



BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

DECEMBER • 1955
Vol. XXV • No. 12
Youngstown • Ohio



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Representative to the Associated Hospital Service
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Our President Speaks



Since this my final editorial, I want to take this opportunity to thank all of you for the fine cooperation you have given me as your president. My special thanks go to my fellow officers and committee chairmen for their efforts in making this a successful year. I wish you all a Merry Christmas and a Happy and Prosperous New Year.

Ivan C. Smith

Getting out this BULLETIN is no picnic.
 If we print jokes, people say we are silly;
 If we don't they say we are too serious;
 If we clip things from other papers, we are
 too lazy to write them ourselves;
 If we don't, we are too fond of our own stuff;
 If we don't print contributions, we don't
 appreciate true genius;
 If we do print them, the magazine is filled
 with junk;
 If we make a change in another person's
 write-up, we are too critical;
 If we don't, we are asleep.
 Now, like as not, someone will say we swiped
 this from some other paper.
 WE DID ! ! ! ! !

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 25**DECEMBER, 1955****NUMBER 12**

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

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EDITORIAL

Putting the Bulletin to bed for the December issue is my final act as Editor for the year of 1955. A long last look over the year's publication brings to mind the story of the teacher who asked her class the difference between results and consequences. One of the pupils replied, "Results are what you expect; consequences are what you get."

And so it is with us. Our first editorial defined a policy which we hoped to express throughout the year. Much of it has been achieved and some has not. New members have been met. Original papers have been published. Scientific meetings have been announced. Social events have been reported. Controversial issues have been aired. Personal milestones of professional progress have been chronicled. And then there is the filler material.

On the other hand, serving my medical society has proved to be not only a pleasant experience, but also a most enlightening one. In exchange for my labors, I have learned of the complexities of operating procedures of the Council and the various committees and of the thankless devotion of those tireless members who are serving you. I am proud to have been associated with them.

To each and every person who contributed to preparation of any of the twelve editions of the 1955 Bulletin, I wish to express my deep heartfelt gratitude.

*Robert L. Tornello, M.D.**Editor*

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CIVIL DEFENSE

At the last council meeting, Dr. Schellhase reported on the conference on civil defense in Chicago which he had attended representing the Mahoning County Medical Society. Many interesting facts were reported. Primarily, the difficulty with civil defense projects is due to lack of interest on everybody's part. Probably the medical profession is no worse than the general public in this respect. However, as doctors we should set a good example rather than just be average. It is difficult to keep active interest in something that may never happen.

In major disaster, public health becomes of primary importance. In the event an atom bomb is ever exploded in a community such as ours, the care of the survivors and the maintenance of the public health becomes even more important than military operations. It behooves us to keep abreast of developments in civil defense. Plans necessarily must be changed to meet changing military conditions. Without the active participation of the medical professions, no plan can be successful. In the last exercise conducted in this community, eighty doctors participated. This made a rather good impression on Civil defense authorities, probably not because it was good but rather because it wasn't worse.

We also have a selfish interest in the matter. In some states there are laws authorizing the drafting of doctors for civil defense purposes. While these laws have never been put into effect, they could easily be used to bring about the socialization of medicine for the duration of an emergency. It would probably be very difficult to reverse the action and bring about a return to the former status.

I have said that it is difficult to keep interest alive in something which might never happen. We may not be able to conceive of an atomic attack, but we are all aware that major disasters such as fires or floods may occur in our own community. Until the civil defense plans existed, we were woefully unprepared to meet such emergencies. Now there is an efficient organization to call upon in case of a major disaster in this community. We should take a more active interest in civil defense affairs.

A meeting of the Civil Defense Committee was held Tuesday, June 21, immediately following the regular monthly membership meeting.

The reorganization of the medical service plan was discussed. The appointment of Drs. F. K. Inui and Patrick Cestone was approved as assistant chiefs of the medical division. Also, the appointment of Drs. D. R. Brody, Robert Tornello, L. J. Gasser and Robert Jenkins as zone chiefs was approved.

F. L. Schellhase, M.D.
Chairman

ANNUAL REPORT OF THE STATE AND A.M.A. CORRESPONDENT

Your correspondent sent clippings from the Vindicator concerning our monthly meetings.

Several issues of the Ohio State Medical Journal carried items under the "Activities of County Societies" department. Nothing was sent to the A.M.A. because in past years when news items were sent they were ignored.

Clyde K. Walter, M.D.
Correspondent



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DECEMBER

ANNUAL REPORT OF THE PROGRAM COMMITTEE

A committee report is a recapitulation of what was accomplished in the year's program.

The program committee tried to get the best speakers that were available. Let it be known that an excellent program could have been formulated with invited speakers who were unable to come here.

The speakers and subjects were diversified to accommodate all branches of medicine.

In September 1954, Dr. Edwin H. Ellison, Assistant Professor of Surgery at Ohio State University, spoke to us on "Cancer of the Colon". The talk was outstanding.

In October 1954, we were well informed of the local cancer problem by Doctors R. J. Scheetz, A. J. Quinn and Arthur E. Rappaport.

In November 1954, Dr. Max Miller, Assistant Professor of Medicine at Western Reserve University, gave us an excellent presentation of "The Present Status of Fructose in the Treatment of Diabetes Mellitus".

In February 1955, through the efforts of Dr. W. H. Bunn, president of the Youngstown Area Heart Association; Dr. Helen B. Taussig of Johns Hopkins School of Medicine and Dr. Harry Ungeleider, medical director of the Equitable Life Assurance Society of New York, presented to us an outstanding program of Congenital Heart Disease and the Life History of Hypertension.

In March 1955, Dr. Stanley O. Hoerr, of the Cleveland Clinic, presented us with a fine talk on "Diseases of the Pancreas".

In April 1955, Dr. Harry Shwachman, Director of Clinical Pathology of Children's Hospital in Boston Massachusetts, gave one of the most outstanding talks on pediatrics, when he spoke on "Nutritional Disturbances in Childhood".

The meeting which drew the largest attendance was the one of May 1955. Dr. Charles A. Doan, Dean of the College of Medicine at Ohio State University, responded with an excellent talk on the subject of "New Horizons in the Approach to the Therapy of the Leukemias".

To the members of the committee who aided me, I am most appreciative,

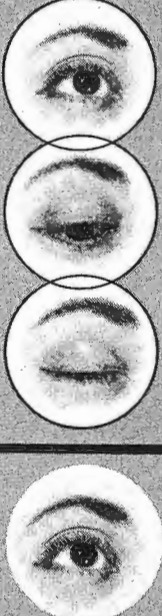
Morris S. Rosenblum, M.D.

Chairman

ANNUAL REPORT OF THE YOUNGSTOWN HOSPITAL ASSOCIATION — SCHOOL OF NURSING

Since the School of Nursing has completed a full year of operations under the new program started September 12, 1954, we wish to submit a report showing the actual amounts earned by the Junior and Senior Students for the year ending September 11, 1955.

It is of interest to note that the maximum earned by a Senior Student was \$1,759.50 or almost \$150.00 per month. After paying her tuition she had \$1,495.50 left. During the same period the maximum earned by a Junior Student was \$1,299.60 and after payment of her tuition, had \$914.60 left. The total wages earned by Student Nurses from September 12, 1954 to September 11, 1955 was \$145,076.64. We wish to point out that, in our opinion, if one Student Nurse could earn these amounts in a year, all could approximate the same earnings since the shortage of nurses makes possible ample opportunity for work.



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ANNUAL REPORT OF THE MILITARY ADVISORY COMMITTEE

During the course of 1955 the Military Advisory Committee met and made recommendations to six Selective Service Draft Boards. Recommendations involved draft and local status on twelve physicians. Of the twelve, your committee classified as essential to the community one individual; no alteration in the 1-A classification on another physician and routine deferrals for internship on the remainder.

It is to be noted that Operation Bulletin No. 88, issued February 24, 1953, amended September 28 1955, paragraph 5, reads as follows:

5. A regular or a special registrant should not be placed in Class II-A for the purpose of completing a residency unless in the opinion of the local board his services are absolutely essential to the operation of the hospital, or he is one who has been certified for essential training by the Assistant Secretary of Defense under the provisions of Operations Bulletin No. 116. *He should not be classified in Class II-A merely because of the desire of the hospital or the registrant that he complete a residency.*

Respectfully submitted by,
Sidney C. Keyes, M.D.
 Chairman

PROCEEDINGS OF COUNCIL

Nov. 14, 1955

The regular monthly meeting of the Council of the Mahoning County Medical Society was held at the offices of Dr. M. W. Nedidus, 318 Fifth Ave., Youngstown, Ohio on Monday, November 14, 1955.

The following doctors were present: I. C. Smith, president, presiding, G. E. DeCicco, A. A. Detesco, W. M. Skipp, S. W. Ondash, V. L. Goodwin, A. Randell and Robt. Tornello, comprising the Council, also Dr. Rappoport and Dr. Schellhase.

Dr. Schellhase submitted a report on the Civil Defense meeting he attended in Chicago in November.

The following resolution was unanimously passed:

WHEREAS, the Mahoning County Medical Society has in the past been confronted with many requests for approval of fund drives where the physicians are involved in rendering services, be it

RESOLVED THAT, "The policy of the Mahoning County Medical Society is neither to approve nor disapprove any campaign for the raising of funds for any civic enterprize, whether it is to be for the purpose of preventing disease, preserving health or other claimed beneficial purposes."

A. A. Detesco, M.D.
 Secretary

ANNUAL REPORT OF THE RURAL HEALTH COMMITTEE

As for a committee report of The Rural Health Committee, the only thing that has transpired during the past year, was a television program conducted by Adelaide Snyder, in which, I gave a brief report of rural medicine. There have been no other activities of this committee.

Very truly yours,
Frederick A. Resch, M.D.
 Chairman



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ANNUAL REPORT OF THE BLOOD BANK COMMITTEE

Hospitals and Mahoning County Labor Unions Blood Bank Program got under way on March 1, 1955 on the basis of one pint for every pint donated at a time when they are not faced with a serious emergency.

Those eligible to receive blood are members of specified local unions affiliated with the Mahoning C.I.O. Council and all members of the immediate families living with the union members. Eligibility also extends to retired or pensioned members or their dependent families, members laid off from work, but in good standing, and widows and dependent children of deceased members.

This blood will be furnished to In and Out Patients at the participating Hospitals, as well as, to those patients eligible under the program who may be hospitalized at the Mahoning County TB Sanatorium, Woodside Receiving Hospitals, or A.M.A. approved hospitals in Warren, Sharon, and New Castle.

Each local union associated with the Mahoning County C.I.O. Council is given a monthly quota of blood donations based upon the number of members so as to insure a sufficient amount of blood on hand at the blood banks of the Hospitals. The member hospitals collect, process, and store the blood until needed.

The C.I.O. unions also contribute their proportional share for indigents, old age assistance and other ward patients as a community service.

The responsibility of the program resides in a permanent working committee composed of representatives of the C.I.O., the Hospitals, and the Mahoning County Medical Society. Monthly meetings are held by these representatives to supervise the operation of the blood program and to revise quotas as the need arises.

An additional Blood Bank Club was created at the Youngstown Sheet and Tube Company as a joint management and labor venture. Such clubs had existed at General Fireproofing Company, Truscon Steel and other local industries and fraternal organizations. All operate under a similar set-up. The committee is working to extend this concept of blood clubs for the easier procurement of blood when needed.

Your chairman would like to introduce a word of caution with respect to the use of transfusions, now that this blood program is available. The multiplicity of the various Rh genotypes, the occasional sensitization to unusual factors, the possibility of acquired hemolytic anemias and the rare occurrence of acquired siderosis in multiple transfusions makes the giving of blood not altogether the simple and safe procedure it is thought to be by many. Blood should not be used in iron deficiency anemias or for other anemias which can be specifically treated by some other means.

Your chairman wishes to thank the members of his committee A. E. Rappaport and R. A. Brown, Mr. John Panko, Mr. Irvin Ryan, Mr. Fred Knight, and Mr. Ray Russo for their splendid co-operation and for the many hours of sincere effort devoted to this task.

John LoCricchio, M.D.
Chairman

TREASURER'S REPORT

There will be inserted in the January issue of the Bulletin a copy of the financial report as submitted by our auditor at the end of our fiscal year, November 30, 1955.

I believe no further explanation of the Society's finances will be necessary.

A. K. Phillips, M.D.
Treasurer

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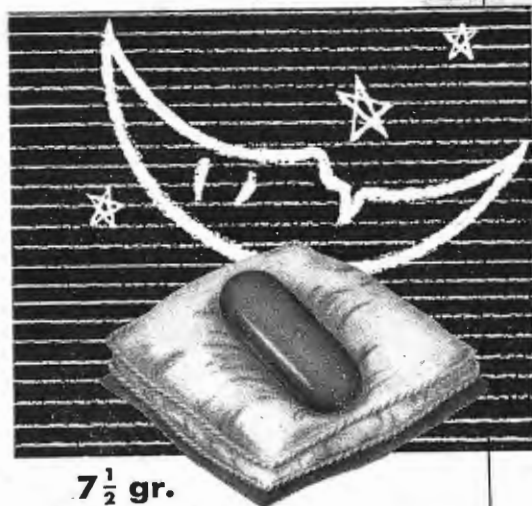
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ANNUAL REPORT OF THE COMMITTEE ON DIABETES

This year the response to the Campaign to find the unknown diabetics was the best we ever had. There were 3,401 urine tests done for sugar, 3,004 were done at the physicians office and 390 tests at the local hospitals. There were 101 positive tests for sugar with 28 new diabetics discovered.

	Test	Positive	New Positives
Hospital	397	13	4
Physicians office	3004	88	24
Total	3401	101	28

Talks and interviews were given to local organizations, on television, radio and the newspaper. Trailer films were shown at the theaters. A diabetes exhibit was held at the laboratory of the North Side Unit of the Youngstown Hospital Association under the direction of Dr. Herman Ipp on Thursday and Friday, November 17 and 18, 1955.

Our guest speaker on November 11, 1955 was Dr. Robert F. Bradley of the Joslin Clinic, Boston Massachusetts. He discussed two cases of diabetes at a conference at St. Elizabeth's Hospital from 11:30 a.m. to 12:30 p.m. He spoke to the house officers of all hospitals from 3:30 p.m. to 4:30 p.m., at the conference room of the North Side Unit, Youngstown Hospital Association, on Liver Diseases in Diabetes. After the banquet, he gave an excellent talk on Coronary Artery Disease in Diabetes.

Mrs. John Rogers, chairman of the Public Relations Committee of the Auxillary of the Mahoning County Medical Society and her committee aided us diligently in the distribution of the diabetes posters.

To all the above and other members of my committee who aided me, I am grateful.

Morris S. Rosenblum, M.D.
Chairman

MAGAZINE MAKES SURVEY OF SURGICAL FEES

Are surgical fees too high?

Newspaper stories might lead you to think they're way out of line with other medical costs. But a survey by MEDICAL ECONOMICS, published in its November issue, indicates they're lower than most people think.

The national business magazine for doctors surveyed nine representative trading areas from New Haven, Conn. to Portland, Ore., each with an average population of 500,000. It concluded that "median fees in each area were modest . . . a lot more reasonable than some men in medicine suspected."

Among other things, the magazine learned that "fees tend to be a bit lower in the East than in the West. For an appendectomy, "it says, "the median fee in the East Coast's New Haven and Albany, N.Y. areas is \$125. In the West's Denver, Col. and Portland areas, it's \$150."

MEDICAL ECONOMICS also found that "certified men tend to charge only slightly more than noncertified men for the same procedures." In three of the nine surveyed areas, in fact, the magazine discovered that they charge less for a chole-cystectomy.

A third interesting finding, says the business magazine, was that "older, more experienced men tend to charge substantially more than their younger colleagues." Doctors who've been doing surgery for ten years or more usually charge at least 10 per cent more than their juniors. And, for "difficult procedures," reports the article "Surgical Fees Today," "the older men's usual fees run up to 100 per cent higher,"

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ANNUAL REPORT OF THE MAHONING COUNTY FAIR COMMITTEE

The County Fair Medical Exhibit was held as usual with 16 exhibitors being nicely accommodated in the new rectangular tent. All the exhibitors were well pleased with the exhibit the past year and plan to occupy space again this year. In addition to the new type tent, two large 30" electric fans were purchased and proved to be of great value in coping with the heat. It is recommended that two additional fans be purchased for next year and that some system of sprinkling at night to allay the dust nuisance be followed next year.

Another innovation was the purchase of Liability Insurance to cover the Exhibitors and the County Medical Society against claims arising from personal injury during the fair week. This cost \$94.00. Also a telephone was installed in the tent so that members monitoring exhibits would not be out of contact with their practices.

The Fair Board is to be congratulated in securing contract physicians to man the first aid building, thus meeting a pressing need and relieving members who were monitoring exhibits in the tent from leaving their posts to answer random calls at the emergency building.

It is recommended that all exhibitors be required to have the openings to their exhibits inside the tent.

All costs in connection with the exhibit have tended to increase; e.g. tent rental, night watchman, and insurance. Since the only source of revenue is space rental it is recommended that entry fees and space rental be increased moderately the coming year.

H. P. McGregor, M.D.
Chairman

SECRETARY'S REPORT

The Mahoning County Medical Society, at the end of 1955 has 257 Active Members, 28 Junior Active Members, 3 Associate Members, 19 Interne Members, 2 Non-Resident Members, 10 Honorary Members.

The regular monthly meetings were held as usual during the year. We regret having lost during the year by death, the following:

Drs. S. J. Klatman, F. F. Piercy, A. C. Tidd.

A. A. Detesco, M.D.
Secretary

Dr. William M. Skipp, President of the Allied Professions and Dr. Edward C. Brown, President of the Coyrdon-Palmer Dental Society attended the dinner-panel meeting of the Inter-Professional Committee of Greater Cleveland at the Hotel Cleveland, November 2, 1955. Dr. Skipp acted as Moderator of the panel on Inter-Professional Relations consisting of Dr. Brown, Dr. Thomas H. Alphin, Deputy Director of the Washington Office of the AMA, Mr. Herbert B. Bain, Director of the Bureau of Public Information of the American Dental Society, and Dr. Frederick D. Lascoff, Prescription Editor of Drug Topics and past president of the New York State Board of Pharmacy. Dr. Skipp, one of the founders of our local Allied Professions Committee presented a complete history of this Committee, its origin and progress throughout the years of its existense.

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The Post-Graduate Gastroenterology Course Of The A.G.P.

A post-graduate course in Gastro-enterology will be sponsored by the Mahoning County Academy of General Practice. This course will be presented by a group from Ohio State Medical School. The program calls for the following subject matter and lecturers:

Irritable Bowel—Dr. Delor; Differential Diagnosis of Jaundice—Dr. Robinson; Diseases of the Small Intestine—Dr. Brown; Cirrhosis—Dr. DeLor; March 13, 1956—Acute Diverticulitis—Dr. Beman; Acute Pancreatitis—Dr. Keith; Acute Infectious Hepatitis—Dr. Brown; GI Hemorrhage—Dr. Beman; April 10, 1956—Emotional Aspects of Gastro-Intestinal Disease—Dr. Robinson; Radiology and GI Disease—Dr. Nelson; Ulcerative Colitis—Dr. Brown; Diseases of the Esophagus—Dr. Robinson; May 8, 1956—Sigmoidoscopy—Dr. Berman; Gastritis—Dr. DeLor; Gastroscopy—Dr. Brown; The Medical Management of Duodenal Ulcer—Dr. Beman.

The participating members of these discussions are; Floyd M. Beman, M.D., Associate Professor of Medicine; Samuel W. Robinson, M.D., Associate Professor of Medicine; Sidney Nelson, M.D., Professor and Chairman of Dept. of Radiology; Luther Keith, M.D., Associate Professor of Surgery; C. Jos. DeLor, M.D., Associate Clinical Professor of Medicine, Director of the Division of Gastroenterology; David B. Brown, M.D., former resident in Gastroenterology.

These meetings are to be held at the South Side Hospital Nurses Home and are to begin at 8:00 P.M. sharp.

ANNUAL REPORT OF THE LAY EDUCATION AND PUBLIC RELATIONS COMMITTEES

Many physicians of our Society have appeared on both Stu Wilson's TV program at noon and Adelaide Snyder's TV program in the morning. The conversational interviews about a variety of medical subjects have been very interesting and well received by the public. We have not received any requests by the Hollywood Talent Scouts as yet for any of the acts but we are still hoping for some recognition.

A combined meeting was held recently by the Public Relations Committee and some committees of the Woman's Auxiliary. The purpose of the meeting was to coordinate the work of both in improving the public relations of the physicians in Mahoning County and the people here. It was also decided with the gracious agreement of the women present that since they have more time, they would try and carry on the Public Speaking part of this years program and establish a public speaking roster of the physicians. Any request by churches, organizations and clubs for speakers would be referred to the Woman's Auxiliary.

ANNUAL REPORT OF THE VETERANS AFFAIRS COMMITTEE

A meeting of the Chairman of the Veterans Affairs Committees of all the county medical societies of the 8th Councilor District was held in August at the Youngstown Elks Club. The meeting was requested by the House of Delegates of O.S.M.A., to procure data which will prove or disprove charges which have been made regarding the Veterans Administration program. Each member of the society received a letter in September with the pertinent information desired. When sufficient data is obtained, the local committee will meet, discuss and submit a report of the summarized facts.

Submitted respectively,
William E. Sovik, M.D., Chairman



ANNUAL BUSINESS MEETING

Elks Club

Tuesday Evening, 8:30, December 20, 1955

ELECTION OF OFFICERS

President-Elect

Secretary

Treasurer

Delegate (Three year term)

Three Alternate Delegates

Representative to the Associated Hospitals

A free buffet supper will be served following the Election

Also — at 8:00 P. M.

Annual Meeting — Medical Service Foundation

This meeting will be held in conjunction with the annual meeting of the Mahoning County Medical Society. IT WILL START AT 8:00 P.M., just prior to the regular Society meeting. There will be election of Trustees, approval of the reports of the Treasurer and Secretary and such other business as may properly come before the meeting.

EVERY MEMBER OF THE COUNTY MEDICAL SOCIETY IS A MEMBER OF THE MEDICAL SERVICE FOUNDATION. ATTEND AND PARTICIPATE IN THE CONDUCT OF ITS BUSINESS.

JANUARY MEETING ANNUAL BANQUET

**Wednesday, January 18, 1955
Youngstown Country Club
6:30 P.M.**

**INSTALLATION OF
Dr. G. E. DeCicco as President**

ANNUAL REPORT OF THE MEDICAL-LEGAL COMMITTEE

One meeting was held at which "Proposed Statements of Principles for the Standard of Practice Governing Lawyers and Doctors" proposed by the Committee on Unauthorized Practice of Law of the Mahoning County Bar Association were given detailed preliminary consideration. Further discussion will be necessary before a joint meeting of our committee with the committee of lawyers will be arranged.

It is planned to devote the regular meeting of the Mahoning County Medical Society on March 20, 1956 to a medicolegal program. The Mahoning County Bar Association will be invited.

Sidney Franklin, M.D., LL.B., Chairman



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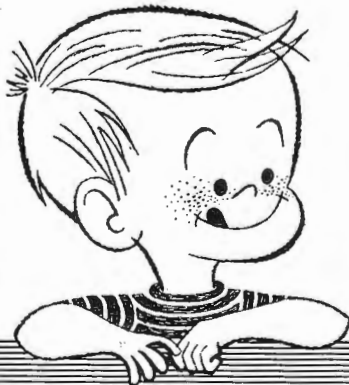
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FROM THE BULLETIN

TWENTY YEARS AGO — DECEMBER, 1935

December; the month of committee reports, of last words from outgoing officers. A month devoted by the Bulletin to a summation of the years work whether twenty years, ten years or one year ago. In the words those men write can be found some of the spirit of the times, the temperature and pulse of the Society. So it was in 1935, the last year of the Great Depression.

From the President's Page: "This is not hail and farewell, but a re-entrance into the ranks where the real work is done."

The Treasurers Report showed a check book balance of \$151.73 and \$800.00 in the permanent fund. Not bad, considering that two years before there was not enough money to hire a hall for the monthly meeting. Annual dues were \$12.00. There were 190 active members, 8 associate and 3 honorary. Of the 190 active, 84 were serving on committees.

Ivan Smith was business manager of the Bulletin and it was in the black. Mary Herald was handling the printing for the Youngstown Printing Company and singled out for special thanks by the Editor, the late Claude Norris.

Hathhorn's Public Health Committee had conducted a year long intensive campaign to make the public and the doctors conscious of preventive medicine. A. E. Brant and his Program Committee brought top notch speakers every month. Jim Brown's Post-Graduate Day Committee put on the largest meeting we ever had at Stambaugh Auditorium without a flaw in the arrangements. The hardest working committee of all was the Economics Committee under the late Walter King Stewart which labored all year in the big squeeze between government red tape and the impatience of the doctors caring for the families of the unemployed.

New members that month were Dr. E. H. Young and C. A. McReynolds.

TEN YEARS AGO — DECEMBER, 1945

Not much in this issue about Society activities. Four years of war had disrupted very much our former way of life. Doctors at home were tired and out of sorts. Those returning from military service were confused and insecure. The former were glad to see the new men coming back to take some of the burden off their shoulders and relieve the awful pressure of gangling telephones and double duty they had been enduring. The latter were thinking of enjoying their families and getting refresher courses before making the big change back to private practice. It had been so different in military life. But four years on Army pay had depleted the finances of most veterans and they were anxious to get started picking up the shreds and remnants of their practices and building them up again.

The Bulletin made a start at printing the Service Records of the members as they returned. Those of John A. Rogers, John E. L. Keyes and Morris Rosenblum appeared this month. A. K. Phillips was still in the Philippines, promoted to major. Herman Ipp was on a motor trip with his wife to Montreal (no more gasoline rationing). Tims was back and took his wife to the Ohio-Pitt football game. A. S. D'Amore was back after three years in a Japanese prison camp. Joe Colla, Fred Coombs, Sam Epstein, Bill Evans, Firestone, Goldberg, Goldstein, Ray Hall, Marinelli, Miglets, McConnell, McElroy, Nelson, Raupple, Sisek and Szucs had returned home, very glad to be here. It was the best Christmas in five years.

The Youngstown Receiving Hospital was formally opened on November 20th.

James L. Fisher, M.D.

SOCIAL COMMITTEE

Our report centers around the grand outing at the Golf Meet in August. A good turn out with our group and the dental group made the day's festivity exciting. Golf prizes were distributed, a magnificent dinner at the Youngstown Country Club was enjoyed by all. As usual the grand golfer of the day Dr. Frank "Chips" Bellino was low scorer with a 67.

The future holds forth many happy occasions for the social aspect of our society.

David R. Brody, M.D.
Chairman



ANNUAL REPORT OF THE HOSPITAL RELATIONS COMMITTEE

The relations between the local hospitals and the members of the Mahoning County Medical Society remain very good. The Hospital Relations Committee had a quiet year.

Very truly yours,
Francis W. McNamara, M.D.
Chairman

LETTERS TO THE BULLETIN

November 10, 1955

Dr. Ivan C. Smith, President
Mahoning County Medical Society
125 W. Commerce Street
Youngstown, Ohio

Dear Dr. Smith:

Superintendent Paul C. Bunn as well as Principals and staffs of our elementary schools join me in thanking the Mahoning County Medical Society for the splendid help given in the administration of the second inoculations of the Salk polio vaccine.

We are especially appreciative at this time of the volunteer service supplied by the Medical Society Physicians and the fine assistance of Mr. Paul Herald and the office staff.

We hope the physicians enjoyed working in the schools as much as we enjoyed having them with us. I have reason to believe the feeling was mutual from the brief contacts I had with the physicians during the program and from reactions I received from school personnel.

Sincerely yours,
Paul D. Keenan, Supervisor
Health Department

DECEMBER

KEEPING UP WITH A.M.A.

A LIGHTER TAX BURDEN FOR THE YOUNG. On July 18 the house of representatives by a vote of 372 to 31 sent to the Senate H.R. 7225 amending the Social Security Act. The Senate did not act on this bill prior to adjournment on August 2. If enacted, the bill would, among other changes, force a number of self-employed groups now excluded—lawyers, dentists, osteopaths, veterinarians, chiropractors, neuropaths, and optometrists, but not physicians under Old-Age and Survivors Insurance. Probably 30,000 physicians will attain age 72 during the next 15 years. Age 72 is mentioned instead of age 65, the minimum age at which O.A.S.I. pensions are now payable, because the pensions will be payable at age 72 regardless of earnings; and these pensions will entice few physicians when reaching age 65 to promptly quit taking care of the sick. Since these 30,000 physicians would pay on the average less than \$1,000 in taxes during the next 15 years and they (and those now over age 72) would become eligible for pension benefits worth about \$14,000, it follows that their exclusion from compulsory coverage will save the taxpayers of the future an average of at least \$13,000 per physician or about 400 million dollars. So the decision of the ways and means Committee and the House of Representatives to continue to exclude physicians from O.A.S.I. is a boon to the taxpayers of the future. If the Republicans and Democrats during the next 15 years continue to vie with each other in further increasing the windfalls for older workers under O.A.S.I., the boon to the next generation from the continued exclusion of physicians may be much greater than 400 million dollars.

HILL-BURTON HOSPITALS IN OPERATION: 1,947. Latest public health Service figures disclose that 1,947 hospitals built with Hill-Burton Federal assistance are in operation throughout the country. In addition, 560 health centers are also. New hospital beds total 120,740. Still under construction are 507 hospital projects, and 117 others have received initial approval. The program represents an investment of \$2,104,613,558, of which the Federal share is \$682,122,542.

LEGION STICKS TO GUNS ON NON-SERVICE CASES. The Legion reaffirmed its policy in support of VA medical care and hospitalization for non-service connected cases.—AMA trustee David Allman, of Atlantic City, solicited Legion help in fighting permanent and total disability insurance and demanding passage of Bricker resolution.

GOVERNMENT LAUNCHES DRIVE ON ILLEGAL SALE OF AMPHETAMINES. The Brownell-Folsom statement quoted Food & Drug Commissioner George Larrick: "These amphetamine drugs have important medical uses and are of value when properly dispensed on prescription and used under medical supervision, but they are extremely dangerous when sold and used by persons unfamiliar with their effects . . . the improper use of these drugs is by no means confined to truck drivers. They are also associated with problems of juvenile delinquency and crime."

SURVEY PUBLIC ATTITUDES ON DRUG COSTS. 40% of the adult population believe food costs are much too high; 41% believe repair charges (TV, auto, etc.) are excessive; 27% are equally critical of clothing costs, and only 26% believe that the cost of medical care is much too high.

While medical costs in general come in for less criticism than other elements of the cost of living, within the category of medical costs the percentage believing cost "much too high" for doctors' fees is 16%, hospital charges, 39%; dentists fees, 24%, prescriptions at drug stores, 38%.

38% of the population believe the cost of prescriptions is much too high, and 28% believe that costs are somewhat higher than they should be. 26% of those who complain of prescription costs blame the druggists, 10% mention physicians and 7% pharmaceutical manufacturers.

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DOCTORS OVERPAID? JUST COMPARE THEIR EARNINGS WITH BRICKLAYERS

*By James C. Macmillan, Medical Economist, County
Medical Society Magazine Group Editorial Service*

Cadillacs and caviar — that seems to be the standard of living a big segment of the lay public believes the medical profession enjoys today.

Well, let's face it, an average doctor does enjoy more financial security than he did in the dismal days before World War II. And so does nearly everyone else — laborer, professional man, proprietor alike.

But whoever thinks today's doctor is eating unfairly high on the joint should take a look at these interesting facts. For the record, the Medical Economics Unit of the County Medical Society Magazine Group has made a comparison of the earnings of a typical doctor and a representative bricklayer for a period of 20 years.

To make the comparison a generous one, figures for doctors' income are set 20 per cent above the \$12,518 net average income determined by the U. S. Department of Commerce in 1951. Bricklayers' income is based on figures for a moderately sized city where the prevailing scale is slightly lower than the national average.

Now let's see just how lucrative a doctor's practice is today.

A bricklayer must be an apprentice for two years; the scale is \$2.10 an hour or \$84 a week. For his first two years of apprenticeship he earns a total of \$8,736. Now he becomes a journeyman; his pay is \$3.50 an hour, \$140 for a 40-hour week. In the next eight years he earns \$58,240. His total income for his first 10 professional years is \$66,976.

Now let's take a look at a typical doctor's first 10 years. For eight years he is attending college and medical school. His total income from his profession — zero.

Next comes two years of residency — the average income, \$2,500 a year or \$5,000 for the two years.

The doctor's income for his first 10 dedicated years is the munificent sum of \$5,000.

Now the doctor is on what the public believes is the gravy train. He is ready to start repaying the \$30,000 or more he has borrowed to finance his medical education. That is, unless he is tapped for two years of military service to climax his first 10 years of professional life.

But let's say the doctor is fortunate; he begins practice in a typically prosperous American community at the end of his residency. Now he can expect to average earnings estimated today at \$15,000 a year for the next 10 years.

The bricklayer's income is stable, \$7,280 a year. He earns \$72,800 in the second 10-year period.

At the end of 20 years in his profession the bricklayer has earned a total of \$139,776; the doctor, \$155,000. Takes a little of the luster off a doctor's financial life, doesn't it?

Now let's carry the comparison a little farther. Even after a doctor has reached his average earning capacity, he will work an average 56 hours a week according to the Bureau of Medical Economic Research of the A.M.A. to earn his \$15,000 a year.

If a bricklayer worked a 56 hour week he would earn \$140 for the first 40 hours, \$42 at time-and-a-half for the next eight hours, and \$56 at double-time for the next eight hours, or \$238 a week. His annual pay would be \$12,376, a fraction less than a doctor's for the same number of hours of work.

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"Ah Doctor, does it matter who writes the prescription?"

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The purpose of this comparison is not to stir up an argument over a bricklayer's pay. He is a skilled and respected artisan. Often his job is highly hazardous. From his calloused hands come mute but mighty monuments. Whatever he earns, let's concede he's entitled to it.

And the doctor — well, let's just say he owes his community no apology for the monetary rewards of dedicating his life to its service.

Health and the Individual

Before I know what is health in a person, I should like to know goes to make up his totality. Is the poetry of Keats as much a part of him as were his lungs? Are the intelligence, character, and personality as much a part of a man as his limbs? If by losing the power in his limbs he gains in those other qualities, has there been a total loss or gain in health? Sir Owen Dixon in his Arthur C. Mills Oration quoted Wendell Wilkie to the effect that the qualities which the late President Roosevelt's misfortune had called forth, and the conditions of life that it imposed, had indeed been a source of strength—they had contributed to the President's success. Which, then, was the healthy Roosevelt? The man who could walk, or the man in the wheel chair with his mental powers enhanced by his paralysis?

—W. J. SAXTON, *Medical Journal of Australia*

Shock Treatment

After protracted therapy for severe rheumatoid arthritis, the patient had shown little improvement. So I hospitalized him for a complete medical survey.

On my first visit to him, the morning after he'd been admitted to the hospital, he greeted me with an ear-to-ear smile, grabbed my hand, and remarked, "I'm certainly glad I came here. That electric treatment was the best thing you've ever done for my arthritis!"

After wrestling with my conscience for a brief second I, smiled back, accepted his praise, and told him that I too was happy to see the miraculous result.

His "treatment" had been an electrocardiogram.

M.D., SOUTH DAKOTA

Disease Patterns in Adults and Childhood

Errors are sometimes made by imposing, as a kind of miniature replica, the pattern of disease of adults on to childhood. As a rule, in fact, illness in children tends to be much more acute and overwhelming, but there are some infections which have an entirely different clinical picture. Tuberculosis is a good example. Children with a chronic cough, mild pyrexia, anorexia, loss of weight, a debilitated look, and a history of sweating at nights are often thought to be tuberculous. Phthisis, which these symptoms suggest, does not occur in childhood, except in the rarest circumstances, and the diagnosis generally turns out to be an intestinal disorder once described by Eustace Smith as "mucus disease." Children with this disorder have a coated tongue, halitosis, and mucus in the stools. Sometimes threadworms are also present. Night sweats have probably raised the greatest suspicion, but this symptom is so common in childhood as almost to be physiological, if it is not the result of too much clothing and bedding, with lack of sufficient ventilation.

—Bernard Schlesinger, M.D.: *Errors in diagnosis in pediatrics*,
British Medical Journal, Feb. 12, 1955

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THE HEART AND THE WEATHER

Few subjects have had such a prolonged fascination for men as the weather. From Hippocrates to tonight's TV expert, the doings of the elements have been the cause of endless speculation, socioeconomic changes, and local jokes.

Attention has been called to new evidence that changes in atmospheric conditions appear to bear some relationship to vascular thromboses. A recent study¹ advances the frontier still farther into this obscure field.

In a six-year period in Dallas, Texas, 283,931 admissions to three hospitals occurred. Of this number 1,666 cases had a diagnosis of acute myocardial infarction. A critical review narrowed the group to 1,386, in whom no reasonable doubt existed as to the diagnosis. This final group consisted of 1,015 men (73.3 percent) and 371 women (26.7 percent). About one of every four died.

When the clinical onset of the infarction was tabulated with meteorologic data, it was found that myocardial infarction occurred more frequently during or shortly following a sudden inflow of cold (polar) air than under any other meteorologic condition. Such days were characterized by north or north-westerly winds, a sudden drop in atmospheric temperature, and a rapid elevation of barometric pressure. To a lesser extent, both sudden inflows of warm (tropical) air and periods of continued high daily temperature were associated with a higher incidence of myocardial infarction than were periods of stable meteorologic conditions.

Precipitation without extreme changes in temperature bore no apparent relationship to the frequency of occurrence of infarction. Changes in relative humidity also did not seem to be a factor.

Since barometric pressure changes are part and parcel of the cold and warm-front systems, they cannot easily be distinguished from temperature alterations. However, because many cases occurred in the early period of polar inflow (while the temperature was still falling and the barometric pressure rising) and because many patients had the onset of their symptoms indoors, at rest, or during sleep, it is possible that other meteorologic factors are indeed operative. The question remains: What are they, and how do they act?

—◆—

Better is a tried remedy than a new fangled one. —*Ambroise Pare.*

Time passes on, and the fashions of the mind, as well as of the body, change. —*Socrates.*

When the son of Aesculapius has exhausted his skill upon his patient, he sends him to a Spa with a long prescription of treatment, which is nothing else than an open letter of introduction to chance. —*Heinrich Heine.*

A doctor is a man who writes prescriptions till the patient either dies or is cured by nature. —*John Taylor*

Nature, time and patience are three great physicians. —*Proverb*

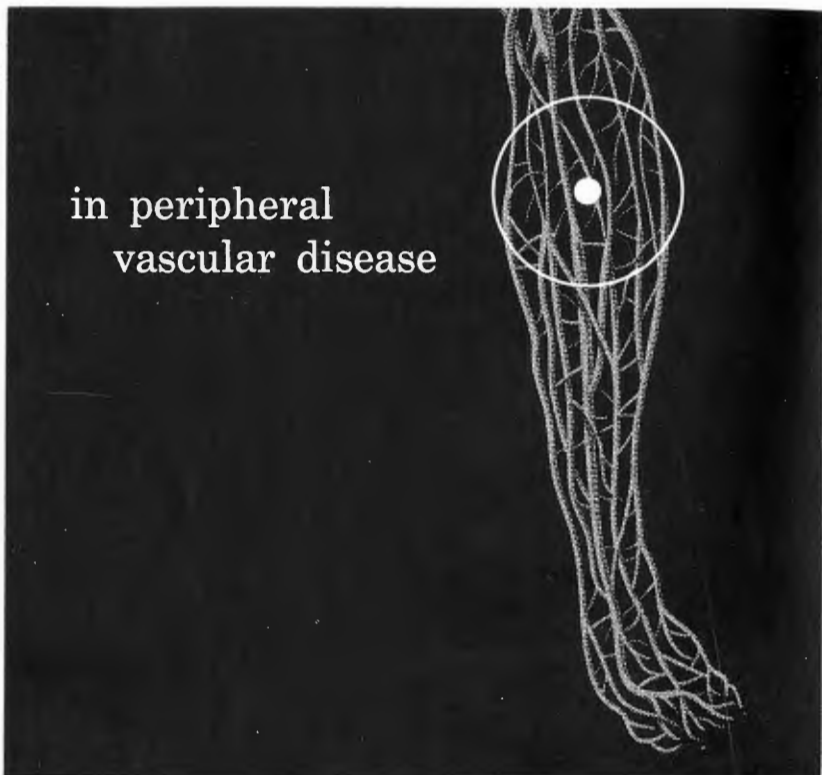
The physician is only nature's assistant. —*Galen.*

A disobedient patient makes an unfeeling physician. —*Publius Syrus.*

Dr. Abernethy used to tell his students that nearly all human diseases were due to two causes — stuffing and fretting.

The physician must generalize the disease and individualize the patient. —*Hufeland.*

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