wish to remain anonymous was great enough that I will utilize the balance of the space to state their feelings collectively.

It seems that a great many feel that very little is accomplished in the meetings, in terms of any benefits to be derived for the group, and that certain issues such as the Social Security vote taken in the past had very little follow-up of the resolutions. One person made the statement that he was not aware that it was even carried on to a State level. The major issues always seem to be solved long before they are ever presented to the floor for discussion. Individuals that are in charge of the society apparently make these decisions feeling that they are the ones that can make them and that the other individuals belonging are welcome to voice what they feel or think, but have very little to say in the decisions as made.

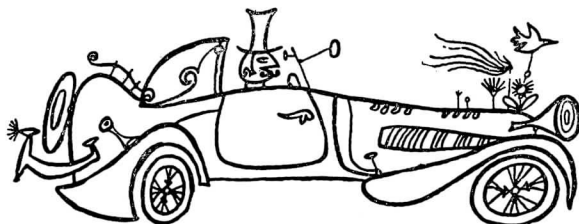
The politics of the medical society are open to numerous individuals who feel that the various committees formed and the like, are usually appointed for the reason that the line of thinking of the various committees in the society are all one and the same.

The general run-of-the mill doctor, regardless whether he does general practice or a specialty, has very little actual voice, whether he gets up and speaks at the meeting or not, and therefore, it is a waste of time to attend.

Other expressions are the number of meetings per month presented by the society, by the hospitals, by the combined efforts of various groups or individual specialty groups or by the Academy of General Practice etc. and that these are so numerous that the County Society meeting seems to be the one in which the least is accomplished or learned. All of these ideas merely summarize some of the things which were said by individuals who did not wish to be quoted, it is also fair to say that some of the men questioned whose group thoughts appear in this statement admitted that they themselves do not attend and that these were the reasons they do not go.

—A. Calder, M.D.

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Dr. Morris Rosenblum: Continue the free lunches, combining the social with the business and the scientific.

Dr. Brack Bowman: There are too many compulsory meetings in all of the hospitals which interfere and make me weary of going to meetings. There is also too much politics in the form of pressure groups in the medical society particularly with reference to the election of officers, and not enough control of the meetings from the floor. Pressure groups and pressure politics have caused most of the loss of interest.

Dr. Al Geordan: I feel that more of a scientific meeting should be arranged. A social or cocktail hour before the meetings and a continuation of the buffets should help.

Dr. Stan Myers: I can remember the day when I used to look forward to them (the meetings). At that time there were only two meetings that had to be attended, the hospital staff meeting and the county medical society meeting. Now there are just too many meetings and everybody just gets fed up with them. It's the same deal all over the country.

Dr. R. D. Murray: I feel that the social aspects of the meetings should have equal importance with the scientific and business aspects. It is, of course, almost impossible to design a scientific program which will appeal to all of the members but businesswise motions should originate from the floor rather than be dictated by the chair because if we are merely to rubber stamp a dictatorial policy, there's hardly any reason for going to a meeting, is there?

—Richard Murray, M.D.

FOR RENT

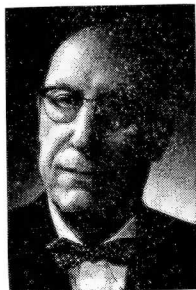
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R. W. (Ray) Fenton was born in Newton Falls in 1892. His initial interest in medicine derived from his relationship with H. M. Mealey, an old-time family doctor for whom he worked in his spare time. He attended Ohio State University, where after two years of undergraduate work he entered the School of Medicine and graduated in the class of 1915. He interned at the old South Side Hospital and after a brief few months of practice joined Base Hospital 31. After returning from the War he set up his practice of general medicine in Struthers, where he has been located ever since.



Ray Fenton has two children. His son Ray is a minister in LaGrange, Illinois, and his daughter is married to a pathologist in Pittsburgh. His eighth grandchild is soon to arrive. He is an honorary member of the Struthers Rotary and is on the Session of the Presbyterian Church. His standards of medicine have always been quite high and his interest in his patients is manifested in their faithfulness to him and their complete confidence in his decisions.

Doctor Fenton has recently accepted the appointment as Mahoning County Health Commissioner, in which capacity he will be in charge of public health in all of Mahoning County outside of the cities of Campbell, Struthers, and Youngstown. He will have the responsibility of the extensive immunization program in the County and will also have jurisdiction over sanitary inspection and building inspection.

It goes without saying that if he fulfills his obligation to this new appointment as thoroughly as he has carried on his practice of medicine, he will make a great contribution to the community.

—William H. Bunn, Jr., M.D.

Nov. 17

J. J. Turner

Nov. 18

H. N. Bennett

F. R. D'Amato

Nov. 19

M. I. Berkson

J. G. Costantini

Nov. 20

E. C. Baker

Nov. 21

C. A. Whitten

Nov. 22

G. D. Fry

A. C. Marinelli

Nov. 23

B. M. Schneider

Nov. 24

C. S. Lowendorf

Nov. 25

P. J. McOwen

V. Holonko

Nov. 26

S. V. Squicquero



Get Your Annual Check-up

Nov. 27

R. V. Bruchs

Nov. 28

W. L. Agey

C. H. Weidermier

Nov. 30

S. E. Tochtenhagen

Dec. 1

D. R. Bernat

C. Scofield

Dec. 2

C. A. McReynolds

Dec. 3

C. F. Wagner

Dec. 4

H. J. W. Marcella

Dec. 10

H. L. Shorr

B. M. Bowman

Dec. 13

D. Nesbit

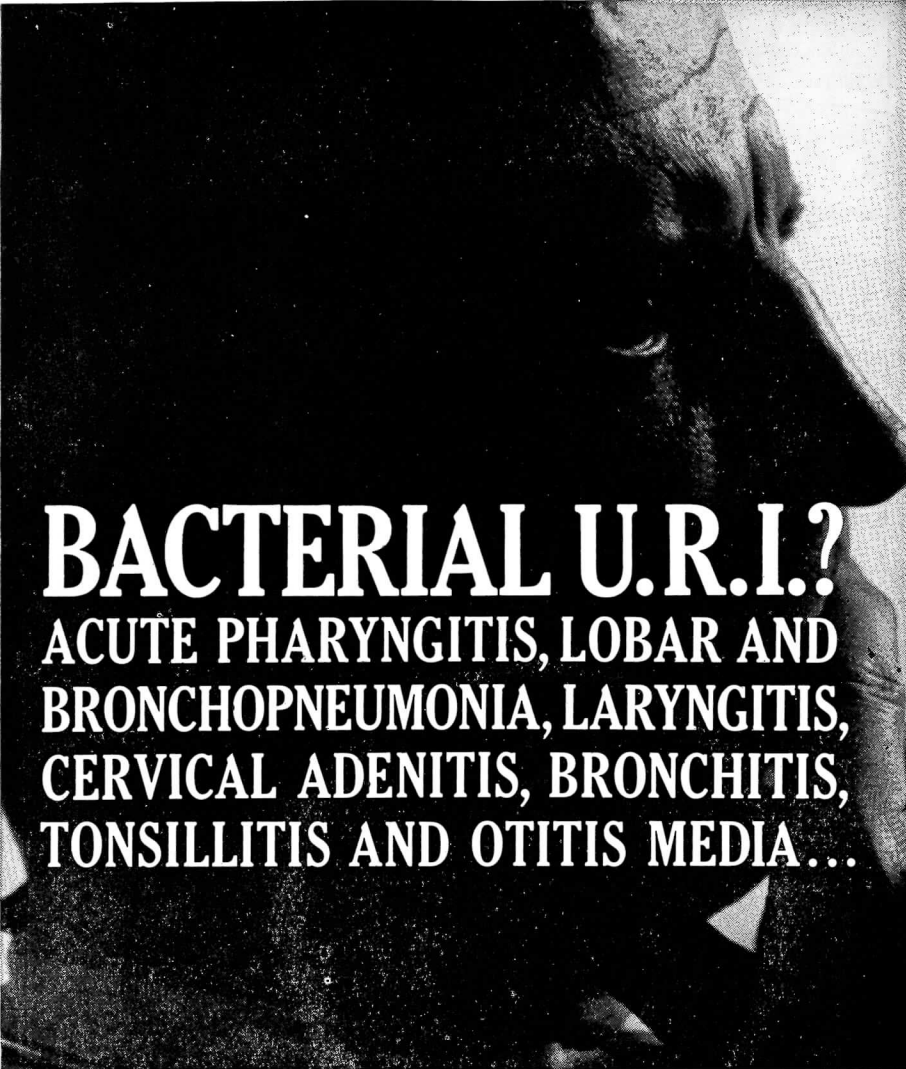
E. A. Shorten

Dec. 14

D. M. Rothrock

Dec. 15

F. G. Kravec



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1. Morigi, E. M. E.; Wheatley, W. B., and Albright, H.: Antibiotics Annual 1959-60, N.Y., Antibiotic, Inc., 1960, 131.

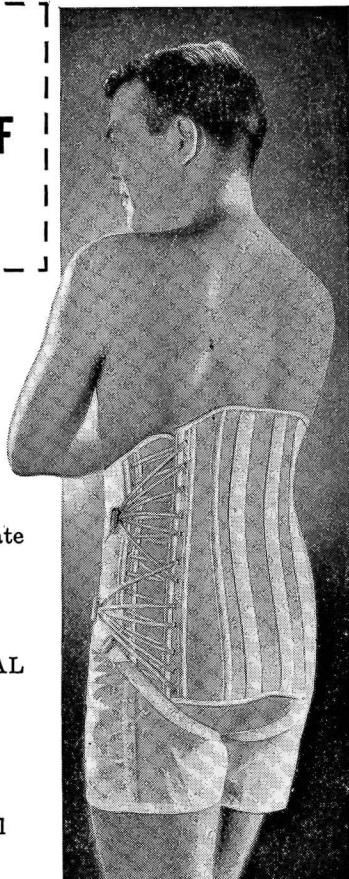
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The foundation is directed by 15 physicians. Included are 5 past A.M.A. presidents, the current president and several medical school deans. Distribution in the form of grants is made each year in February. At that time, an equal distribution of all funds not designated for a particular school is made. Also sent to each school are those gifts earmarked for it by donors. Grants are made by AMEF without restriction and may be utilized by the dean in anyway thought most beneficial.

Because tuition pays only 18.2% of the cost of a medical education, unless outside help is found, reliance on federal support will result ultimately in federal control of our medical schools. Thus, each gift is important, as we strive to reach the goal of 100% participation in giving to help medical education.

You may, as a contributor, " earmark " gifts in favor of your Alma Mater. Or, you may use your gift to honor the name or memory of a friend or loved one. It is necessary only to note on the check or in a letter to the AMEF, the school you wish to be designated as recipient.

Your gift to AMEF accomplishes many things. Your dollars help to offset the \$10,000,000 annual operating deficit of our medical schools. Your dollars deny the need for federal aid. Your dollars illustrate to others the concern of the medical profession over the financial plight of its schools. Your dollars help pay back the 80% of the cost of your education which tuition did not pay.

Every dollar contributed goes to medical schools. No part of your gift will be used to pay promotional or office expenses. These are paid for by the A.M.A. Each of us can help by joining with our colleagues throughout the nation in making our gifts. Only by this voluntary method of giving can we assure continued freedom from federal control. It is this freedom from control which has been the dominant factor in making medical education in the United States acknowledged as the best in the world.

—Louis Bloomberg, M.D.
AMEF Committee Chairman

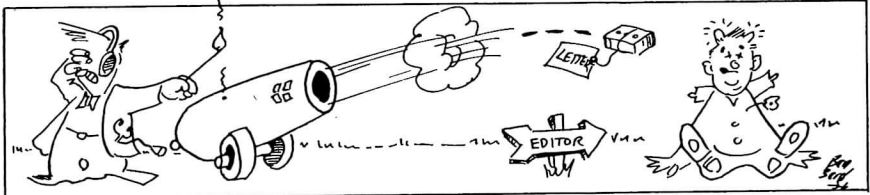
ALIAS SANTA CLAUS

President Fred G. Schlecht will represent the Mahoning County Medical Society as a Candy Butcher at Esther Hamilton's Alias Santa Claus show this year.

Dr. Schlecht has sent out a letter to each member asking that he give generously to the Santa Claus Fund. It is necessary that the checks be sent beforehand so that Dr. Schlecht will have them for the night of the show.

Make out your check to: J. Emerson Davis. Mail it to: Mahoning County Medical Society. Your gift will show appreciation to Esther Hamilton, a good friend of the medical profession, and will help insure that no one in Youngstown goes hungry at Christmas time.

LETTER TO THE EDITOR



Mahoning County Medical Society
Gentlemen:

Your letter and material explaining the Mahoning County Medical Society's radio program, "Consultation," provided us with a wealth of information.

Quite definitely this is something that we could suggest to our county societies for a local undertaking, one that has many plus values on the public relations side.

Many thanks for your courtesy.

Sincerely,
William Tobitt
Public Relations Dept.
California Medical Association

A recent letter from Ohio Medical Indemnity, Inc. offers the following pertinent information:

We have word from those in charge of the Federal Employees' Prepayment Program that there have been considerable delays in payment for physicians' services. I think it is well for physicians to note that this is a new program; there have been rough spots, and the delays in the processing of claims and issuing checks are understandable. The procedure is rather cumbersome and time consuming in that claims are mailed to our office, which in turn must be confirmed via teletype at the data processing center at Harrisburg, Pennsylvania. After confirmation, the claims are then processed here and forwarded to Washington after which the checks are issued to the subscribers.

We have received word that some doctors are pressing patients for payment and are causing some embarrassment to them, because the checks have been delayed, and the patients are awaiting the receipt of checks before the bill can be paid. I think it is well to advise the members of your Society of this situation and prevail upon them to exercise tolerance in the Federal Employee Group until the program has time to operate smoothly.



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BOARD OF HEALTH BULLETIN — CITY OF YOUNGSTOWN REPORT FOR SEPTEMBER, 1960

	Resident		Non-Resident		Total
	M.	F.	M.	F.	
Births	166	158	188	144	656
Deaths	76	52	50	33	211
Infants Deaths	7	1	2	2	12

SEPTEMBER, 1959

	Resident		Non-Resident		Total
	M.	F.	M.	F.	
Births	142	151	126	139	558
Deaths	81	40	57	41	219
Infant Deaths	9	2	6	1	18

CONTAGIOUS DISEASES

	1960		1959	
	Cases	Deaths	Cases	Deaths
Chicken Pox	2	0	0	0
Diphtheria	0	0	0	0
Measles	2	0	2	0
Mumps	4	0	0	0
Poliomyelitis	2	0	3	0
Scarlet Fever	2	0	0	0
Tuberculosis	4	2	4	0
Typhoid	0	0	2	0
Whooping Cough	0	0	14	0
Gonorrhea	18	0	29	0
Syphilis	4	0	5	0
Rheumatic Fever	3	0	3	0
Infectious Hepatitis	1	0	0	0

VENEREAL DISEASES

New Cases	M.	F.	Total
Syphilis	—	2	2
Gonorrhea	8	6	14

Total patients	16
Total Visitor (Patients) to Clinic	127

MCMS BACKS MEDICAL STUDENT RECRUITMENT

In conjunction with an AMA campaign launched to recruit talented and dedicated students for medical careers, the Mahoning County Medical Society is working with the local high schools to provide medical career information for students.

The Medical Society will provide a physician-speaker and a movie, "I Am a Doctor" for any student gathering such as career-days or assemblies. "I Am a Doctor" was previewed by the Society at the December meeting of 1959.

A letter announcing the plan has been sent to the high school principals by Dr. A. A. Detesco, chairman of the Public Relations Committee. A similar invitation will be sent to all the guidance teachers in the area. A special folder, "Program Materials on Medical Careers" will also be sent to the guidance teachers.

Leo E. Brown, Director of Communications for the AMA has pointed out "an alarming decline in both the number and quality of medical school

applicants. Admissions committees now accept one out of every two applicants and only 17% of last year's entering freshman were "A" students—not an ideal situation when the complexities of modern medicine require scholarly minds.

Mr. Brown said "recruitment of talented and dedicated students for medical careers is one of our foremost responsibilities, and it is in the medical profession's own interest to assume leadership in maintaining the continuing quality and expansion of its own ranks."

DIABETES WEEK

Diabetes Week, annually sponsored by the Mahoning County Medical Society, will be November 13 to November 19 in 1960. The Diabetes Committee asks the cooperation of all society members in the following way: Please:

1. Display the poster and place the literature for your patients to see.
2. Use the Clinitest tablets to make free diabetes checks for anyone coming to your office for such a check during Diabetes Week.
3. Keep a record of the number of tests and the number of positives.
4. Report this record when the Medical Society office phones you on the week following Diabetes Week.

Material for Diabetes Week is being delivered to the individual offices by members of the Woman's Auxiliary, under the supervision of Mrs. M. C. Hanysh, Community Service Chairman.

Chairman for Diabetes Week is Dr. L. P. Caccamo. His committee consists of Dr. R. S. Boniface, Dr. D. B. Brown, Dr. J. L. Calvin, Dr. J. J. Campolito, Dr. F. D'Amato, Dr. J. LaManna, Dr. E. R. McNeal, Dr. J. D. Miller, and Dr. E. G. Rizk.

DR. ROSENBLUM PRESENTED PLAQUE

Dr. Rosenblum was presented a plaque by Sixth District Councilor, Dr. Robert E. Tschantz, at the Postgraduate Day Banquet. In making the presentation, Dr. Tschantz commended Dr. Rosenblum for a highly successful Postgraduate Day.

In accepting the plaque, Dr. Rosenblum was generous in his praise for his hard working committee.

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SOCIAL NEWS—YOUNGSTOWN HOSPITAL

Dr. and Mrs. Dean E. Stillson and Dr. and Mrs. Robert A. Brown entertained thirty guests with a dinner party at the Stillson home on West Blvd.

Dr. Deforest W. Metcalf, director of anesthesia has been elected president of the Ohio Society of Anesthesiologists. For five years he served on the executive board of the state society and in the past year was vice president. Accompanying Dr. Metcalf to the annual meeting in Toledo were Drs. Herman Allen, James Fulks, Andrew DeBakker, Harold Hassel and Donald McSurdy.

Construction has begun on a \$60,000 medical arts building in Canfield Township. A new corporation, Canfield Professional Park Inc., has been formed by Drs. Jack Schreiber, Gene F. Schrum, Frederick A. Resch and G. William Richter. The building is located on two acres on Route 224 east of the village limits. It will be split level, with six offices, each having an entrance on the ground floor. Marshall Edman Co. of Madison, Wis., is the contractor. Completion is expected by December.

Dr. Ben Brown addressed the Youngstown Hospital Nurses Alumni on the "Uses of Radium Cobalt and Isotopes."

Dr. A. E. Rappoport and Winifred Liu participated in the recent program of the College of American Pathologists in Chicago.

Dr. William Flynn has been elected president of the Ohio Division of the American Cancer Society.

—G. E. DeCicco, M.D.

October—autumn leaves, cool breezes, witches and goblins. Time to get out the old top-coat and shake out the moth balls—time for anti-freeze and flu vaccine. Three years ago the Asian Flu was in full swing in October, and we couldn't give the vaccine fast enough.

This month the main topic of conversation seems to be "Doctors on the Move." Doctor Gabe DeCicco moved into his new office on Market Street at Maple Drive. This is the former home of the late Attorney Joe Miller, and Gabe has done a beautiful job of remodeling it without changing its basic architecture.

Another remodeling job is the office of Dr. H. Bryan Hutt, where Dr. Hutt is adding a second floor to his building. The newly enlarged building will house the new offices of Dr. Rollis Miller and Paxton Jones, as well as Dr. Ed Jones, Jr.

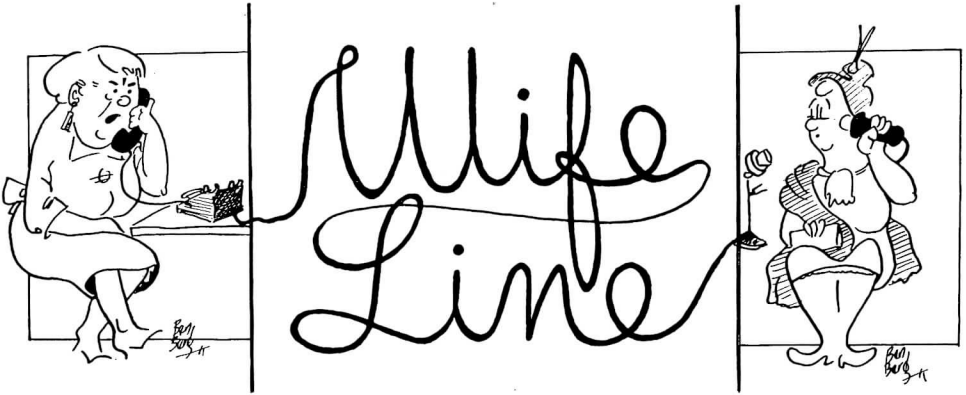
Some of the space in this building is being provided by another doctor on the move—Dr. Ed Rizk—who is leaving our happy circle for the more favorable climate of Houston, Texas. We are all sorry to see Ed and his family leave, but wish him the best of luck in his new home.

Not to be out-done, Dr. J. L. Fisher got on the move to Swampscott, Mass., where Mrs. Fisher attended another flower meeting, then toured Boston, Cape Cod, Newport, Sturbridge and back via New York City.

We were pleased to note the return of Dr. Allen Holt to his old location at 3031 Market Street. He has two new partners, Dr. Lawrence Fetterman and Dr. Frank R. Raynak. Don't forget to send them some X-Ray work.

—Robert R. Fisher, M.D.





Any news we have to report this month is overshadowed by the untimely death of Dottie Patton. She was chairman of the Finance and Budget Committee this year. Her loss will be keenly felt by the auxiliary. Our sincere sympathy is extended to the members of her family.

Libby Werbner, our Mental Health Chairman, attended the World Federation for Mental health in Edinburgh, Scotland this past summer while she was traveling in Europe. You will hear more about this at the January meeting which will deal with the problems of the aged.

Carolyn Turner has asked that you be informed that she has material available concerning Civil Defense, and that she will be glad to help you on any questions that may arise in your minds.

Perhaps we could also help Ginny Shorten by a gentle reminder that your dues are now due. If you have overlooked yours, will you please take a few minutes now to clear it up.

Bowling News: Vitamin K is ahead! Ginny Shorten bowls a 207 game!

Our next meeting will be a most enjoyable one. It is the dance to raise money for Health Careers, Scholarship and A.M.E.F. Fund. Hope to see you there.

—Shirley Caccamo,
Publicity Chairman Medical Auxiliary

SOCIAL NEWS—ST. ELIZABETH HOSPITAL

Congratulations to Dr. and Mrs. H. L. Shorr who are proud parents of a baby girl.

Dr. W. L. Mermis is doing very well at home.

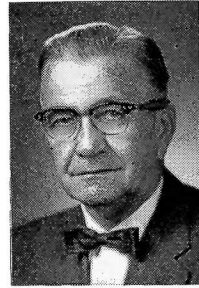
Dr. and Mrs. S. W. Ondash returned from San Francisco, California where Dr. Ondash attended the meeting of the American College of Surgeons. He also attended a reunion of the Fourth Auxiliary Surgical Group of which he is a member.

Dr. E. DiOrio and Dr. R. Boniface attended the Sixth International Congress of Internal Medicine at Basil, Switzerland.



—G. L. Altman, M.D.

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FROM THE BULLETIN

Twenty Years Ago—November, 1940

In 1940 a person having an income of \$60.00 or less per month was considered indigent and eligible for relief. Medical care of the indigent was adequately covered by the existing welfare agencies. The medical society was giving attention to the problem of individuals and families just above that level, the "low income group."

Ivan Smith and his committee on Prepayment Insurance had drawn up proposals which Council was considering. The *Bulletin* was vague as to details but as this writer remembers the plan outlined was an elaborate one and practically put us in the insurance business. The subject was a hot one at the time and caused much discussion. More on that phase of the Society's history will be given in a future column.

Bill Evans was program chairman and was going all out. In October he had Dr. Edgar V. Allan here from the Mayo Clinic and in November Dr. Henry L. Bockus from Philadelphia, both top-flight. Excerpt from Dr. Allan's talk: "Potassium sulfocyanate is the only drug of several tested that actually will reduce blood pressure. Estimates of blood cyanate concentration must be done frequently until the proper concentration of 9 milligrams per cent is reached. Too much causes skin rashes, nausea and weakness. Sympathectomy is justifiable in some cases and does lower blood pressure. Results with it, however are not uniformly successful."

No one uses potassium sulfocyanate any more. We are going through the era of rauwolfia, ganglion blocking agents and chlorothiazides but the ideal drug has not been found. Sympathectomy gave Dr. Jim Brown many extra years of useful life but it is seldom done now.

Every presidential year the doctors are exhorted to do their duty as citizens and they usually try to influence their patients and friends to vote for the candidate who represents freedom of medical practice without socialistic control.

In 1940 President Roosevelt was running for a third term against Wendell Wilkie. A page of advertising appeared in the *Vindicator* sponsored by doctors and lawyers against a third term and it caused considerable stir. One doctor had a big picture of Wilkie in his waiting room and some patients were so disturbed they got up and left. In the *Bulletin* the Medical Crier wrote: "We have found that what patients want from us is good medical care, not opinions about how to run the country. We are considered men apart, like the clergy and when we get involved in the heat of public discord people look askance. Our influence upon the vote involving so many issues is very slight. Let us stick to our last, improve ourselves as doctors and leave politics alone."

Ten Years Ago—November, 1950

A special assessment of \$15.00 to meet a deficit in Society funds was passed at the October meeting and a motion to increase the dues to \$50.00 a year was to be voted on at the November meeting.

St. Elizabeth's Hospital needed two million dollars for construction of a new wing and other additions. Dr. F. W. McNamara was named chairman of the medical division to solicit the doctors. Dr. Poling was president of the staff. Others on the committee were Bill Evans, James Birch, Saul Tamarkin, John McCann, Earl Brant and Bill Alsop.

Dr. Fred Dixon, president of the Ohio State Medical Association was here to address the Auxiliary. He was an interne in the Youngstown Hospital in 1918. New active members that month were Ben Brown, Irving

Chevlen, George Cook, Frank Gelbman, DeForest Metcalf, Ed Shorten and Dean Stillson. New interne members were Raymond Catoline, Patrick Cestone, Kenneth Hovanic, Frank Inui, Harold Segall and Frank Shaw.

The Society lost four members by death. John R. Buchanan was an active and excellent orthopedist only 49 years old. Samuel Davidow was a busy and popular general practitioner, well liked by everyone. John F. Lindsay had been retired for years with arthritis but during his time he was one of Youngstown's most prominent physicians. James Mariner was health commissioner of Campbell for 20 years before his death at 64 years of age.

John McDonough became a fellow of the American College of Surgery. F. A. Friedrich entered the general practice of medicine and Merrill Evans opened offices on Mahoning Ave for the practice of psychiatry.

Editor Coombs wrote: "Without pointing the finger at anyone, it is very apparent that there has been a great let-down in the Society in the last eight years. Our meetings are not attended as they should be; our meetings lack the dignity they used to have; our members do not want to take time to do the committee work which is so essential."

Don't look now but we think we see a strong revival of interest at present in Society affairs. And as an old Editor we think the *Bulletin* of October 1960 was tops.

—J. L. Fisher, M.D.

DR. FLYNN PRESIDENT OF OHIO CANCER SOCIETY

Dr. William Flynn was elected president of the Ohio Division of the American Cancer Society at the recent meeting in Columbus. He succeeds Dr. Arthur James, the Associate Professor of Surgery at Ohio State University.

Dr. Flynn was graduated from Georgetown University School of Medicine in 1942. He served his internship at St. Luke's Hospital in Cleveland and then had a one year's residency in surgery at the A.A.F. Regional Hospital, Truax Field, Madison, Wisconsin. The next two years were spent in the Air Force Medical Corps.

He was in the private practice of Surgery in Youngstown for one year. He spent six months working in Youngstown Hospital Laboratory. He then went to Memorial Hospital in New York for two years, returning to Youngstown where he is associated with Drs. Brant, Nelson and J. Turner.

He has been on the Medical Advisory Board of the Mahoning County Chapter of American Cancer Society since 1952 having served as Chairman from 1956 to 1959.

He is married and has three charming daughters. His hobby is painting but his many vocational activities does not permit much time for hobbies.



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MEETINGS OF GENERAL INTEREST—NOVEMBER AND DECEMBER**TUESDAY**

- Nov. 15 6:30 P.M.—Dinner and regular meeting. Mahoning County
7:30 P.M. Medical Society
Mural Room
- Nov. 29 6:30 P.M.—Council Meeting, Mahoning County Medical Society
Youngstown Club

THURSDAY

- Nov. 10 8:00 A.M.—Visiting Professor Dr. Eugene Lippschutz, Professor of
9:30 A.M. Medicine, University of Buffalo. CPC, Lecture, Ward
1:00 P.M. Rounds. "Newer Aspects of Diagnosis and Treat-
ment of Cardiovascular Disease"
Hitchcock Auditorium
- 1:00 P.M.—Visiting Professor Dr. S. Leon Israel, Professor of
Ob-Gyn, University of Pennsylvania
St. Elizabeth Auditorium
- 6:00 P.M.—Social Hour, Dinner. Medical Assistants and Secre-
7:00 P.M. taries, Mahoning County Medical Society
Mural Room
- Nov. 17 1:00 P.M.—Visiting Professor Dr. Eugene D. Robin, Professor of
Medicine, University of Pittsburgh
St. Elizabeth Auditorium
- Dec. 1 8:00 A.M.—Section Meetings, Youngstown Hospital Association
Hitchcock Auditorium
- Dec. 8 8:00 A.M.—Clinico-Pathologic Conference
Hitchcock Auditorium
- 1:00 P.M.—Visiting Professor Dr. Dieter Koch-Weser, Professor
of Medicine, Western Reserve University
St. Elizabeth Auditorium

FRIDAY

- Nov. 11 8:00 A.M.—Combined Medical-Surgical Conference
St. Elizabeth Auditorium
- Nov. 18 8:00 A.M.—Clinico-Pathologic Conference
St. Elizabeth Auditorium
- 4:00 P.M.—Chest Conference
Hitchcock Auditorium
- Nov. 25 8:00 A.M.—Chest Conference
Hitchcock Auditorium
- Dec. 2 8:00 A.M.—Combined Medical-Surgical Conference
St. Elizabeth Auditorium
- Dec. 9 8:00 A.M.—Combined Medical-Surgical Conference
St. Elizabeth Auditorium

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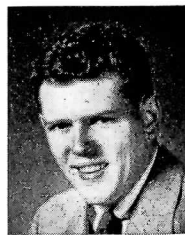


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REFERENCES: Dieckhoff, J., Z. Kinderheilk 70,177 (1951) Stoder, J. and Hockerts, J. Duet. Med. Wochschr. 74,282 (1949) Smirk, F. H., Lancet 263,695 (1952); Brit. Med. J., 178 (1954)

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PROCEEDINGS OF COUNCIL

October 18, 1960

The regular monthly meeting of the council of the Mahoning County Medical Society was held on Tuesday, Oct. 18, 1960, at the Youngstown Club, Youngstown, Ohio.

The following physicians were present: F. G. Schlecht, president, presiding, A. K. Phillips, H. J. Reese, H. P. McGregor, S. W. Ondash, R. J. Scheetz, Jack Schreiber, F. A. Resch, E. R. McNeal, C. W. Stertzbach, C. C. Wales, G. E. DeCicco, M. S. Rosenblum, P. J. Mahar, F. G. Schlecht. Also present were Dr. R. V. Clifford, Dr. Herman Allen, and Judge James E. Bennet. Absent were: A. A. Detesco, M. W. Neidus, Asher Randell, R. R. Fisher, and J. J. McDonough.

The meeting was called to order at 7:45 p.m. Judge Bennett was introduced to council and spoke briefly as our new legal counsel. Dr. Clifford, chairman of the third party medical care committee spoke concerning the work of that committee and a mailing that would go out to the entire membership concerning medical insurance plans. The minutes of the previous meeting were read and approved.

Dr. DeCicco reported on the Medical Assistants Dinner meeting to be held at the Mural Room on Thursday, Nov. 10.

Dr. Schreiber reported on the progress of a plan with Youngstown University to provide classes of study for physicians. He said that there will be a poll of the society concerning this plan.

Dr. McNeal spoke concerning the problem with the department of Internal Revenue and doctors' auto deductions in Mahoning County. He recommended that, if the society so desires a good case be taken to court to settle the issue. He will speak at the November meeting of the society.

Dr. Rosenblum gave a comprehensive report on the progress of the Sixth Council District Post Graduate Day.

Dr. Stertzbach introduced discussion concerning delinquent dues. Following discussion, the following resolution was adopted by a motion made, seconded, and duly passed.

Be it resolved that the Editor of the *Bulletin* of the Mahoning County Medical Society be authorized and instructed to publish in the Jan., Feb. and March *Bulletin* each year the following notification to the society members:

The names of all dues paying members who have not met their financial obligations to the Mahoning County Medical Society by March 31st will be published as delinquent members in the April *Bulletin* and again in the May and June *Bulletins* if their delinquency persists. It shall be the duty of the treasurer of the society to furnish the editor of the *Bulletin* the names of the delinquent members for publication in the April, May and June *Bulletins*.

Dr. McGregor introduced discussion concerning athletic injuries. Dr. Ondash reviewed plans to set up a panel sometime in the spring, after basketball season. Dr. McGregor expressed the hope that doctors could be made available for football games of certain schools out in the county.

Dr. Schreiber read a letter from Mr. Mitchell Stanley of WFMJ suggesting a series of taped radio programs on non-medical-scientific subjects, rather on medical-economic and similar subjects. Dr. Schreiber and Dr. Detesco were asked to provide a workable plan.

Bills were read, A motion was made, seconded, and duly passed to pay each one. A list of bills is attached to the minutes.

Meeting was adjourned.

—A. K. Phillips
Acting Secretary

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RHEUMATIC FEVER CONTROL THE DISEASE ITSELF



The pathogenesis of rheumatic fever remains one of the major enigmas of modern medicine. Although over the past fifty years a great wealth of indirect but overwhelming evidence has incriminated the group. A streptococcus as the etiological agent, the manner by which rheumatic fever results as a complication of streptococcal infection is still quite obscure. There is no specific laboratory test by which the disease

may be identified; its diagnosis still rests upon recognition of a clinical syndrome.

The diagnosis of rheumatic fever imposes important obligations both on the physician and the patient. The proper treatment and management of the disease involves an intensive and expensive program of patient care and restriction of activity for long periods. The diagnosis also involves the psychological trauma that usually accompanies any diagnosis implicating the heart. For these reasons, certain criteria have been developed in order to minimize both over-diagnosis and under-diagnosis. (See Table 1.)

Table 1. JONES' CRITERIA (MODIFIED) FOR GUIDANCE IN THE

DIAGNOSIS OF RHEUMATIC FEVER

<i>Major Criteria</i>	<i>Minor Criteria</i>
(a) Carditis	(a) Fever
(b) Polyarthrits	(b) Arthralgia
(c) Chorea	(c) Prolonged P-R interval in the ECG
(d) Subcutaneous nodules	(d) Increased value of certain laboratory tests
(e) Erythema marginatum	(e) Preceding Group A-Beta-hemolytic streptococcal infection
	(f) Previous rheumatic fever or inactive rheumatic heart disease

These are merely guideposts to the diagnosis; the boundaries of rheumatic fever are indefinite, and its differentiation from other diseases is often impossible. Despite these difficulties in pathogenesis and diagnosis, there are certain well proven methods by which the character of the disease in populations and individuals can be modified. These constitute the public health approach to the control of rheumatic fever.

PRIMARY PREVENTION

During epidemics and in certain population groups, it has been found that about 3% of untreated streptococcal infections are followed by rheumatic fever. Adequate and early penicillin treatment, however will eliminate streptococci from the throat and prevent most attacks. The public health approach to this problem encompasses the accurate recognition of individual streptococcal infections, their adequate treatment, and the control of epidemics in the community.

About half the streptococcal infections which occur are likely to escape detection because they are asymptomatic or atypical. The other half can often be suspected by their clinical manifestations; however, it is often impossible to be certain. Therefore, bacteriological support (throat culture) of the clinical impression is highly desirable.

Recently a new technique for the identification of beta-hemolytic streptococcus using a group-specific fluorescent antibody has been developed. Using this technique the organism can be identified within four or five hours from the time the specimen is received in the laboratory. The Division of Laboratories of the Ohio Department of Health is currently training a bacteriologist in this new technique; with the help of laboratory equipment loaned by the U. S. Public Health Service, it is intended that he will set up training courses for laboratory technicians around the state. It is hoped that this method of rapid identification will further encourage the use of throat culturing by private physicians.

For primary prevention of rheumatic fever, treatment should be started as soon as possible after the results of the throat cultures are known. Penicillin is the drug of choice; effective blood levels should be maintained for a period of ten days to insure eradication of streptococci from the throat. The sulfonamide drugs should not be used for the treatment of streptococcal infections. In an established infection they will not eradicate streptococci and therefore will not prevent rheumatic fever. Antibiotic lozenges are also inadequate for the treatment of streptococcal infections because they do not eliminate streptococci.

SECONDARY PREVENTION

The risk of recurrences of rheumatic fever to the rheumatic subject in the era before the use of continuous antibiotic prophylaxis was very great. From 60 to 75% of patients who had one episode of rheumatic fever suffered a recurrence. In contrast to the experience of a little more than a decade ago the yearly recurrence rate can now be reduced at least 85% with continuous chemoprophylaxis. It is imperative that the word "continuous" be emphasized. Careful immunologic studies have shown that most streptococcal infection is sub-clinical and that it can be detected by antibody rises and

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positive throat cultures in patients who are asymptomatic. Such sub-clinical infections can reactivate the disease in rheumatic subjects with the same frequency as clinically overt severe streptococcal pharyngitis.

In general all patients who have a well documented history of rheumatic fever or chorea or who show definite evidence of rheumatic heart disease should be given continuous prophylaxis. At the present time it is suggested that the safest general procedure is to continue prophylaxis indefinitely, particularly if rheumatic heart disease is present.

While many antibiotics are effective against Group A streptococci, the three most useful ones are discussed in Table 2.

Table 2. METHODS OF CONTINUOUS CHEMOPROPHYLAXIS OF STREPTOCOCCAL INFECTION

	Sulfadiazine (Oral)	Penicillin (Oral)	Benzathine Penicillin (Repository)
Advantages	<ol style="list-style-type: none"> 1. Easily administered 2. Well absorbed 3. Inexpensive 4. Established effectiveness 	<ol style="list-style-type: none"> 1. Bactericidal 2. Serious toxicity rare 3. No resistant streptococci 	<ol style="list-style-type: none"> 1. 'Break' in prophylaxis less likely 2. Single dose usually eliminates carrier state 3. Economical 4. Close patient contact 5. Other advantages of penicillin (See Oral Penicillin)
Disadvantages	<ol style="list-style-type: none"> 1. Frequent breaks in routine 2. Risk of serious toxicity 3. Resistant streptococci 4. Bacteriostatic 	<ol style="list-style-type: none"> 1. Frequent breaks in routine 2. Irregular absorption 3. Costly 4. Minimum effective dose not well established 	<ol style="list-style-type: none"> 1. Require Injection 2. Moderate local soreness
Recommended Dosage	1 g per day	200—250,000 units twice daily	1,200,000 units intramuscularly once monthly
Toxicity	Skin eruptions—0.5% Blood reactions—0.02%	Urticaria angioneurosis 0.2—0.5% 'Serum type sickness' anaphylaxis "Periarteritis" rare	Urticaria angioneurosis 1-2% 'Serum type sickness' Anaphylaxis 'Periarteritis'

(To be Continued)

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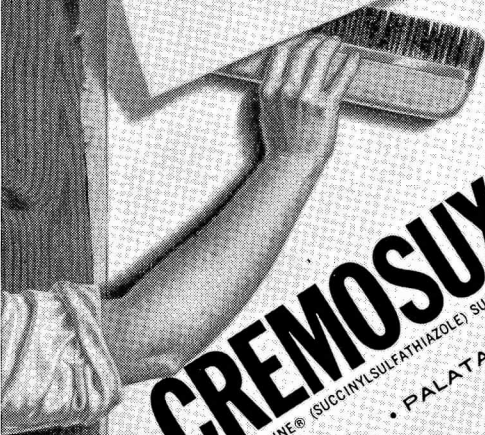
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