

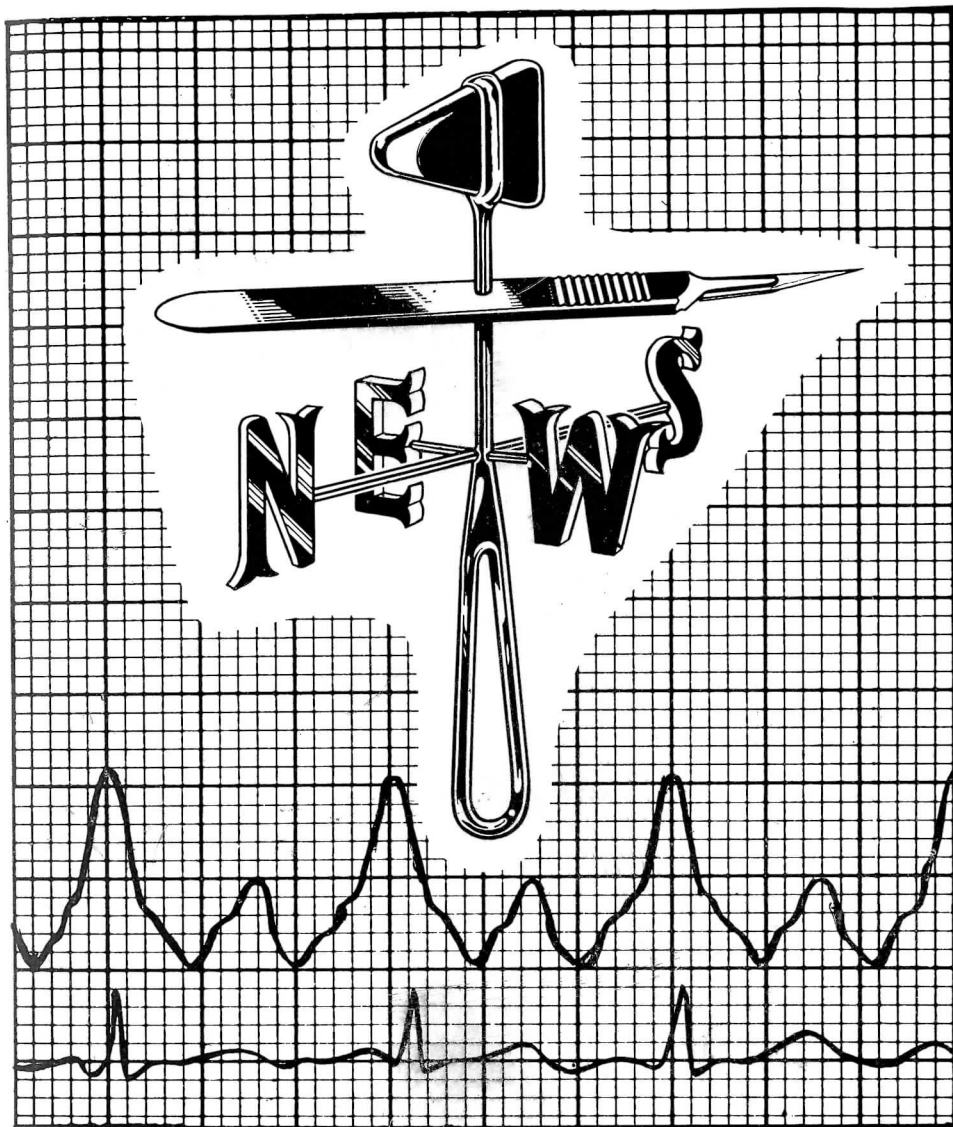
BULLETIN

of the
**MAHONING COUNTY
MEDICAL SOCIETY**

Volume XXXVI

Number Two

FEBRUARY, 1966







*So I said, "All right, Raymond,
if you don't take your cough medicine this minute,
I'll call Doctor Peabody."*

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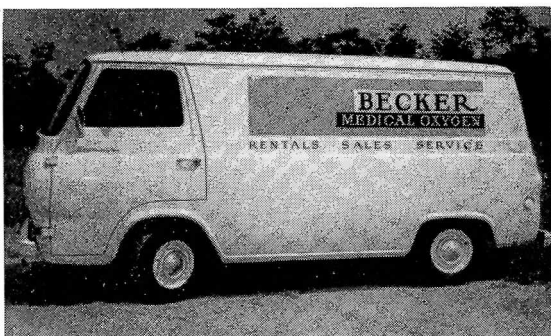
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FEBRUARY MEETING

Tuesday, February 15, 1966

MURAL ROOM

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SPEAKER: William J. McCauley, District Manager
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6:30 p.m. Dinner (\$3.50)

7:30 p.m. Meeting

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1005 Belmont Avenue
Youngstown, Ohio 44504

MARCH

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Speaker: Dr. Nicholas Nyaradi, Dir., School of
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Tuesday, March 15

Mural Room

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TABLE OF CONTENTS

Vol. XXXVI—No. 2

February, 1966

From the Desk of the President - - - - -	36
Editorial—Automobile Safety - - - - -	37
Annual Banquet Initiates New Year - - - - -	41
In Memoriam—William A. Welsh - - - - -	42
Successful Combined 5-Fluorouracil-Vinblastin Treatment of Carcinomatosis - - - - -	44
Venereal Disease Clinic Report for 1965 - - - - -	46
New Active Members - - - - -	48
Your Heart Association - - - - -	49
From the Bulletin—30, 20, 10 Years Ago - - - - -	51
Medical Controversy - - - - -	52
Proceedings of Council - - - - -	53
Happy Birthday - - - - -	56
Medicare Musings - - - - -	59
Health Department Bulletin - - - - -	62

ADVERTISERS' LIST

American Ambulance	57	Lilly	39
AYS Rental & Sales, Inc.	61	Lyons Physician Supply	34-55
Becker Oxygen Co.	32	Mahoning Pharmacy	34
Blair's	40	Medical-Dental Bureau	40
Butler, Wick & Co.	58	Medical Protective Co.	63
Chaney Pharmacy	63	Pitman-Moore Division	30-31
Chicago Medical Society	57	Smith, Kline & French	Cover
DeBald & Co.	34	Squibb	43
Flynn's Pharmacy	40	Stillson & Donahay Agency, Inc.	63
Klein & Associates	32	Thornton	61
Lester's	58	Youngstown Limb Co.	61



From the Desk of the President

THE HEALTH INSURANCE PROBLEM

Although health insurance is not the business of the medical profession, we have become intimately involved in all its many problems. We criticize. We make recommendations. We have even helped organize insurance programs. We have become a vital part of these programs, not out of desire, but out of necessity.

Approximately twelve hundred such policies exist, covering various medical and surgical problems. Our patients usually feel that their policy is an all inclusive, full coverage insurance. To their dismay they find it incomplete and woefully inadequate. The physician too frequently, like the patient, is uninformed. On the other hand, the underwriter will point out the virtues of a given policy without explaining the short comings. After wading through multiple forms, seeking remuneration for his services, the physician is accused of overcharging. A strained relationship may ensue between him and his patient even though his fee was the usual and customary charge for the service rendered.

The patient is responsible to the physician for payment. The patient will collect from the insurance company within the limits of his contract. Any discrepancy is the patient's concern. Although our duty is the treatment of disease, as health councilor we are often obliged to advise the patients regarding insurance. We have committed ourselves in recent years by our public stand on Medicare and our involvement in Blue Cross and Blue Shield. Therefore it behooves us all to become better informed on the whole subject.

Of immediate concern is the advice to be given regarding Medicare. We may find the law inadequate and socialistic, but it is the law. After some thought I feel we should advise the eligible to register for both parts before March 31st, 1966. Furthermore we should encourage these people to retain their regular insurance policies until such time as the Medicare benefits are more clearly defined.

In the ensuing year I believe that we should undertake a program of public information regarding insurance. This would help our patients immeasurably, and clarify our position.

—F. A. Resch, M.D.
President

BULLETIN of the Mahoning County Medical Society

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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 XXXVI**February, 1966****Number 2**

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

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William R. Torok, M.D.

EDITORIAL**AUTOMOBILE SAFETY**

The Constitution of the United States grants us the right to Life, Liberty and The Pursuit of Happiness; but it does not give us the right to pursue happiness in an automobile. The license to drive an automobile is a privilege, as are most other licenses which are given by law. In order to qualify for this privilege, we must obey the law and use some measure of common sense. This apparently is not enough. The figures for automobile deaths in Mahoning County and the City of Youngstown last year were deplorable. The National Statistics when they are finally released will be equally deplorable; and something more must be done.

Certainly we should stand behind the Safety Council of Greater Youngstown in all of its programs and support the Committee of the Mahoning County Medical Society on Automobile Safety in the most vigorous way that we can. As doctors there are some other things that we might be able to do. *Number One* of course would be to drive safely ourselves. *Number Two* would be to insist on safety features in automobiles. If and when the automobile industry brings out a truly safe car with the features built in that we all know could be; the 200,000 plus doctors in the United States could buy one or more for their own use. This example would be irrefutable. Even this however, would not resolve the whole problem.

I think we could take a lesson from the Federal Aviation Administration and think along the lines that they do. Airplane inspection for a long time, practically from the beginning of aviation, has been a common sense measure which every pilot adheres to. It seems to me that automobile inspection would be a natural follow up with the number of cars that are now on the road. It is mandatory that these cars be mechanically safe. The Legislature has been laboring for years to introduce a bill for automobile inspection in this state. I think we ought to put the weight of the County Medical Societies, and the individual doctors behind legislation to see that automobiles are inspected at regular intervals in a mandatory fashion.

One of my classmates, Dr. James Goddard, was the Civil Air Surgeon for a period of time. Under his direction the next logical step was accomplished and that was to make the pilots as safe as the planes. This was done by a reasonably complete physical examination, which no pilot refuses. I would believe that the same type of safety program could be introduced to automobile drivers; and that when the drivers themselves were educated, would not refuse the physical examinations to qualify for the privilege of driving either. This is being done in a limited fashion now for our Senior Citizens in order to qualify for insurance, which is a necessity when driving a car these days.

But I think it should be an equal necessity for drivers of all ages that they pass an examination which shows that they are physically and mentally equipped to operate a motor vehicle. There will be arguments against this; that we do not have the manpower, that it is too expensive, etc., but I think that all of these arguments can be refuted. What better way to have our population get yearly physicals, or physicals at periodic intervals, than to qualify for the automobile drivers license. People do not object to taking exams for insurance and certainly the pilots do not object to taking exams to qualify for their license. If it became the thing to do, I doubt that there would be much outcry against it from the civil population.

This could be one of the greatest screening devices for health in the over sixteen age group that the United States has ever seen. In these exams where the patient would actually be qualifying for something that he wants to do, I am sure that the neurotic symptoms would be automatically ruled out. The physician would go strictly on physical findings; and what he found he could count on, especially if it indicated disease.

When the population realized that this was not a punitive endeavor, I am sure that the histories would be more honest, and incipient early disease would be picked up at a time when the patient would benefit greatly; and the doctor would save hours of time in treating a disease early rather than late. Obviously this type of examination could not be a Mayo Clinic complete work up; but the F. A. A. has already led the way in a reasonable, fairly comprehensive examination, which has stood the test of time, and would be applicable to drivers of motor vehicles as well as air vehicles.

The cost of this program would be high, I am sure, but as measured against the cost of death and injury, which the automobile causes each and every year, I am sure that the program would be only a fraction as expensive; and this is not even beginning to talk about suffering and disability.

IN THE MEANTIME, PLEASE PRACTICE DEFENSIVE DRIVING.

—R. L. Jenkins, M.D.,
Editor

• NEXT MEETING — FEB. 15 — SOCIAL SECURITY •

DELINQUENT DUES

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.

—Council
Mahoning County Medical Society



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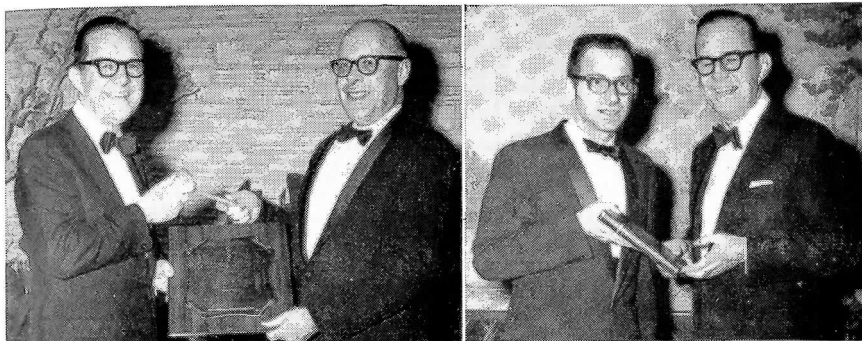
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ANNUAL BANQUET INITIATES NEW YEAR



UPPER RIGHT: Dr. McDonough passes the gavel to Dr. Resch, and receives a plaque in appreciation for his year as president.

UPPER LEFT: Dr. Wegner, retiring editor, is presented a bound volume of the 1965 Bulletin.

LEFT: Dr. Edwin R. Westbrook, representing the Ohio State Medical Association, presents a fifty-year certificate to Dr. W. K. Allsop.



There was something for everyone at the Jan. 28th annual banquet and dance. For retiring president, Dr. John J. McDonough, there was a plaque in appreciation of his leadership during the past year. For incoming president, Dr. F. A. Resch, there was a new gavel of curly maple made by Dr. Earl Brant in his workshop. For Dr. W. K. Allsop, there was a fifty-year pin and certificate, presented by Dr. Ed Westbrook, Sixth District Councilor of the Ohio State Medical Association. For Dr. Kurt Wegner, retiring editor, there was a bound volume of his Bulletin for 1965. For the executive secretary, there was a traveling bag presented by Dr. McDonough. And for the members, wives and guests, there was a go-go girl.

A crowd of 114 was present to enjoy dinner and dancing and to witness the installation ceremonies for new officers, delegates and council members. The oath of office was administered by Dr. McDonough.

Those past-presidents in attendance were honored. A moment of silence was held for those physicians who died during the past year. These included Drs. V. C. Herman, A. B. Sherk, Samuel Tamarkin, H. H. Teitelbaum, W. A. Welsh, and Dr. D. M. Rothrock, who died the day of the banquet.

Guests were dental society officers, Drs. Alfred S. Mangie, Dominic Bitonte and Robert G. Morrison. Frankie Ambrose played for dancing. Dr. Henry Shorr was chairman for the dinner dance.



WILLIAM A. WELSH
1891 - 1965

On November 27, 1965, Youngstown lost one of its old time general practitioners. William A. Welsh, after forty-six years of practice in our community, passed away. After preparation for the practice of medicine at Ohio State University and Jefferson Medical School, he came to Youngstown in 1919 for his internship at the Youngstown Hospital Association. He started practice on Wood Street, later moved his offices to Oak Hill and Myrtle Avenue, finally settling at the corner of Market Street and Warren Avenue. Always independent, he practiced comprehensive and around-the-clock medicine, delivering babies until approximately six years ago. Bill Welsh was always ready to go out, and in the course of his forty-six years, gave comfort and succor in many instances to four generations of a family.

His other efforts in medicine, in addition to being a member of the staff at the Youngstown Hospital Association, were in the capacity of county infirmary physician, county home doctor and county jail physician. In the later capacity he introduced health measures to obtain chest X-rays, blood serologies and physical examinations on all incoming prisoners. He also helped improve general health conditions by introducing proper delousing procedures.

In the time that he took from his practice, Bill Welsh applied his athletic talents, first manifested as a baseball player in high school and college. He developed his golf game to a fine degree and for many years played in the low 70's. Several of his many honors included, Southern Hills Country Club champion in 1937, Mahoning County Medical Society champion in 1947 and trophy golfer of the year at the Tippicanoe Country Club in 1962. He was best epitomized as an excellent player and fine competitor.

As an active member of the Elks Club he spent some time playing gin rummy and occasionally chalking the pool cue while congregating with many of his closest friends.

Bill Welsh will leave an empty spot in our ranks. Strictly an independent, he assumed the responsibility for the care of his patients, and even when his health was failing him, he tried not to let them down. We will miss the dignified appearing white haired physician, but not as much as will his patients, who have leaned so heavily upon him these many years for care and advice.

—William H. Bunn, Jr., M.D.

• NEXT MEETING — FEB. 15 — SOCIAL SECURITY •

GROUP MANS ST. E. EMERGENCY ROOM

An eight-physician group is now manning the emergency room at St. Elizabeth Hospital. Dr. Frank Morrison is chairman. The other doctors are: Dr. Rashid A. Abdu, Dr. Rene Cossette, Dr. D. J. Dallis, Dr. Milan Halmos, Dr. William Johnson, Dr. U. A. Melaragno and Dr. William Moskalik. All members will continue in their private practice, but will take 12-hour shifts in the emergency room.

Prior to this arrangement, the entire attending staff of the Hospital was engaged in staffing the emergency room on 12-hour shifts, regardless of the individual physician's specialty.

The new group is known as Doctors Emergency Service. They will bill patients directly. A minimum medical fee of \$6.00 has been announced.

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Side Effects: Occasional nausea, vomiting, diarrhea, photosensitivity reactions and increased intracranial pressure in infants. **Precautions:** Watch for signs of secondary infections caused by non-susceptible organisms. Use of tetracycline drugs, particularly long-term use, during periods of tooth development may cause discoloration of teeth. Particular caution should be observed if renal impairment exists. Oral, pediatric dosage forms should not be given with milk formulas or other calcium-containing foods. • For full information, see Product Brief.

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Preliminary Report on a Case of Pancreatic Carcinoma
by Arnoldus Goudsmit, M.D., Henry Holden, M.D.
and Roy L. Thomas, M.D.

Certain patients with leukemia and lymphoma derive synergistic benefit from the concurrent administration of multiple anti-neoplastic compounds. Selected solid tumors of children, testicular neoplasms, and mammary carcinomas also may respond better to combined chemotherapy. We would like to report on a patient with carcinoma of the pancreas whose case was favorably altered—both objectively and subjectively—by a somewhat uncommon combination of anti-cancer agents.

A 47-year-old widow was admitted to the South Side Unit, Youngstown Hospital Association, on October 13, 1965, with a history of anorexia and nausea, partially relieved by food. She had vomited once and her urine had assumed a dark orange color 5 days before admission. She showed evidence of weight loss, her sclerae were moderately icteric, and her liver was greatly enlarged. The total serum bilirubin was 5.8 mgm %, serum SGOT 400 and alkaline phosphatase 38 units.

During the ensuing period of observation, her icterus increased steadily and the clinical picture became more clearly suggestive of obstructive jaundice. On the fourteenth hospital day an exploratory laparotomy was performed: it revealed tumor involving the total mass of the pancreas, extending into the entire gallbladder and up to the hilus of the liver. The degree of tumorous infiltration of these structures precluded the performance of a cholecystojejunostomy. The biopsy of an area of omentum adherent to the gallbladder was diagnosed as poorly differentiated carcinoma.

Her post-operative course was relatively uneventful. However, the icterus continued to increase so that by November 9th the bilirubin level of the serum was 14.7 mgm %. The biliary obstruction appeared to have become complete as inferred from the 'clay' color of successive stool specimens and the absence of urobilinogen from the urine. It was thought that chemotherapy might conceivably be able to turn the tide. No single anti-neoplastic drug was known to us as having reversed a situation of this nature, hence a program of combined treatment with two agents was proposed. Thus, between November 8th and November 30th the patient received 82 mgm/kg of 5-fluorouracil and 0.3 mgm/kg of vinblastin (divided in q.o.d. and once-weekly injections, respectively). For well over two weeks after the start of chemotherapy, the stools remained acholic and the jaundice was deepening, the serum bilirubin reaching a value of 29 mgm % on November 23rd. By November 28th a slight darkening of the stool became noticeable, the next day urobilinogen was demonstrable in the urine in a dilution of 1:8 and total serum bilirubin was down to 25.6 mgm %.

The improvement has continued: the stools regained completely normal color, the appetite increased progressively, the weight began to go up, the size and consistency of the liver decreased and the jaundice has lessened steadily, so that on December 18th the patient was able to leave the hospital with a total serum bilirubin value of 5.5 mgm %, well in time to be home for Christmas. Toxicity from the combined chemotherapy was limited to a moderate depression of the formed elements of the blood (WBC 2,700/c.mm; RBC 2.99 mill/c.mm; platelets 152,000/c.mm) and minimal diarrhea. The patient is slated to continue on a combination of 5-fluorouracil and vinblastin therapy on an ambulatory basis.

COMMENT:

The natural history of pancreatic carcinoma, once it gives rise to progressive obstructive jaundice, is well established. The clinical course of our patient prior to the institution of combined anti-cancer chemotherapy is in

keeping with the known pattern of the disease with its advancing icterus and general down-hill trend. The findings at exploration and the biopsy report leave no reasonable doubt about the correctness of our diagnosis. Spontaneous remissions of the magnitude observed in our patient once her state of disease had been reached do not occur, to our knowledge.

Under the circumstances, we feel that the concurrent use of 5-fluorouracil and vinblastin deserves to be credited with the remission of this patient's disease and suggest that the applicability of this combination merits further exploration.

PROGRESS NOTE of January 17, 1966. Since completion of the original course of treatment, the patient has received six more doses of both drugs. She is essentially asymptomatic, and the size of her liver has decreased further; the serum bilirubin was 3.6 mgm % on January 11, 1966.

● NEXT MEETING — FEB. 15 — SOCIAL SECURITY ●

CONSULTANTS RESOLUTION APPROVED

The following resolution, adopted by the Mahoning Chapter of the American Academy of General Practice, was approved by the council of the Mahoning County Medical Society on Jan. 11th:

WHEREAS:

Professional relations between General Practitioners and specialists in Mahoning County have been generally pleasant and

WHEREAS:

There have been occasional incidents of misunderstanding, and

WHEREAS:

A clear delineation of the duties and limitations of both parties will help to eliminate such misunderstanding.

THEREFORE BE IT RESOLVED:

1. In case of referral of a patient to a consultant, the family physician shall provide sufficient information to acquaint the specialist with the problem and the type of service desired. This includes providing adequate information for radiologic services requested.
2. The consultant shall report to the family physician. Except in acute emergency he shall not refer the patient to another specialist without the personal physician's approval.
3. For hospital consultations, the family physician shall use the hospital forms. It is his responsibility to see that a history and physical examination are on the chart before consultation, except in cases of emergency.
4. In surgical cases, the family physician in Mahoning County will hold himself available for treatment of post-operative medical complications. He shall be kept informed and will act as liaison with the family.
5. In serious illness the family doctor shall use consultants as necessary. The consultant will take charge of the case *only* on the request of the family doctor.
6. It should be considered an act of simple courtesy on the part of the obstetrician that their histories include the name of the family physician or pediatrician. When such name is provided by the patient, newborns should be referred to that physician who shall arrange pediatric care.

DEADLINE FOR RESOLUTIONS

Any member desiring to prepare a resolution for the annual House of Delegates meeting of the Ohio State Medical Association must submit it to Columbus before March 24th—sixty days prior to the Annual Meeting, May 24-28.

VENEREAL DISEASE CLINIC REPORT FOR 1965

TOTAL NUMBER OF PERSONS SEEN DURING THE YEAR	486
Persons not seen previously	443
OF THESE:	
Admitted for Syphilis	47
Admitted for Gonorrhoea	215
Persons not infected and not admitted	181
	443

SYPHILIS

NUMBER OF CASES TREATED THIS YEAR	78
Carried over from 1964	31
Admitted this year	47
	78

Primary and secondary	11
Early latent	4
Late latent	22
Congenital	3
Prophylactic treatment	3
Late	2
Not diagnosed	2
	47

NUMBER OF BLOOD TESTS TAKEN	603
Reactive	167
Non-reactive	436
	603

NUMBER OF SPINAL PUNCTURE	1
Re-active	1

NUMBER OF CLINIC VISITS FOR SYPHILIS	479
--------------------------------------	-----

GONORRHEA

NUMBER OF CASES TREATED THIS YEAR	227
Carried over from 1964	12
Admitted this year	215
	227

Males	121
Females	94
	215

OF THE 215 PATIENTS:

- 102 or 47.4% between 11 and 20 yrs. of age.
- 85 or 39.3% between 21 and 30 yrs. of age.
- 21 or 9.8% between 31 and 40 yrs. of age.
- 7 or 3.3% between 41 and 50 yrs. of age.

NUMBER OF CULTURES TAKEN	176
Positive	42
Negative	134
	176

NUMBER OF VISITS FOR GONORRHEA	781
--------------------------------	-----

NUMBER OF VISITS MADE BY PERSONS NOT INFECTED	402
---	-----

GRAND TOTAL OF CLINIC VISITS	1662
------------------------------	------

Mrs. Friedl Polk, RN, the clinic nurse, processed 699 "Epidemiological Forms" during 1965

SYPHILIS	437
Not infected	153
Adequate treatment	155
Placed under treatment	111
Infected but not treated	5
Expired	3
Administrative	10
	437

GONORRHEA	186
Not infected	15
Infected and treated	<u>171</u>
	186

Unable to locate 29

Of the "Epidemiological Forms" processed by Mrs. Polk, 34 were sent to other states and cities in Ohio.

Alabama	1	Ohio	13
Illinois	2	Pennsylvania	9
Kentucky	1	South Carolina	1
Michigan	1	Washington, D.C.	1
Mississippi	1	West Virginia	1
Missouri	1	Berlin, West Germany ..	1
North Carolina	1		<u>34</u>

13 were received from other states and cities in Ohio.

California	3	North Carolina	1
Georgia	1	Ohio	3
Maryland	1	Pennsylvania	1
New York	2	Rhode Island	<u>1</u>
			13

Mrs. Polk also interviewed 213 persons; this includes clinic patients and patients of private physicians.

123 home visits were made with the assistance of other Visiting Nurses; 53 were not at home or not found.

In 1964 the clinic treated and reported 6 cases of primary and secondary syphilis and 184 cases of gonorrhea (81 or 44% between 10 and 20 yrs. of age.) The private physicians reported 5 cases of primary and secondary syphilis and 33 cases of gonorrhea.

During 1965 the clinic treated and reported 11 cases of primary and secondary syphilis and 215 cases of gonorrhea (102 or 47.4% between 10 and 20 yrs. of age.) The private physicians reported 4 cases of primary and secondary syphilis and 72 cases of gonorrhea.

It is estimated that the public clinics carry less than one half of the total venereal disease case load. Thus it can reasonably be assumed that the private physicians have seen more than 22 cases of acute syphilis and at least 430 cases of gonorrhea.

There is no doubt that in Youngstown, like in all other cities, the incidence of venereal disease is on the increase, especially among the teenagers.

In the JAMA of August 23, 1965 under "MEDICAL NEWS" the Venereal Disease Branch, Communicable Disease Center, U.S. Public Health Service, Atlanta, recommends that the dosage of aqueous procaine penicillin for men be increased from 1.2 million units to 2.4 million units; for women, from 2.4 to 4.8 million units. This recommendation is based on findings which indicate a continued increase in number of strains of *Neisseria Gonorrhoeae* with lessened susceptibility to penicillin.

Dr. Wm. J. Brown, Chief, V.D. Branch CDC states that the suggested increases are interim recommendations because the response of the gonococcus to penicillin therapy appears to be changing so rapidly that a re-evaluation may be required in another year.

Dr. Brown also says that re-pository penicillin has no place in the treatment of gonorrhea since it tends to produce strain of gonococci resistant to penicillin. These strains must be "knocked out" by heavy doses of aqueous penicillin because, unlike the re-pository form, they quickly produce effective blood levels of penicillin.

The State Health Department is no longer supplying us with the long acting PAM (procaine penicillin G in sesame oil with 2% aluminum monostearate). We are now getting aqueous procaine penicillin G suspension. We use it for the treatment of gonorrhea and bicillin for syphilis.

RESPECTFULLY,
Henri Schmid, M.D., Director
Youngstown V.D. Clinic

NEW ACTIVE MEMBERS



Dr. Samuel G. Adornato, Otolaryngologist, was born in Youngstown on Dec. 15, 1933. He attended Woodrow Wilson High School and Western Reserve University, from which he was graduated with a B.S. degree in 1955. He received his medical degree at Ohio State University in 1959. Following his internship at St. Elizabeth Hospital, he took an E.N.T. residency at Ohio State University Hospital from 1960 to 1963, and a residency in General Surgery at Marquette, 1963 to 1964. Last November, he passed his boards for the American Academy of Otolaryngology. He has published a paper on Lingual Thyroid.

He entered practice in 1964, and is associated with Drs. Goodwin and Malkoff, at 932 Belmont Ave.

His wife is the former Elizabeth Ann Kubina, whom he married in 1960, and they have two children, Viki Ann and Todd Gregory, and live at 52 Blue Ridge Drive, in Poland. His hobbies are golf and photography.

Dr. Rudolph V. Basso, Psychiatrist, was born in Vienna, Austria on April 12, 1905. He attended school in Vienna, and received his medical degree there in 1933. In 1939, Dr. Basso interned at St. Vincent's Hospital at Bridgeport, Conn. He then practiced at a number of locations, including Yankton State Hospital, Yankton, S. D.; Napa State Hospital, Imola, Calif.; Dayton State Hospital, Dayton, Ohio; and Alton State Hospital, Alton, Ill. He also engaged in private practice in Dayton.

Dr. Basso came to Woodside Receiving Hospital in May, 1964. He is a member of the American Psychiatric Association. He lives at 228 Poland Center Road in Poland, and is not married.



Dr. Isadore Mendel, Radiologist, was born in Columbus, Ohio, on July 2, 1931. He attended South High School in Columbus, and received his B.A. degree at Ohio State University in 1953. His medical degree was conferred at O.S.U. in 1957.

Following a residency at Mount Carmel Hospital in Columbus, Dr. Mendel served as a Captain in the United States Air Force, stationed at Mountain Home Air Force Base in Idaho from 1959 to 1961. From then until 1964, he was a resident at Ohio State University Hospital.

Dr. Mendel is a diplomate of the American Board of Radiology, and is Associate Radiologist at the North Side Unit of the Youngstown Hospital Association.

He is a member of Rodef Sholom Temple, the Jewish Center, Kiwanis, and the Ohio State Alumni Association. His wife is the former Judith Lee Nelson, whom he married in 1956, and they have two children, Laurie and Lisa. They live at 113 Mill Run Drive. His hobbies are golf, photography, music, and spectator sports.

YOUR HEART ASSOCIATION

The American Heart Association was organized primarily to carry on a program of research, education and community service in heart, blood vessel and related diseases.

Started in 1924 by a small group of scientists, it grew into one of the largest voluntary health agencies in 1948, when laymen were called to help. The Heart Association has continued to grow by joining with other interested groups, such as the Rheumatic Fever Association and the Society for Arteriosclerosis and many others. Addition of these groups has lessened the number of single agencies seeking aid from the public. The annual meetings of these groups, now called councils, occur in conjunction with the American Heart Association. Each year we grow in size and in monies collected for research and other stated purposes. Over thirty-two and a half million dollars were collected in the past year for which more than one third was allocated to research. Seventy percent of all money, collected by the local chapters, remains in the collection area. The Ohio State Heart Association receives five percent of the total collection and twenty-five percent is sent to American Heart Headquarters.

The American Heart Association is an organization composed of fifty-four affiliates, and more than three hundred chapters, such as the Heart Association of Eastern Ohio which serves Columbiana, Mahoning and Trumbull counties. All major policy is decided in the democratic manner after thorough review and debate by the assembly of delegates from all chapters and affiliates at their annual meeting—discussion by major committees and finally through action of the board of trustees. By such means a safeguard is introduced to prevent domination by a central government or individual group. It is truly a grass roots method of function.

The Ohio State Heart Association, one of the fifty-four affiliates of the American Heart Association, is headquartered in Columbus, Ohio at 10 East Town Street. The usual set of officers function, and they, plus representatives of the chapters comprise an executive committee which acts for the Board of Trustees at interim meetings between the scheduled semi-annual meetings of the Board. All decisions must finally be acted upon by the Board of Trustees. A most able (paid) staff composed of an executive director, public relations director and program director plus secretaries make up the rest of the official organization.

A far reaching reorganization was carried out in Ohio in 1962, when the Board of Trustees was asked the following questions, 1. "Does the present structure and geographic arrangement of our chapters permit us to operate at maximum effectiveness in our programs of service and education, research, fund raising and public relations and in keeping administrative cost as low as possible? 2. If the answer to any of the above is "no", what specific organizational and geographic changes are needed to achieve maximum operating effectiveness?"

As of today, the number of chapters in Ohio has been reduced from eighteen to eight and all chapters now have representatives on the executive as well as the major committees. There is equal representation of lay and medical personnel on the Board of Trustees. Within a three year period we are now streamlined, well represented and with our reorganization have increased communications which is so vital. The affiliates have representative directors on the Board of the American Heart Association.

The five major committees do much of the spade work and do it very well. They frequently initiate projects of merit and a good example of this

is the research review committee. Since forty-five percent of the money collected in the state of Ohio goes to support research, a state review committee was appointed to correlate research in Ohio and to provide any chapter with expert advice on the merits of an individual project. All eight chapters are represented on this committee.

The Heart Association of Eastern Ohio, one of the chapters of the Ohio State Heart Association represents a population of over six hundred thousand people in Mahoning, Trumbull and Columbiana counties. Operations are centered at 2516 Market Street, Youngstown. Current officers are William H. Bunn, Jr., M.D., president and Dr. Eugene Beach, chairman, who serve for two years and are responsible to a board of forty trustees.

Our area is unique in at least two respects, we inaugurated the rheumatic fever prevention program which was one of the first in the country. Success was made possible by cooperation with the individual physicians and with the medical societies of all three counties. Currently a Stroke Rehabilitation Program occupies much of the energies of the staff and its Director, Dr. James Smeltzer. This project, too, was among the first in the country.

The Heart Association has always asked for and received cooperation from the medical profession as a whole. We need to continue such liaison, whether it be with doctors serving as officers, trustees or committee members. The Heart Association provides many services locally and will continue to do so whether it be the distribution of 'Modern Concepts' or 'The Heart Bulletin' or any of the many educational pamphlets available upon request, or the organization of a meeting to provide the best speakers reviewing the latest advances in the heart field.

The future role of the Heart Association should be important to all physicians. The federal government now provides about seventy-five percent of the money used for research in the United States and it may provide more in the future. I hope that all physicians will take a long hard look at that figure and try to decide whether the voluntary, free way is best or whether the government sponsored projects are to be our future way of life.

John A. Rogers, M.D.

President, Ohio State Heart Assn.

The author thanks the editor for the privilege of presenting this brief resume of the Heart Association.

• **NEXT MEETING — FEB. 15 — SOCIAL SECURITY** •

NO MEDICAL SURVEY HERE

The Mahoning County Medical Society office received a phone call last week—the fifth such call in the past two years. This was from a woman with a story exactly like the other four calls.

It seems that there is someone, calling himself Dr. Ford, who claims to be making a survey for the AMA, and would the lady answer a few questions. If she is willing, he then proceeds to ask her if she has a first aid kit in the house, and does she know how to use it. His questions then get more personal. Does she know how to give an enema. Does she use a douche. About this point, the woman hangs up.

On five occasions, the woman then called the Mahoning County Medical Society to see if a poll were being taken. Undoubtedly this person has made numerous calls that were not reported to the Medical Society.

The Medical Society office has contacted the morals squad at the police department. Sgt. William Leshnock is interested in the calls. If any of your patients are bothered with this caller, you may wish to advise them to call Sgt. Leshnock and discuss it with him.

From the Bulletin

THIRTY YEARS AGO—FEBRUARY 1936

President Coe said "If you don't attend the meetings of your Medical Society, keep it a secret from your patients so they won't know you are behind the times!"

The Florence Crittenton Home opened its new fireproof building on McGuffy Road, replacing the old frame dwelling. The Junior League donated the equipment. Miss Sarah Sims, that grand person of revered memory, was Superintendent. She was the first Superintendent of The Youngstown Hospital. Obstetricians were: H. E. Fusselman, Herman Kling, J. A. Altdoerffer, Samuel Schwebel and A. J. Brandt. E. R. Thomas was the Pediatrician.

TWENTY YEARS AGO—FEBRUARY 1946

President Reilly said that the prevalence of tuberculosis was a serious health problem and urged the members to keep themselves informed about developments in this field. That was to be expected of the President of the Tuberculosis and Health Association.

The first annual banquet since the beginning of World War II was held at the Youngstown Country Club. The returned veterans were guests of the Society and it was a grand reunion.

Service records of Comdr. M. B. Goldstein and Lt. Col. Ivan Smith were published. Dick Middleton, Stan Myers, Steve Ondash, Asher Randell, Morris Rosenblum, John Russell, Wm. Sovik, R. V. Clifford, Barclay Brandmiller, Lewis Shensa, Al Cukerbaum and Brack Bowman were back home again. Al Phillips and Bob Tornello were still out somewhere and not heard from. Fred Schlecht was home on leave but scheduled to go out again for overseas duty. Gabe DeCicco received a belated promotion to Major.

The Home Savings and Loan Company received a letter of commendation from presidential aide Wallace Graham for holding vacant and undisturbed the offices of sixteen doctors away at war. When they came back their offices were ready to walk into and go to work, and no rent to pay.

TEN YEARS AGO—FEBRUARY 1956

St. Elizabeth's Hospital cared for 15,891 patients in 1955 with 481 deaths. Youngstown Hospital admitted 30,041 with 931 deaths. The Tuberculosis Sanitarium admitted 148 patients with 6 deaths (in 1948 there were 59). Woodside Hospital admitted 84 patients with 2 deaths. The venereal disease clinic treated 202 patients for syphilis, 310 for gonorrhea and 1 for chancroid.

David Brody became a Fellow of the American College of Surgeons. Frances Miller was elected a Fellow of the American College of Radiology. Leonard Caccamo was certified a Diplomate of the American Board of Internal Medicine.

New members that month were: J. J. Campolito, R. M. Foster and U. H. Boening. Sam Badal received his 50 year pin. He came from Persia to complete his medical studies in Cleveland and while there his relatives back home were tragically killed. He married Angelina Jesson, a trained nurse and came to Lowellville. He practiced there for 50 years and everybody loved him.

On those cold winter nights you could sit by the fire and sip Renner's Old Oxford Ale. Gone are the days!

—J. L. F.

MEDICAL CONTROVERSY

We hope a Medical Controversy Column will cause people to talk about and think about alternatives to the way things are being done at the present time. Despite articles on the desirability of group practice, the desirability of hospital complexes and the desirability of total organization; most of us have the feeling that this is not the way people really want it to be, and certainly not the way the average doctor feels he can do his best work.

The emphasis in recent years has been on the tremendously good care that can be obtained from the hospital out patient department, and yet the articles are starting to appear now in which the hospital out patient department is being taken to task as being poorly organized, time consuming, and not giving the best of care to patients.

I would like, therefore, to suggest that instead of making hospitals bigger and bigger, that we increase services in the periphery at the out patient level. This of course would be doctors offices again, with more space and more personnel.

If the hospital laboratories and the hospital X-ray departments were able to concentrate their facilities on in patients only, would not the hospital patients be better served? If this were to occur, other means of delivering laboratory and X-ray services would have to be developed.

In Youngstown in years past, the late Dr. John Heberding had a private office for the practice of radiology, in an accessible location, which was very popular, and which I understand was very efficient.

Patients have inquired of all of us why such an arrangement could not be continued now. Apparently they remember the way it used to be done with considerable satisfaction. I must admit that I have heard radiologists talk pro and con on this.

But if several radiologists opened a modern, well equipped, diagnostic radiological department away from our hospitals, for out patient work, would this be another solution to the congestion of the hospitals and the better utilization of hospital beds?

The American College of Pathologists have bitterly condemned commercial labs. Would this not be a golden opportunity for a certified clinical pathologist to run a highly competent and highly mechanized diagnostic laboratory as an out patient feature away from the hospital and take some of the tremendous strain off our present laboratory facilities. New facilities in a new area with the latest equipment available would be expensive, but if well designed, I think over a period of time would actually tend to reduce the cost of medical care.

Using equipment efficiently and being able to schedule out patients similarly to the way doctors schedule patients in their private offices, with no interruptions from extremely ill inpatients tying up facilities, would probably give us very efficient operation; and would allow a great many diagnoses to be established before the patient could be admitted to the hospital for definitive care.

Again we come back to efficient utilization of beds. I would hope that this column will stir up as much controversy this month as it did last. I must admit that nothing more may come of it than a lot of talk.

But with talk, again we will crystallize some of our ideas and be able to talk to our patients about the practice of medicine from many viewpoints, rather than just one. As a "Devil's Advocate", I hope that this column will show some of the alternatives to bigger and bigger medical complexes.

—R. L. Jenkins, M.D.

PROCEEDINGS OF COUNCIL JANUARY 11, 1966

The regular meeting of the council of the Mahoning County Medical Society was held on Tuesday, Jan. 11, 1966, at the Mural Room, Youngstown, Ohio.

The following physicians were present: F. A. Resch, president, presiding, B. C. Berg, F. A. Friedrich, Frank Gelbman, R. L. Jenkins, Bertram Katz, R. D. Murray, J. V. Newsome, M. C. Raupple, H. J. Reese, F. L. Schellhase, Jack Schreiber, C. W. Stertzbach, J. W. Tandatnick, C. K. Walter and Kurt Wegner. Also present were Drs. A. J. Bayuk, Louis Bloomberg, and E. A. Massullo. Absent were: H. N. Bennett, L. P. Caccamo, R. B. McConnell, John J. McDonough, and C. E. Pichette.

The meeting was called to order at 7:15 p.m. Dr. Resch welcomed the new members and guests to council and asked that all council members give full support to all medical society projects during the coming year and to attend all medical society meetings and functions.

The minutes of the previous meeting were read and approved.

Bills were read. The motion was made, second and duly passed that each bill be paid.

The following applications were presented by the censors and read by the executive secretary:

ACTIVE MEMBERSHIP

- Dr. Karl T. Baumgaertel, 932 Belmont Ave.
- Dr. James R. Hill, Youngstown Hospital Assn.
- Dr. Milosav Petrovich, Woodside Receiving Hospital

ASSOCIATE MEMBERSHIP

- Dr. Domenico Malta, Bel-Park Anesthesia Associates

It was noted that Dr. Petrovich has not yet attended an indoctrination meeting, which is required of all members before they become active. All applications were then approved with the exception of Dr. Petrovich, and the secretary was requested to send him a note of explanation. The remaining applicants will become members of the Mahoning County Medical Society within fifteen days after publication in the Bulletin, unless objection is filed in writing with the secretary during that time.

The executive secretary reported on the following items of information:

The dues amendment has been forwarded to the council of the Ohio State Medical Association for approval.

The medical society office has purchased an electric typewriter.

The dates of the annual meeting of the Ohio State Medical Association are May 24-28. Meeting will be held in Cleveland.

The dates of the Parke Davis tour in Detroit are Oct. 13-15.

Year-end interest on the Scholarship Fund amounted to \$475.72, bringing the total to \$24,261.56.

With the approval of the Ohio State Medical Association, a County Medical Executives Association has been formed. Mr. Rempes will attend the annual meeting in Columbus on Feb. 26.

The State-wide officers meeting will be held in Columbus on Feb. 27th. Officers of the medical society should plan to attend.

Membership status at the beginning of the year is: Active—306, Associate—15, Honorary—18, Non-resident—15, for a total of 354. All but 53 have paid 1966 dues to date.

A resolution from the TB Association concerning Dr. Teitelbaum was passed around for council to read.

Dr. Reese announced that the current value of the medical society investment was now \$37,855.91.

Dr. Bayuk introduced discussion concerning the practice of the Trumbull County Welfare Department not to pay Mahoning County physicians. Fol-

lowing discussion, it was decided to have Atty. James Bennett contact Dr. Bayuk to discuss the problem and to advise action.

Attention was called to the report of the Welfare Advisory Committee, submitted by Dr. W. E. Sovik, chairman. Each council member received a copy of the report, which is attached to the minutes.

Dr. Friedrich introduced a resolution concerning consultants, which had been adopted by the Mahoning County Chapter of the Academy of General Practice. During discussion, the words, "or pediatrician" were added. The motion was then made, seconded and duly passed that the resolution be approved and published in the Bulletin. A copy of the resolution is attached to the minutes.

Dr. Berg, Public Relations Director, reported on the public relations committee structure and the meeting schedule for the coming year.

Dr. Resch announced the plans for medical society meetings for the rest of the year.

Dr. Resch introduced discussion concerning the medical aspects of the Anti-poverty program. It was decided that a letter should be sent to Dr. Samuel C. Sharp offering the services and recommendations of the medical society as consultant on medical problems.

Dr. Resch told the plans for the Annual Banquet and urged council members to attend.

Dr. Schellhase introduced discussion concerning the Scholarship Fund. He suggested that the society had better check on the income tax status of the Fund. Following discussion, the secretary was requested to check the files for a legal opinion on the subject, and then to write to the Director of Internal Revenue if necessary.

Meeting was adjourned.

Howard Rempes,
Executive Secretary

● **NEXT MEETING — FEB. 15 — SOCIAL SECURITY** ●

REPORT OF WELFARE COMMITTEE

During the past year three meetings were held which were well attended by the members of committee. Discussions resulted in the following information or requests presented in this report.

(1) It is the physician's privilege of deciding whether he wishes to render service to any patient.

(2) If a physician believes the fee given for an examination or treatment of a patient is inadequate, he may call the Welfare office and a just fee can usually be pre-arranged.

(3) All physicians should try to prescribe smaller quantities of medication at one time and use the generic name of the drug if possible.

(4) Unfortunately prescriptions written by internes and residents can not be paid for by the Welfare Department—therefore, all require a staff doctor's signature.

(5) The Medical Foundation is now again receiving payments for welfare patients seen by the staff doctors in the hospital.

(6) The Relief Progress forms on all patients in the hospital need be signed by the attending physician only on admission and discharge of the patient.

(7) All relief forms are stamped with the notice of compliance with Title 6 of Civil Rights Acts of 1964; so physicians do not have to sign the State or Federal forms.

(8) Mr. James E. O'Brien, the new director of the Welfare Department, has been most co-operative, reasonable and sympathetic with any of our requests.

Respectfully submitted,
William E. Sovik, M.D.,
Chairman

COMMITTEE ARRANGES TOUR

The Parke Davis tour, scheduled for Oct. 13-15, was arranged by last year's Inter-hospital Relations Committee, Dr. Kenneth Lloyd, chairman. The tour was requested as an opportunity for members of both hospital staffs to share an enjoyable outing and to get to know each other better.

Dick Hewes, Parke Davis representative, is currently taking reservations. Reservations may also be made at the medical society office. Reservations should be made by May 1st.

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DR. FRIEDRICH ELECTED G. P. PRESIDENT



Dr. F. A. Friedrich was elected president of the Mahoning Chapter of the Ohio Academy of General Practice at the annual meeting on Dec. 28. Dr. F. W. Dunlea was elected president-elect and Dr. Ulrich Boening, secretary-treasurer. Retiring president, Dr. Richard Roland was named "General Practitioner of the Year."

Elected delegates to the Ohio Chapter of the American Academy of General Practice were: Dr. W. P. Young, Dr. A. W. Miglets, and Dr. R. R. Fisher. Alternate delegates are: Dr. J. L. Finley, Dr. J. V. Newsome, and Dr. Roland.

The local chapter will place an emphasis on scientific meetings this year rather than social gatherings.

WANTED — BULLETIN ADVERTISERS

Since the Bulletin is the one medical magazine which every local doctor reads, it is an ideal advertising medium for those companies who wish to place their message before the medical profession.

The Bulletin staff would like to include more advertisers, and requests help from members of the Medical Society. Anyone knowing of a good prospective Bulletin advertiser should contact the editor, Dr. Jenkins, or the executive secretary, Mr. Rempes.

NEXT MEETING — FEB. 15 — SOCIAL SECURITY

February 16

R. W. Rummell

February 17

J. A. Altdoerffer
O. A. Turner

February 21

N. B. Salistean
W. B. Dodgson

February 22

A. Riberi

February 26

J. R. Sofranec
E. M. Thomas

February 28

J. S. Goldcamp



Get Your Annual Check-up

March 5

F. J. Gambrel

March 6

L. H. Getty
J. P. Harvey
P. E. Longaker

March 7

E. DiIorio

March 9

A. Corzo

March 10

R. A. Brown
M. Szauter
N. G. Kastellorios

March 12

S. F. Petraglia

March 13

H. W. Haverland

March 15

B. J. Dreiling
J. Mersol

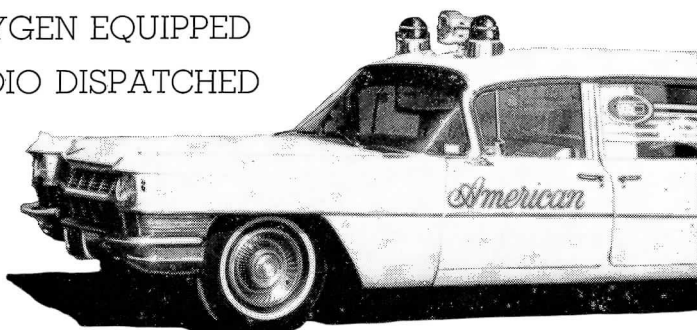
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FEBRUARY 27, 28 - MARCH 1, 2, 1966

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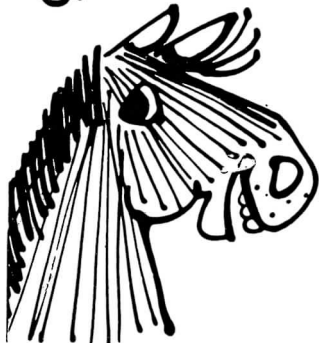
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MEDICARE MUSINGS

Part B—"Doctor Bill Insurance"

One of the more confusing and poorly understood facets of the Medicare Law is the voluntary or supplemental portion, called Part B, or more commonly, "Doctor Bill Insurance." Our patients have until March 31, 1966 to sign up for this provision of the new law. Since many of them are asking questions and many do not seem to understand what the law provides, this month's column is devoted to coverage under Part B.

If the over 65 patient signs up and agrees to have \$3 deducted each month from his Social Security check, he will have part of his medical expenses paid for by the Federal Government. These expenses include physicians fees in the office, home, hospital, or nursing home. The patient must pay the first \$50 of the physician's fees, in any one calendar year. After he has paid this deductible amount to his physician, the patient is then entitled to a 80-20 co-insurance feature of the law. This means that he will pay 20% of all fees over the \$50 deductible cost. Thus, if the patient has a \$100 doctor bill for a given year, he would pay \$60 (\$50 plus 20% of the remaining \$50). In addition to the \$60 out of his pocket must be added the \$36 for the so-called "premium". Therefore, to receive \$100 of medical care, the patient will pay \$96.

In addition to the cost of the "voluntary" provision of the law, physicians should point out what Part B does not provide. It does not cover drugs taken outside the hospital, eyeglasses, any dental care, immunizations, orthopedic devices for the feet, plastic surgery, or hearing aids.

Further, and more important, Medicare does not provide for routine physical checkups. There are no provisions for preventive medicine.

However, there is one seldom publicized feature of the law about which HEW has been strangely silent. Sec. 1862 reads, "no payment may be made under part A or part B for any expenses incurred for items or services where such expenses are for *custodial care*." This, of course, means no coverage for a large majority of patients now confined in our area nursing homes.

As physicians, we have an obligation to point out the limited coverage of Medicare under part B. Patients have a perfect right to sign up for this so-called voluntary insurance. They should realize, however, that the \$3 monthly "premium" is really only half of a Federal subsidy, with the taxpayers paying the other half.

The over 65 population are being submitted to a good deal of pressure by the local Social Security administration. Many reports have been received revealing that some case workers have been rather insistent that aid-for-the aged recipients sign up. The family physician can perform a real service by informing his patient in a calm, professional manner of the facts about Medicare, allowing the patient to make up his own mind.

—Jack Schreiber, M.D.

• NEXT MEETING — FEB. 15 — SOCIAL SECURITY •

THREE OFFICES DESTROYED IN WAGNER FIRE

Last month's spectacular fire at the Al Wagner building sent three members looking for new offices. Dr. Elmore R. McNeel has re-established his office at 3025 Market St. Dr. S. A. Myers will soon open a new office at 420 Oak Hill Ave. Dr. Joseph J. Campoito has re-located his office at 77 E. Midlothian Blvd.

BULLETIN BOARD

Two medical society members have been elected president of their respective Boards of Education. Dr. George Cook is president of the Boardman Township Board, and Dr. James Finley was re-elected to head up the Springfield Local Board.

Dr. L. P. Caccamo has been elected a fellow in the American College of Physicians. Dr. Edward Kessler and Dr. Elias Saadi have been accepted as associate members and will be eligible for fellowship in three years. They were sponsored by Dr. Sanford Gaylord.

Dr. Samuel G. Adornato has been certified as a Diplomate of the American Board of Otolaryngology, following examinations in Chicago last November. Dr. Adornato is associated with Drs. Goodwin and Malkoff at 932 Belmont Ave.

Dr. William R. Torok has been certified by the American Board of Radiology. He completed the examination in December, 1965 at Dallas. Dr. Torok is a member of the St. Elizabeth Hospital X-ray Department.

Drs. Edward Massulo and Elias Saadi attended a weekend conference at St. Barnabas Hospital in New York City. The conference dealt with the "Surgical Aspects of Rheumatic and Coronary Heart Disease."

Dr. and Mrs. Edward Massullo announced the birth of a baby girl, December 28th. Not to be outdone, Dr. and Mrs. Angelo Riberi announced the birth of a baby boy, January 8th.

• NEXT MEETING — FEB. 15 — SOCIAL SECURITY •

VACANCY FOR MEDICAL OFFICER

The 910th Troop Carrier Group, Youngstown Municipal Airport, Vienna, presently has a vacancy for a medical officer. Participation requirements are as follows: one weekend per month, plus 15 days active duty (annual encampment) per year.

According to Major Myron D. Hamilton, Personnel Officer, the doctor selected for this position will be afforded the opportunity, after assignment, to attend the Air Force Flight Surgeon School.

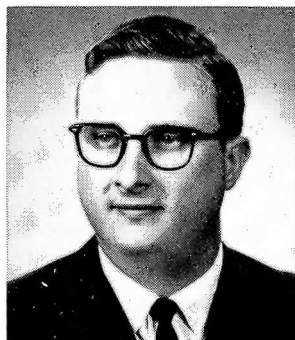
Any doctor interested, should contact Major Hamilton at the airport. His phone number is FRanklin 4-1551, extension 210.

MCMS RECEIVES EARLY MEDICAL BOOKS

The Mahoning County Medical Society is the recipient of a gift of several medical books from Mrs. Edna Womer Viets, Poland. Five of the books are of Civil War vintage and earlier. They are: "Operative Surgery" (illustrated by wood engravings), by J. F. Malgaigne, 1851; "Concentrated Organic Medicines," by Grover Coe, M.D., 1862; "An Epitome of the American Eclectic Practice of Medicine," by William Paine, M.D., 1863; "Medicine and Pathology" by W. Paine, M.D., 1866, and "Gunn's New Family Physician," by John C. Gunn, M.D., 1864.

These books will be kept at the Medical Society office until such time as the Society may have a proper place to display them. The Society thanks Mrs. Viets for the gift, and plans to have the books inscribed with her name as donor.

It is hoped that the Medical Society might collect and store old medical books, early instruments, photos and other historical data to preserve them for future generations. Any member having, or coming across, any such material should contact the executive secretary.

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MEDICAL ASSISTANTS SOCIETY

The Medical Assistant Society of Mahoning County held their January meeting at the South Side Nurses Home on Tuesday, January 4, 1966 at 8:00 P.M. with President, Jo Sammartino presiding.

Dorothy Klein introduced our speaker for the evening, Mr. Ralph P. "Bob" White, Jr., who spoke to us on the new drug law which will become effective February, 1966. It is called Drug Abuse and Control Amendment. This new Federal regulation lists about 70 trade name drugs under this category. These prescriptions can be refilled 5 times or are good for 6 months, whichever comes first. Mr. White's discussion was very enlightening, and the girls will have a better understanding of this new law and should be able to help their Doctor employers with it.

Following the business meeting, the minutes were read by Nina La-Barbera, Recording secretary. Alice Larson, Corresponding secretary, read several letters and notes. Julia Gura, Treasurer, gave the latest treasurer's report, and several committee reports were given. A social hour followed—with Joan Schuchler serving cake and coffee.

The Society's next meeting will be held on Tuesday, February 1st, at Ivy Hall of St. Elizabeth Hospital School of Nursing.

—June Kyle,
Reporter

NEXT MEETING — FEB. 15 — SOCIAL SECURITY

HEALTH DEPARTMENT BULLETIN

DECEMBER, 1965

	Resident		Non-Resident		Total
	M.	F.	M.	F.	
Births	120	106	140	134	500
Deaths	94	76	59	54	283
Infant Deaths	5	2	3	2	12

DECEMBER, 1964

Births	120	109	138	155	522
Deaths	77	61	75	40	253
Infant Deaths	3	1	2	3	9

COMMUNICABLE DISEASES

	1965		1964	
	Cases	Deaths	Cases	Deaths
Chicken Pox	0	0	68	0
Measles	0	0	54	0
German Measles	0	0	5	0
Mumps	0	0	12	0
Scarlet Fever	0	0	2	0
Tuberculosis	0	0	2	0
Whooping Cough	0	0	1	0
Infectious Hepatitis	0	0	2	0
Gonorrhoea	27	0	0	0
Syphilis	47	0	0	0
Rheumatic Fever	4	0	8	0
Salmonella	2	0	1	0

VENEREAL DISEASES

	Male	Female	
New Cases			
Syphilis	2	3	
Gonorrhoea	11	10	
Total Patients			26
Total visits (patients)			132

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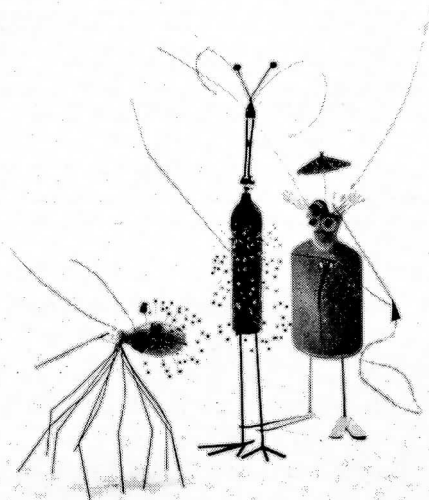
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