

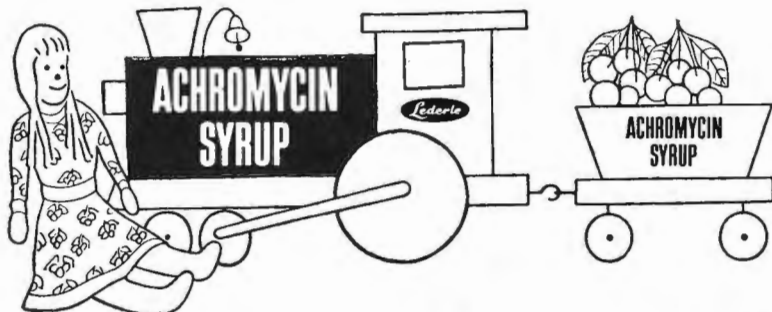


# BULLETIN

of the  
MAHONING  
COUNTY  
MEDICAL  
SOCIETY

FEBRUARY • 1956  
Vol. XXVI • No. 2  
Youngstown • Ohio

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## *Our President Speaks*

What do we as physicians owe to our patients????

Many of us complain about not enough hours in a day to do all the things we *must* do, let alone all the things we *would like* to do. Too many of us feel that our time is far in excess of value compared to that of our patients, which although not expressed in words is implied when we do not hold office hours by appointment. It is poor Public Relations to have a patient wait for three or four hours in a waiting room to see a physician. It causes less consternation to "squeeze in" an emergency between two appointments than to put one ahead of a patient who has been waiting in the reception room for an hour or more.



Under the appointment system of office hours, patients become accustomed to contacting the office before coming, thus eliminating the problem of how to inform patients of times and dates we will be unavailable due to vacations, meetings, etc.

Another advantage is in case of an emergency or a change of plans, appointments can be rearranged. Patients can thus be spared an unnecessary trip to our offices.

The appointment system engenders better satisfied patients, and more uniform work schedules. It eliminates the congestion in the office, and provides for a more efficient regulation of our precious hours.

Don't expect it to run smoothly at first, but after a few months trial, I am convinced you will realize its benefits, and will not return to the old method of "come what may".

G. E. DeCicco, M.D.

**BULLETIN** of the Mahoning County Medical Society

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**VOLUME 26****FEBRUARY, 1956****NUMBER 2****Bulletin Staff for 1956**

AGEY, WAYNE L.  
New Members and  
Receiving Hospital

FISHER, JAS. L.  
10 and 20 Years Ago

RUTH, PAUL E.  
St. Elizabeth Hospital News

STEINBERG, M. H.  
50 Year Members and  
Special Assignments

ALLEN, HERMAN L.  
Society Program and  
Youngstown Hospital News

GUSTAFSON, C. A.  
6th District News

SCHLECHT, FRED  
AMA News Editor

TORNELLO, R. L.  
Editor Emeritus

MRS. L. W. WELLER  
Women's Aux. News

BLOOMBERG, L.  
What's New — T.B. San.  
Special Assignments

RESCH, FREDK. A.  
G.P. News and Activities

SKIPP, WM. M.  
Your AMA and Keeping  
Up with Legislation

WALTER, CLYDE K.  
Special Assignments

**EDITORIAL****TO OUR MEMBERS**

"I goofed!" The explanation for the delay in your January Bulletin is just that simple! !

Now, however, my staff of 8 Associate Editors and myself hope we "have the situation well in hand." At our first meeting on January 1st, ideas and recommendations were exchanged and assignments made for the collection of Bulletin material. These assignments will be printed in each edition with the hope that you will contact the Staff member concerned when you have material to be included in our publication. We would like to keep you informed of the local news as it pertains to our members; their activities in professional life, social events, our Society, the hospitals, and community life.

In comparing the jobs given me since I became an active member of our Society, I find one major difference in this present undertaking. This job cannot be done by one person! Most of the responsibilities and work involved with other Committees falls on the shoulders of one man—and of course that most fortunate individual is known as "the Chairman." The "Chairman" usually turns out a good job with little or no support. I'm sure this situation isn't unique in our Society or in many other groups. However, it takes more than an editor to promote a good Bulletin unless he is "way above average", or is not married, or has no children, or has no outside interests, or carries on his practice only 3 days a week, or, in other words—HAS SURPLUS TIME. My point in this comparison is that my success or failure as Editor is going to be directly proportionate to the support given by the Associate Editors, who in turn must expect help and information from our members. Their enthusiasm and cooperation to date has proven their interest in publishing a good Bulletin.

*(Continued on Page 61)*

### COUNCILOR'S PAGE

Plan now to attend the 1956 annual meeting of the Ohio State Medical Association, which will be held at the Cleveland Public Auditorium on Tuesday, Wednesday and Thursday, April 10, 11, 12. You were sent complete details of this meeting with your membership card. The program will also appear in the March issue of the Ohio State Medical Journal. If you plan to stay in Cleveland over night, better make your hotel reservations now. We believe the meeting will be worth your while.

The Council solicits your help in the collection, recording and analyzing of data pertaining to the filing and disposition of lawsuits for malpractice, involving Ohio physicians. The Council, by asking each County Medical Society to set up the proper procedure to meet this assignment, is putting into effect a mandate, issued by the House of Delegates at the 1955 annual meeting. Your president has been informed in detail, how this matter should, and can, be handled locally by each County Medical Society. So, if you are assigned a job to do in this survey, know that you are helping to find a solution to an existing problem and growing concern, regarding malpractice insurance and the amount of premiums charged therefore.

About the time you receive this Bulletin, HR 7225 will be up for consideration in the Senate. You will be informed as to the exact time of the hearing. The primary reason you should be vitally interested in this bill, is that it directly affects medical practice. It isn't enough to know all about this bill, but we must all do something about it when it comes up for consideration.

Talk to your friends; ask that they let our law-makers know that we think there should be a complete study, before adding further costs to expanding Social Security benefits. Evidence is mounting that the Eisenhower proposals to congress, on broadening social security coverage, won't be much different from the Democate HR 7225, with its controversial provision for disability insurance payments.

The various items that make up the medical bill of the nation have advanced at uneven rates, according to a Social Security Administration survey on health insurance, for the years 1948-54. For instance, the study notes costs for hospital services during that period have risen 79%, while spending for physicians services had advanced 33%. And this item is food for thought—and another editorial. Recently you were polled on the question of Social Security for physicians. The majority of those voting preferred voluntary Social Security. This, our law-makers have not chosen to give us. The Reid-Keogh bill is buried somewhere among the legislative archives. It will only be brought out for consideration if we make our demands sufficiently strong. This is a good topic for discussion at your next county society meeting.

*C. A. Gustafson, M.D.*

continuing benefits

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**KEEPING UP WITH A.M.A.***by Wm. M. Skipp, M.D.**Delegate from Ohio*

In the following report you will find important resolutions from the various Councils, Committees of the Board of Trustees, and the standing Committees of the House of Delegates. These resolutions are not, of necessity, in full and do not cover all the work carried on by the reference Committees of the House. I am attempting to give you the "meat" of this vast amount of work and am cutting out a lot of the volume of these reports and resolutions.

**RESOLUTION L: Report of Committee to Recommend Guides for Grievance or Mediation Committees.**

The Committee to Recommend Guides for Grievance or Mediation Committees, which was appointed in Dec., 1954 reviewed all available data for the purpose of preparing guides rather than standards for operation of grievance or mediation committees. The Committee believes that these guides are equally applicable to the organization and operation of component society grievance committees.

**COMMITTEE AUTHORITY:** Certain authorities are essential to the successful operation of a grievance committee. Among these are authority to compel the response (either in writing or by personal appearance) of any member of the medical organization, authority to initiate investigations on the committee's own motion, and authority to file charges in the name of the committee before an appropriate judicial body of the medical organization. The authorities granted must be subject to definite limitations.

**Privileges of Complainant and Complainee:** Impartial and expeditious adjudication of grievances contemplates the guarantee of specific privileges equally to the complainant and the complainee;

1. To appear in person before the committee.
2. To present witnesses or evidence in substantiation of the complaint or the reply.
3. To have prompt notification of the decision of the committee.
4. To appeal the decision to the appropriate superior body.

The physician summoned is not on trial. The grievance committee is never to act as a trial body or to effect discipline.

Constituent associations should have no reluctance in seeking the advice of legal counsel whenever questions arise concerning the application of state laws to these guides. They should also feel free to call upon the Council on Medical Service and the Public Relations Department of the A.M.A.

**REPORT OF JUDICIAL COUNCIL:** Medical Ethics are basically the same as ethics for any other homologous group of people working together in a common cause. Ethics are principles. The Golden Rule is the solid core of all ethics. Variations come from special situations and changes of circumstance. Even when they occur after prolonged and careful consideration by adequate numbers representative of the group, they are dangerous.

The Judicial Council views with some misgivings the trend in recent years to amend, to modify, to clarify, to re-word, the principles of medical ethics.

(Dead Line For "Bulletin Copy" 20th Of Month)

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These principles have been handed down to us through the years and are our birthright. Principles do not change; rules of conduct and laws may change. We pride ourselves in having such high ideals. The opening sentence of our principles of ethics reads: "The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration." That is a principle. It is not the desire of anyone to change it, but there are times when we wonder whether "reward or financial gain" is "a subordinate consideration."

Birthrights are hard come by, but their selling price is sometimes very cheap.

Recently this House, by a large majority vote, resolved to change our principles so that it would not be unethical to own a drugstore or sell drugs and appliances "as long as there is no exploitation of the patient". But the question arises: Where does profit end and exploitation begin? The ethical physician limits the sources of his income received from professional activities to services rendered the patient.

This Council was asked to determine how insurance payments could be made so each man could get his pro-rated share. This we tried to do, but our principle is that the division of fees under any guise is unethical.

We hear a great deal these days about security. Every man must have a measure of security or he cannot survive. Does our security rest in the small advantages of these "extras"? Does even financial advantage rest at last in the "extras" or in our heritage from honorable professional forebears?

Where is our security? "The prime object of the medical profession is to render service to humanity . . ." Is this outmoded, empty phrasing, or is it our birthright? "Reward or financial gain is a subordinate consideration". Is this "poppycock" or principle, a slogan, or an integral part of our real security?

#### RESOLUTION M: Social Security Amendments of 1955.

The bill in question is H.R. 7225, known as the Social Security Amendments of 1955. This legislation first was rushed through the House Ways and Means Committee meeting in brief executive session without public hearings. It was passed by the House of Representatives on July 18 by a roll call vote of 372 to 31, under a procedure suspending the rules.

Fortunately, the Senate Finance Committee refused to be stampeded into hasty action on a bill of such major importance.

H.R. 7225 would, among other things, lower the Social Security retirement age for women from 65 to 62; expand compulsory Social Security coverage to all self-employed professional groups except physicians, and raise Social Security taxes over and above the increases already scheduled for the next twenty years.

This bill clearly is another step in the extension of government control over the medical profession. The most serious question raised by H.R. 7225 concerns this long range effect on the future of medical practice. Your Board of Trustees strongly suspects and fears that this proposal, if enacted, would prove to be just another piece in the pattern of social planning leading inevitably to permanent disability benefits at any age, cash benefits for the temporarily disabled, direct federal payment for hospital and medical costs, and then, ultimately, a full-fledged system of tax-paid medical care.

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Five years ago, following the introduction of H.R. 6000 in 1949, the House of Delegates adopted a policy opposing such a program. Last year the Association vigorously opposed the "waiver of premium" section of the 1954 Social Security Amendments, arguing that it would be the opening wedge for a federal system of cash benefits to the permanently and totally disabled.

In the opinion of the Board, the AMA can reasonably support the following:

1. The Social Security issue, once and for all should be taken out of politics.
2. There should be an objective, thorough study of social security in all its present and future aspects, medical and otherwise.
3. The facts developed by such a study should be used as the basis for a sound national decision on this vital issue. Only by getting a clear picture of ultimate liabilities and costs—economic, social, and political—can the American people make an intelligent decision on further expansion of the Social Security system.

Fortunately a growing number of organizations and individuals are becoming concerned over the continuous politically-inspired expansion of the Social Security system. They agree that the time has come to ask what social security should accomplish and where it should stop.

#### TO SUMMARIZE AMA THINKING REGARDING H.R. 7225:

1. This bill would have a far-reaching impact on the practice of medicine and an unpredictable financial effect on the Social Security system.
2. This legislation needs more study *before any action is taken*.
3. No crisis exists to warrant immediate passage.
4. Cash handouts would hinder rather than promote rehabilitation, because successful rehabilitation would mean loss of the cash benefit.
5. Social Security should be taken out of politics.

Would it be possible for me to urge you to read, in the J.A.M.A. the Supplementary Report of the Board of Trustees on Professional Liability? I feel it should be read by every physician.

**RESOLUTION R: Committee on General Practice Prior to Specialization.** Regarding the report of the Committee on General Practice Prior to Specialization which was accepted by the House of Delegates in June 1955, the Board recommends a smaller committee of 9 members, instead of 11, to be composed of 2 members of the Board, 2 from the Council on Medical Education and Hospitals, 1 from the Council on Medical Service, and 4 from the House of Delegates, 2 of whom should be general practitioners. None of the 9 members should be deans or full-time professors in medical schools or officers or directors of any specialty board.

**RESOLUTION 7: Amendment of Principles of Medical Ethics, Chapter IV, Section 1.**

Chapter IV, Section 1, of the Principles of Medical Ethics of the AMA reads: "As a general rule, a physician should not attempt to treat members of his family or himself. Consequently, a physician should cheerfully and without recompense give his professional services to physicians or their dependents if they are in his vicinity."



*Doctor:*  
*Does Your Patient Need A*

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Youngstown, Ohio

Whereas, Physicians are called on to care for physicians or their families who may come from the vicinity or from a distance for consultation, and has insurance to pay for professional medical services may be available as recompense.

Resolved, To amend Chapter IV, Section 1, of the Principles of Medical Ethics to delete the words "consequently", "and without recompense", and "if they are in his vicinity" so that the section shall read as follows:

"As a general rule, a physician should not attempt to treat members of his family or himself. A physician should cheerfully give his professional services to other physicians and their dependents." Referred to Committee on Miscellaneous Business.

Resolved: That the House of Delegates be opposed to division or separation of specialties and reaffirm its past declarations on this matter. Referred to Committee on Medical Education and Hospitals.

RESOLUTION 24: Present Standards as Prescribed by the Joint Commission on the Accreditation of Hospitals.

Any system which deprives a doctor, hospital, or groups of doctors or hospitals of their initiative will result in lowered standards of medical care. Any organization, or groups of organizations which dictate standardization on a national level without adequate consideration of varying local problems, results in the deprivation of said initiative. The establishment of such standards to be met on a national scale should only be arrived at by the collective opinions of the individual hospitals and doctors involved. The present standards have been arrived at by autocratic, rather than democratic methods.

Impractical standards for hospitals have already increased the cost of hospital care and will continue to increase hospital costs, with no resulting benefit to the patient. The private practice of medicine is striving to lower hospital costs to patients.

Requirements of the Joint Commission on Accreditation of Hospitals cause a definite increase in all hospitalization costs by demanding unnecessary routine laboratory procedures and additional administrative costs. The medical profession is constantly being burdened by more and more rules and regulations. These various rules and regulations cause more and more time to be spent at various and sundry unnecessary meetings.

Inspections done in the past have frequently been made by personnel of the Joint Commission on Accreditation of Hospitals unfamiliar with the private practice of medicine.

RESOLUTION 33: Recognition of General Practitioners in Hospitals.

In certain hospitals in this country there is discrimination against the general practitioner. The generalists, or general practitioners of medicine, render most of the medical care to the American people.

Resolved: AMA encourage hospital staff rules which permit the general practitioner staff member privileges in the specialty departments in keeping with his merit and demonstrated ability.

This resolution was adopted by the House.

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FEBRUARY



## ST. ELIZABETH'S HOSPITAL

During 1955 eleven departments of the hospital relocated and began functioning in their new quarters. Most of the important service departments are now operating at full capacity. Of more interest to the doctors is the opening of the new X-Ray department and operating rooms, with a recovery room. The X-Ray department opened on December 5th, with four completely new radiographic rooms, an isotope room, a deep therapy room, offices and numerous waiting and dressing rooms.

The first operations were performed in the ten new operating rooms on December ninth and totaled twenty-five that day. Every conceivable convenience has been incorporated in the building of these suites for the benefit of patient, doctor and nurse. Oxygen, compressed air and suction are piped to all operating rooms. A complete communication system is available for contacting the office from each room. The most modern instrument washing and sterilizing equipment is installed, and the floors, equipment and furnishings are the best obtainable for explosion-proof qualities. Operations this year totaled 6,680, topping last year's figure of 6,511.

The Post-Anesthesia Recovery Room for surgical patients is in operation. In line with the newest methods of caring for the post-operative patient, this room is supplied with all necessary equipment to provide for the needs of the patients until they react sufficiently to be taken to their rooms. Specially trained nurses and auxiliary personnel staff the department. Oxygen, carbon dioxide mixture and suction are piped to each station in this room.

The Maternity division opened in December and the additional four nursing units will begin activity following the opening of the Emergency Rooms, Orthopedic Department, and Physiotherapy. The latter departments should be functioning by early February.

Despite the handicaps of construction and the resultant loss of beds, total patients admitted through December first, was 14,569 compared to 14,784 last year. This includes 2,085 births. Total occupancy was high, averaging 88% compared to the national average of 80%. The average number of patients cared for per day was 320 compared to 315 in 1954. The patients stayed an average of 7.3 days. There were 67 Polio cases treated in 1955 the same number as in 1954.

Laboratory tests hit an all time high of 126,000 as did physical therapy treatments which totaled 15,500. In order to provide technicians to carry on the ever increasing load of the laboratory, the School of Medical Technology admitted five students and graduated five during 1955. A Bio-Chemist, with a Doctor's degree was employed to head the Department of Chemistry.

### STATISTICS FOR YEAR 1955:

Total number patients delivered in obstetrical department: 2,290

Total number babies born (Boys 1205; Girls 1110) 2,315

Total number deaths 408

Total number patients admitted 15,891

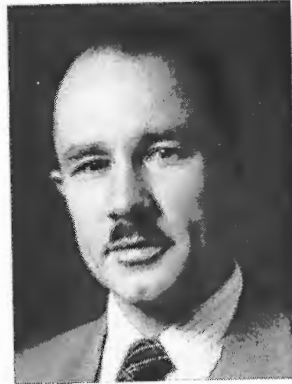
Total number operation 6,609

*Rita Reddington, R.R.L.*

## COMBINED MEETING

(Youngstown Area Heart Association, Mahoning County  
Medical Society and Mahoning Academy of General Practice)

Tuesday, Feb. 21, 1956



GUEST SPEAKER

**JOSEPH B. VANDER VEER, M. D.**

There will be a Clinic conducted by Dr. Vander Veer  
10:00 A.M. — South Side Nurses Auditorium

"Presentation of Interesting Cardiac Cases"  
also

"Discussion of Indications for Anticoagulant Therapy"

3:00 P.M. — Laboratory Conference Room, North Side Hospital  
"Question and Answer period including Residents and  
Interns from all Hospitals"

6:00 P.M. — Subscription Dinner — Youngstown Club, \$4.00

### EVENING MEETING

8:30 P.M. — Youngstown University Library (3rd Floor)  
"The Management of Patients Severely Ill with Acute  
Myocardial Infarction"

## PERSONALITY OF THE MONTH

We are privileged to have as our guest speaker for the February meeting Dr. Joseph B. Vander Veer, renowned cardiologist. Dr. Vander Veer is being brought to Youngstown under the sponsorship of the Youngstown Area Heart Association. He will speak before the combined meeting of the Heart Association, Mahoning County Medical Society, and Mahoning Academy of General Practice on February 21, 1956 at 8:30 P.M. in the Youngstown University Audio Visual Room.

Dr. Vander Veer was born in Cedar Falls, Iowa in 1905. He graduated from the Iowa University School of Medicine in 1929, and interned at the Montreal General Hospital, remaining there for another year as a resident in pathology. He then went to Lakeside Hospital in Cleveland, Ohio as Assistant Medical Resident. From 1932 to 1934 he was Chief Medical Resident at Pennsylvania Hospital, Philadelphia, Pa. He remained at Pennsylvania Hospital for another three years doing further post graduate work in the field of cardiology.

During the war years Dr. Vander Veer served 42 months overseas in the Southwest Pacific and Philippine Theatres as a Colonel in the Medical Corps and during that time was Commanding Officer of the 364th Station Hospital.

At the present time Dr. Vander Veer is on the faculty of the University of Pennsylvania in their School of Medicine and also in the Graduate School of Medicine. He has numerous hospital appointments serving as Head of the Cardiovascular Department of the Pennsylvania Hospital, Cardiologist in the Benjamin Franklin Clinic, Director of Edna G. Kynett Memorial Foundation, and also as Consultant to the U.S. Naval Hospital, Philadelphia, Pa. Dr. Vander Veer is a member of many honorary, research, and medical societies.

It is with great pleasure that the members of the Mahoning County Medical Society are looking forward to the visit of Dr. Vander Veer whose extensive training and practice have made him renowned in the field of Cardiology. He has chosen as his topic of discussion "THE MANAGEMENT OF PATIENTS SEVERELY ILL WITH ACUTE MYOCARDIAL INFARCTION".

---

**MARCH MEETING**

Mahoning County Medical Society  
and

Mahoning County Bar Association

Thursday, March 22, 1956

Youngstown Country Club

Dinner 6:30

---

(Dead Line For "Bulletin Copy" 20th Of Month)



Annual  
January  
Youngstown





banquet  
8, 1956  
Country Club



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(Continued from Page 41)

What I have said about the Editors' need of support is also true of our President, his officers, and the other "key" members of our Society, who give not only hours but days at a time for the benefit of our organization. They need the enthusiasm and interest of all Committees, but more important, of every member in the Society. Just as it takes more than an Editor to put out a good Bulletin, so it takes more than a corps of Officers to make a strong Mahoning County Medical Society.

C. W. Stertzbach

## PROCEEDINGS OF COUNCIL

January 9, 1956

The regular monthly meeting of the Council of the Mahoning County Medical Society was held on Monday, January 9, 1956 at the offices of Dr. M. W. Neidus, 318 Fifth Ave., Youngstown, Ohio.

The following doctors were present: G. E. DeCicco, President, presiding, S. W. Ondash, A. A. Detesco, A. Randell, F. J. Schlecht, I. C. Smith, M. W. Neidus and C. W. Stertzbach.

The meeting was called to order at 9:15 P.M.

Dr. DeCicco reported on the results of the Blue Cross Hospitalization 120 day plan survey. We received 85 returns, 75 currently have hospitalization, 10 do not; 69 interested in the plan and 16 not interested.

Dr. Smith and the Executive Secretary are to contact the remaining members in order to complete the survey.

The lack of attendance at our monthly meetings was discussed.

The Membership and Attendance Committee together with the Program Chairman are going to try and work out a solution.

Dr. Stertzbach discussed the contents of the Bulletin and his plans for the coming year.

The Canfield Fair was discussed. It is the opinion of the General Practitioners that instead of their having a display it should be the Mahoning County Medical Society. Also, scientific exhibitions by High Schools should be an attraction.

Council approved a confidential survey of the membership in order to determine fees, if any, charged for services rendered to various types of professional people and their families. When the survey is completed, the contents are to be turned over to the Indoctration Committee.

The following applications were presented by the Censors:

### ACTIVE MEMBERSHIP

J. J. Campolito, 3119 Market Street, Youngstown, Ohio

R. M. Foster, 402 Oak Hill Avenue, Youngstown, Ohio

U. H. Boening, 5532 Mahoning Avenue, Youngstown, Ohio

Unless objection is filed in writing with the Secretary within 15 days, the above become members of the Society.

A. A. Detesco, M.D.  
Secretary

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*mild stimulant and antihistamine*

boost their spirits...

relieve their allergic symptoms

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**DR. SAMUEL S. BADAL**

Fifty years of devoted service were honored on January 18th, when Dr. Samuel S. Badal was presented the Fifty-year pin and certificate of service at the annual banquet of the Mahoning County Medical Society.

Dr. Badal was born in Persia and received his early education there in missionary schools. He came to the United States as a young man to complete his education, intending to return to Persia. While he was in school here, however, his family was tragically killed and he decided to remain in this country.

He graduated with honors from Cleveland College of Physicians and Surgeons in 1905, interned at St. Claire's Hospital in Cleveland and then he and his bride, Angelina Jesson, a trained nurse, came to Lowellville. Here he remained to give unstintingly of his time, knowledge and service to the people of the Lowellville area and to rear a family of four children, two of whom are now practicing physicians.

Horse and buggy, oil lamps, home deliveries and emergency surgery were part of his daily life. The automobile and electricity made his practice easier but nothing could replace his understanding, patience, and compassionate care which have made him beloved in his community.

Dr. Badal is to be congratulated on completing fifty years dedicated to the art and practice of medicine.



*Kenneth E. Camp, M.D.*

**WOMAN'S AUXILIARY NEWS**

Sixty members of the Woman's Auxiliary met on January 20th at the Piccadilly Room of the Tod Hotel for dinner, following which they heard a very fine talk by Mrs. James Stuhlfire, director of the Florence Crittenton Home and superintendent of nurses at the home. Mrs. Sidney Franklin and Mrs. Stephen Ondash were chairman and co-chairman of the program and Mrs. F. A. Friedrich and Mrs. Frank Gelbman were social co-chairmen. They were assisted by Mrs. Robert Fisher, Mrs. Kenneth Camp and Mrs. Fred Resch.

On Tuesday Feb. 21st the Auxiliary will have its prospective nurses tea at St. Elizabeth's Hospital. Mrs. C. S. Lowendorf is in charge of the program, assisted by Mrs. John Noll. In charge of the social program will be Mrs. Sidney Davidow, assisted by Mrs. Sam Zlotnick. A near record turn out of 500 Seniors from the high schools of the county is expected to attend. It is hoped that the members of the auxiliary will be out in number to assist the committees in this most important program.

Mrs. John Rogers is one of the Heart Sunday Co-chairmen. Heart Sunday has been set for Feb. 26 at which time some 2500 volunteers in Mahoning County will conduct a door to door canvass between the hours of 2:00 and 4:00 P.M. The Auxiliary, as in the past, and again this year will be in charge of the distribution and collection of the Plastic Hearts which will be placed in most all stores and shops.

Mrs. William Evans and Mrs. Craig Wales attended the Woman's Auxiliary Board, winter meeting in Columbus on Jan. 10th. Mrs. Evans is President Elect of the Woman's Auxiliary of the Ohio State Medical Association and Mrs. Wales is director of the Sixth Councilor District of the State Auxiliary. Mrs. Wales reports they were grounded on this trip but gave no further explanation! You will have to ask Bill or Craig.

for quicker recovery

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STRESSCAPS are based on a formula suggested by the National Research Council. They provide adequate vitamin supplementation for patients suffering from prolonged stress—surgery, burns, fractures, trauma or shock.

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Old Oxford Ale

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## ACADEMY OF GENERAL PRACTICE NEWS

At the regular annual elections meeting in December the Mahoning County Academy of General Practice elected the following officers for 1956:

President.....	Asher Randall
President-elect.....	Frederick A. Resch
Secretary-Treasure.....	Andrew Miglets
Delegates.....	J. L. Fisher and W. P. Young
Alternate Delegates.....	Herman Ipp and C. K. Walter

### February Meeting

The regular February Academy meeting will be a joint meeting with the Mahoning County Medical Society, February 21, 8:30 P.M., at the Youngstown University Library. The Youngstown Area Heart Association is the sponsor and the speaker will be the well known cardiologist, Dr. Joseph B. Vander Veer. For further details see Personality of the Month in this issue.

### March Meeting

At 8 P.M. on March 13th the Academy will feature a continuation of the Post-Graduate course in Gastro-enterology with a most interesting program to be presented by a group from The Medical School of Ohio State University. This Meeting will be held in the new South Side Hospital Auditorium if completed in time and if not the Stambaugh Nurses Auditorium will be the center of attraction for possibly the last time.

There will be four speakers on the program, each will give a twenty minute talk followed by a ten minute discussion period. The speakers and their subjects is as follows.

1. Acute Diverticulitis — Floyd M. Beman, Assoc. Professor of Medicine
2. Acute Pancreatitis — Luther Keith, Professor of Surgery
3. Acute Infectious Hepatitis — David Brown (Youngstown, O.)  
Former Resident Ohio State University Hospital in Gastro-enterology.
4. Gastro-intestinal Hemorrhage — Floyd M. Beman

ALL PHYSICIANS ARE WELCOME

*Frederick A. Resch, M.D.*

Some sound advice was given this fall when Glenn E. Carter, PR vice president of the Bank of America, addressed a group of lawyers. As reported in an issue of Public Relations News, Carter told the lawyers that "money invested in PR will bring you a better rate of interest than if you keep it in a bank." What the public relations executive told lawyers goes for the medical profession, too.

*AMA Public Relations Department*

# hiwolfia

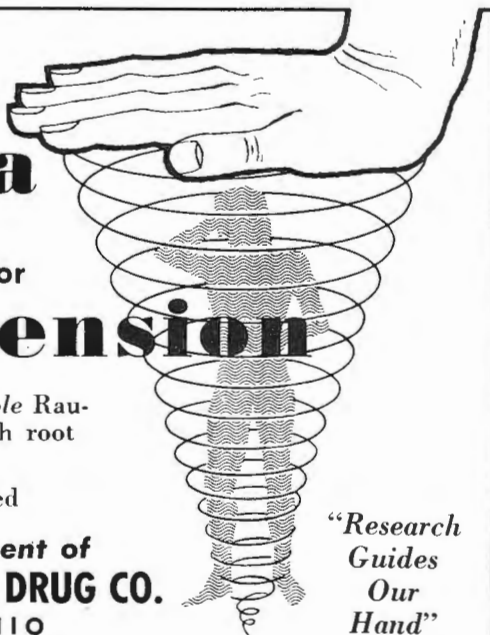
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“Does it matter who fills the prescription?”

“Ah Doctor, does it matter who writes the prescription?”



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**LEGS - - - ARMS**

### CORONER'S REPORT

Time was when the purpose, duty, authority and even the value of the Coroner was questionable. Early in our history Coroners were elected or appointed with no regard for the prerequisites so generally recognized today. The inadequacies of Law were responsible largely for ineffectual investigation and, indeed, this is true today in many states although Ohio is among the more progressive states in this type of legislation.

The office of Coroner was established in this area by an Ordinance of the Northwest Territory in 1788, and was filled by appointment of the Governor. In 1802 the Ohio Constitution provided for the office of the Coroner, making it elective for a two year term. In 1831 further duties and authority were granted to the Coroner by Statute. Now he was empowered to cause the arrest of persons causing unlawful deaths.

The Constitution of 1851 left the office unchanged. Some modification came in 1856 but even the Constitution re-drawn in 1912 left the office fundamentally the same. In fact, no further changes were made until 1921 when the Coroner was empowered to perform autopsies if authorized by the County Prosecutor.

In 1936 the term of office was changed from 2 to 4 years. After much perseverance the Ohio Laws governing the Coroner's office were modernized by a Bill which became effective in 1945. This revision was quite thorough and made possible the present day application of scientific procedures to criminal investigation and opened a vast field of medico legal pursuit.

Today legal medicine is not merely a laboratory science, nor simply a branch of pathology but it must be considered a specialty within its own right. And just as other specialties utilize the knowledge of various sciences and skills, so must legal medicine co-ordinate the findings of the laboratory, the pathologist, the investigation of the scene, the examination of the witnesses, and the relationship of this data to the application of the Law.

We are here concerned primarily with the status of the Coroner today. Today in the State of Ohio, no person is eligible to the office of Coroner except a physician who has been licensed to practice for a period of at least two years preceding his election. The exception to this is that a non-physician incumbent may hold office until defeated or leaves the office for any reason. At present only one Coroner of Ohio's 88 Counties is a layman—Columbiana County.

At this point perhaps, we need to understand just what a "Coroner's Case" is. I quote from the Statutes of the Ohio Revised Code—Section 313.12 "when any person dies as a result of criminal or other violent means, or by casualty, or by suicide, or suddenly when in apparent health, or in any suspicious or unusual manner, the physician called in attendance shall immediately notify the office of the Coroner of the known facts concerning the time, place, manner and circumstances of such death, and any other information which is required pursuant to sections 313.01 to 313.22 inclusive of the Revised Code. In such cases, if a request is made for cremation, the funeral director called in attendance shall immediately notify the Coroner".

We notice, then, that the attending physician has a legal duty to notify the office of the Coroner under the circumstances set forth in the Statute. It should be pointed out here that the Statute requires everybody to do the

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Methylcellulose ..... 0.15 Gm. (2 1/2 gr.)  
Thyroid ..... 15 mg. ( 1/4 gr.)  
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Obesity — Control of appetite • Bulking agent • Hypothyroidism  
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Acetylsalicylic Acid ..... 333. mg. (5 grs.)  
Menadione ..... 0.33 mg. (1/200 gr.)  
Ascorbic Acid ..... 33.3 mg (1/2 gr.)

Harold E. Galliher ---  
your Harvey representative

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**MAHONING PHARMACY**

MYRON (Mike) FISH—owners—CECIL SHRYOCK

- New Enlarged Prescription Department
- Open Seven Days a Week
- Three Pharmacists to Serve You
- Injectables — Biologicals

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same thing under the same circumstances. Section 313.11 reads: "any person who discovers the body or ACQUIRES THE FIRST KNOWLEDGE of the death of any person who died as a result of criminal or other violent means, or by casualty, or by suicide, or suddenly when in apparent health, or in any suspicious or unusual manner, shall immediately notify the office of the Coroner of the known facts concerning the time, place, manner and circumstances of such death and any other information which is required—and no person shall willfully refuse to report such death, or shall, without an order from the Coroner, willfully touch, remove, disturb the body of any such person, or disturb the clothing or any article upon or near such body".

The duties and the power of the Coroner today are broad and generally speaking his judgment and findings are binding. Note for example, the right to autopsy: section 313.13—"the Coroner or Deputy Coroner may go to the dead body and take charge of it. If, in the opinion of the Coroner, or, in his absence, in the opinion of the Deputy, an autopsy is necessary, such autopsy shall be performed by the Coroner, deputy Coroner or pathologists. A detailed description of the observations written during the progress of such autopsy as soon after as reasonably possible and the conclusions drawn therefrom shall be filed in the office of the Coroner".

We trust that this brief but pointed account will be of interest and value. Your Coroner is deeply appreciative of the most excellent co-operation he has received from all his fellow physicians in this Coroner's field. We know that many times these "Coroner's Cases" cause much inconvenience, confusion and concern to all of us. Yet we are all cognizant of the deep concern of of the surviving friends and relatives of these "Cases". At times this phase of our community life becomes quite complicated and problems arise that are quite important to many people, including ourselves. May I add this further personal note that your Coroner is prepared and available 24 hours of every day to be of service to you. Should any problem or question arise you are urged to contact your Coroner at any time. We do not presume to know all the answers but we have short-cut methods of learning the answers. Just as we doctors are committed to service to mankind so also is your Coroner committed to service to Mahoning County. The efficiency of our office ranks high in this state and much of the credit for this belongs to the Mahoning County Medical Society.

David A. Belinky, Coroner  
Mahoning County

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### RELOCATED

Drs. S. G. Patton and C. F. Wagner are constructing a medical center on the circle at Wickliffe, which they hope to occupy soon after March 1, 1956. In addition to their own offices for the practice of orthopedics by Dr. Patton, and general practice and pediatrics by Dr. Wagner, the following members of the Mahoning County Medical Society will have offices there: Dr. R. L. Jenkins, Jr., internal medicine; D. U. H. Boening, general practice and obstetrics; Dr. W. B. Hardin, general and chest surgery, and Dr. Pavelko, dentistry.

## YOUNGSTOWN HOSPITAL NEWS

The following is a summary total of the activity of the North and South Units of Youngstown Hospital Association for 1955.

	South	North	Total
Number admitted during year	10,951	19,090	30,041
Number died during the year	495	436	931
Average number of days per patient	10.3	7.4	8.5
Average number of patients per day	309	388	697
Total number seen in emergency	31,255	1,338	32,593
Total number of operations	4,930	6,058	10,988
Total deliveries		4,627	4,627
Actual deliveries		4,679	4,679

### YOUNGSTOWN HOSPITAL ASSOCIATION HAS A NEW DEPARTMENT

The Youngstown Hospital Association wishes to announce the recent opening of a full time Department of Electroencephalography. This is located at the South Unit and appointments for recordings are made on a physician referral basis by calling Mrs. Divens, Riverside 7-0751, and asking for extension 216.

### ELECTION OF STAFF OFFICERS FOR 1956


At this writing the staff officers for 1956 have not been fully completed. Dr. E. C. Baker is Staff President and Dr. John Noll is Vice-President. It is hoped that the complete roster will be available by next month. At present the constitution is being redesigned to take care of several of the eventualities that come to pass. The problem at present resolves itself into one of two things—either there are too few staff offices or too many Bakers. Something has to give.

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and all treatable anemias

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one capsule daily meets the needs of the average patient

*Formula contains all known essential hemopoietic factors:*

Each capsule contains:	Powdered Stomach.....	200 mg.
Vitamin B <sub>12</sub> with Factor Intrinsic Concentrate.....	Ferrous Sulfate Exsiccated.....	400 mg.
..... 1 U.S.P. Oral Unit	Ascorbic Acid (C).....	150 mg.
Vitamin B <sub>12</sub> (additional).....	Folic Acid.....	4 mg.
..... 15 mcgm.		

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\*REG. U.S. PAT. OFF.



### ABOUT PEOPLE . . . . .

Dr. David R. Brody was accepted in December, 1955, as a Fellow in the American College of Surgeons. Congratulations!

Dr. Frederick L. Schellhase spoke on Civil Defense in Youngstown before the Cleveland General and St. Lukes Alumnae Nurses Association on January 10th.

Dr. Frances A. Miller has been elected a Fellow in the American College of Radiology. Investiture into the Fellowship took place Feb. 10th at the Drake Hotel in Chicago. Congratulations!

Dr. M. H. Steinberg is the author of an article appearing in the January issue of *Angiology*. The subject being "Sotradecol in Sclerotherapy of Varicose Veins, A Five Year Study".

Dr. Louis Bloomberg attended the Mid-Winter Seminary in Ophthalmology, held at the Sans Souci Hotel, Miami Beach, Florida.

Dr. Leonard P. Caccamo was certified as a Diplomat of the American Board of Internal Medicine on December 2, 1955.

### PLANS ANNOUNCED TO RE-RUN "MARCH OF MEDICINE" SERIES ON MIAMI EDUCATIONAL TV

Smith, Kline & French Laboratories, Philadelphia pharmaceutical firm, announced today that Miami's educational TV station WTHS-TV will join with the Dade County Medical Society and the American Medical Association in presenting a ten-week series of its nationally-known medical telecasts, THE MARCH OF MEDICINE. The first of these half-hour programs will be televised Wednesday night, February 8, at 8:00 p.m.

The balance of this ten-week series includes the following subjects:

- |             |   |
|-------------|---|
| February 15 | "Ten Years After Hiroshima"—first-hand report on the after-effects of the A-blast from Hiroshima.                                 |
| February 22 | "Arterial Graft"—rare heart operation, replacing diseased artery section, using new anesthesia technique.                         |
| February 29 | "Search for Sanity"—treatment of the mentally ill and psychiatric research.   |
| March 7     | "Cancer"—progress report on the treatment of cancer by radiation, surgery and hormones.   |
| March 14    | "Overweight"—report and demonstration on the dangers of overweight by leaders in the field of physiology and nutrition.           |
| March 21    | "Pathology"—operation for cancer demonstrates role of the pathologist on the modern medical team.                                 |
| March 28    | "Arthritis and Rheumatism"—latest research in the treatment and rehabilitation of the related diseases, arthritis and rheumatism. |
| April 4     | "The Ion Knife"—report on atomic medicine and radiation therapy, particularly regarding its use in combating cancer.              |
| April 11    | "Alcoholism"—report on the awesome scope of alcoholism and the new "total push" attack planned to combat it.                      |

(Dead Line For "Bulletin Copy" 20th Of Month)

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STOOLS OF  
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BABIES**

A gentle laxative modifier of milk. One or two tablespoonfuls in day's formula—or in water for breast fed babies—produce marked change in stool. Send for samples.

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- Clears infected urine
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Provides soothing action of triticum and zeo. Permits high methenamine dosage—up to 120 grains per day—to maintain bacteriostasis. Promptly effective against the most common urinary tract invaders—E. coli, S. albus and S. aureus. May be taken over long periods of time without toxicity, drug fastness or side effects.

DOSE: 1 Tbs. in 1/2 cup warm water q.i.d., 1/2 hr. a.c. and h.s. Decrease dose after second day.

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**Summary of Annual Report of the Visiting Nurse Association for 1955**

Patients		Visits	Clinics
Carried from 1954	300		
General	2154	27346	
Communicable Disease	3278	5962	
Infant Welfare	3758	3064	557
Tuberculosis	1076	5403	25
Veneral Disease	297	276	104
Not Found		514	
	<hr/>	<hr/>	
	10863	42565	

**Student Nurse Affiliation.**

32 senior students from St. Elizabeth Hospital School of Nursing.

58 senior students from Youngstown Hospital Association School of Nursing.

75 classroom lectures to above students in their respective schools of nursing.

**SERVICE PROGRAM**

Generalized Public Health Nursing Service excluding School Nursing.

1. Staff: 23 graduate, registered nurses.
2. Professional nursing care at home on a limited time basis.
3. Care and treatments are given according to the orders of the family physician.
4. Visits on Sundays and holidays are restricted to seriously ill patients.
5. Area: Youngstown, Boardman, Struthers, Wickliffe and west to Austintown center bounded by Norquest Blvd. and New Road.
6. Telephone RI 7-4170

Morning calls are answered the day request is made.

Afternoon calls are visited the following morning.

Fee: Two Dollars (\$2.00) per visit. Adjustments are made according to ability to pay.

Financial Support: Community Chest, Contractural and patient fees and City of Youngstown.

The Visiting Nurse Association wishes to take this opportunity to thank the Mahoning County Medical Society for its cooperation throughout the year. Words of appreciation are due our medical advisory committee: Dr. A. A. Detesco and Dr. D. Levy; the physicians who serve in Well Baby Clinics; each physician who has referred patients; and every doctor who has taken moments from a busy schedule to discuss patients under his care with the nursing staff.

Respectfully submitted:

*Nellie Grant, R.N.*

*Director*

---

(Dead Line For "Bulletin Copy" 20th Of Month)

## The Worlds Best Hats

Here at Scotts are Borsolina from Italy — VIM-MINETTE from Belgium — Knox and McLaughlin from our own country - - - truly the finest hats made — ready now for Spring in smart narrow brim styles.

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## ANNUAL REPORT OF MAHONING COUNTY TB SANITORIUM

1955

ADMISSIONS		DISCHARGES	
Male .....	95	Male .....	103
Female .....	53	Female .....	55
Total	148	Total	158
CONDITION ON ADMISSION		CONDITION ON DISCHARGE	
Far advanced	88	Arrested	97
Moderately advanced	17	Improved	27
Minimal	9	Unimproved	13
Suspected Tbc.	15	Non TB improved	11
Primary Tbc.	2	Non TB Unimproved	4
TB lymphadenitis	3	Died over 48 hours	5
TB pleurisy with effusion	6	Died under 48 hours	1
TB meningitis	1		158
TB peritonitis	3	DISPOSITION OF PATIENTS	
Miliary TB	2	Regular discharges	108
TB of Kidney & Bladder	1	Signed release	17
Bronchopneumonia	1	Absconded	8
	148	Transferred	7
Total Deaths	6	Insubordination	12
Autopsies	4	Expired	6
Autopsy %	66	Total	158

Out of 158 discharges, 29 were re-admissions.

Average length of stay per 158 patients was 287 days.

Average daily census was 153.

Percentage of occupancy was 89%.

Patients treated numbered 301.

Total patient days 55,787.

Total consultations on discharged patients were 8.

88% of patients discharged during 1955 left the Sanatorium as arrested, improved, or non TB. Four of the discharged patients were critically ill with miliary Tbc when admitted; these four were discharged as arrested.

It should be noted that the number of deaths at the sanatorium has decreased very markedly during the past several years:

1948.....	59 deaths	1952.....	16 deaths
1949.....	48 deaths	1953.....	12 deaths
1950.....	44 deaths	1954.....	11 deaths
1951.....	25 deaths	1955.....	6 deaths

I believe the one thing mostly responsible for this gratifying picture is the use of the anti-tuberculosis drugs streptomycin, isoniazid, and P.A.S. (para-aminosalicylic acid). Since the hospital began using isoniazid shortly after its discovery in 1952, there hasn't been a death due to miliary TB; all cases of miliary TB have been "cured". None of the cases of miliary TB developed tuberculosis meningitis. In the past a high percentage of patients with miliary TB developed this dread complication. It might be stated here that if tuberculosis meningitis is diagnosed fairly early, prompt treatment will give excellent results in the majority of cases; prior to the use of streptomycin and isoniazid, this disease was 100% fatal.

All patients admitted to the sanatorium with active Tuberculosis, in any form (pulmonary, bone, genito-urinary, glandular, pleural, primary, peritoneal, receive a combination of the anti-tuberculosis drugs, such as isoniazid and PAS; streptomycin and PAS; or isoniazid and streptomycin. Drug therapy in most cases is continued for 1½ to 2 years.

In the past, most patients admitted to TB hospitals were hospitalized from 2 to 2½ years before discharged as arrested cases. Today the majority of patients are discharged in 9 to 15 months. This difference is due to the use of anti-tuberculous drugs, collapse therapy (pneumoperitoneum mostly), and resectional surgery (pneumonectomy, lobectomy, segmental resection, and wedge resection).

It is interesting to note that while 39 new active cases were discovered at our clinic, about 41 new cases were admitted to the TB hospital from the general hospitals in Youngstown. This stresses the importance of routine chest X-Rays on all admissions to general hospitals.

The approximate cost to run the TB Hospital in 1955 was \$706,800.00.

Respectfully submitted

H. H. Teitelbaum, M.D.

Medical Director and Supt.

#### OFFICERS OF MAHONING COUNTY TB SANITORIUM FOR 1956

PRESIDENT: Dr. M. W. Neidus; VICE PRESIDENT: Dr. B. Brown; SECRETARY: Dr. Frances Miller; Executive Committee: Dr. E. R. McNeal and Dr. W. P. Young.

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#### Woodside Receiving Hospital Report for December 1955

Total admissions .....	84
Voluntary admissions .....	42
Court placement .....	12
Emergency .....	5
Voluntary readmissions .....	16
Court placement readmissions .....	4
Emergency readmissions .....	5
Discharges total .....	190
Discharged home improved .....	172
Transferred to Massillon State Hospital .....	5
Chillicothe Veteran's Hospital .....	2
Discharged against advice .....	4
Discharged to the Veteran's Administration .....	3
Discharged to the TB Sanitorium .....	1
Discharged to Rest Home .....	1
Deaths .....	2

Total number of patients treated in Woodside Hospital to the end of December, 1955 is 9,933.

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Dead Line For "Bulletin Copy" 20th Of Month

FEBRUARY

### VENEREAL DISEASE CLINIC REPORT FOR 1955

Admitted for Syphilis.....	54
Admitted for Gonorrhoea.....	270
Persons not infected and not admitted.....	181
Still under investigation.....	2
Referred to private physician.....	2
New people not previously seen.....	<u>509</u>

#### SYPHILIS

Carried over from 1954.....	122
Delinquent patients or patients previously dismissed who came back for check-up or treatment.....	26
Admitted this year.....	54
Cases treated this year.....	202
Primary and secondary.....	3
Early latent.....	13
Late latent.....	28
Central nervous system.....	4
Congenital.....	4
Cardiovascular.....	2
Cases admitted this year.....	<u>54</u>
Positive.....	471
Negative.....	<u>496</u>
Number of blood tests taken.....	967
Positive.....	4
Negative.....	15
Number of spinal puncture.....	<u>19</u>

NUMBER OF CLINIC VISITS FOR SYPHILIS ..... 1205

#### GONORRHEA

Carried over from 1954.....	40
Admitted this year.....	270
Number of cases treated this year.....	<u>310</u>
Males.....	168
Females.....	102
	<u>270</u>
Positive.....	89
Negative.....	103
Number of cultures taken (on females only).....	<u>192</u>

NUMBER OF CLINIC VISITS (GONORRHEA) ..... 940

#### CHANCROID

One case remaining from 1954.

NUMBER OF CLINIC VISITS FOR CHANCROID ..... 6

NUMBER OF CLINIC VISITS MADE BY PERSONS NOT INFECTED AND NOT ADMITTED OR REFERRED TO OTHER AGENCIES..... 331

GRAND TOTAL OF CLINIC VISITS ..... 2482

TOTAL NUMBER OF PERSONS SEEN DURING THE YEAR ..... 697

As in former years, the Visiting Nurses are doing our investigations for case finding and delinquency.

Mrs. Friedl Polk, RN, is attached to the Clinic as special investigator. She does this work in addition to her nursing duties. During 1955 she interviewed 187 patients during clinic hours. She processed 625 "Epidemiological Forms", 266 of which pertained to clinic patients and 359 to patients of private physicians.

In addition, Mrs. Polk, together with other Visiting Nurses, made 297 house visits pertaining to venereal work.

These investigations resulted in the discovery of:

61 female suspects for gonorrhea, 59 of whom were infected and treated.

62 suspects for syphilis, both male and female, of whom

50 were brought under treatment or observation.

9 were found not infected.

3 from the Armed Forces were already under treatment.

The building program going on at the St. Elizabeth Hospital called for the demolition of the old house we had occupied since 1946. The Youngstown Department of Health was very fortunate to obtain new quarters for the Venereal Clinic at the Out Patient Dept. of the South Side Hospital. We moved to our new location in mid July and are very much pleased with it.

We are very grateful to Mr. Endres and Dr. Rummel for their generous co-operation and to Mrs. O'Hara, in charge of the Out Patients Dept., for her kind assistance.

*Respectfully submitted,  
Henri Schmid, M.D.*

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### PEARLS AT RANDOM

In the past year or two more thought has been given to the need for myringotomy in cases of Acute Otitis Media. Since the advent of the antibiotics, it has become the common practice of most Physicians to depend entirely upon the use of these drugs. This has certainly been successful in a large percentage of cases. Now, however, there are recently many critical papers being published pointing out that this treatment has not been adequate and that the number of complications has needlessly increased because of lack of adequate drainage.

*Raymond A. Hall, M.D.*

With the advent and wide usage of antibiotics, the pendulum has again swung towards the open reduction with trans-osseous wiring and external pin fixation technique in the treatment of fractures of the facial bones.

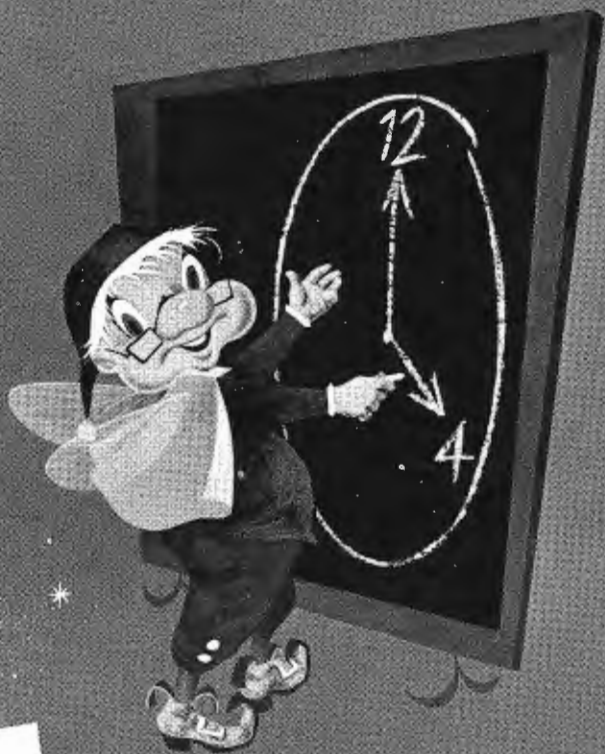
*Alfred S. Mangie, D.D.S., M.S.*

Early reports are quite encouraging in the prevention of recurring calcium-containing calculi by using a dosage of two grams of acetylsalicylic acid, divided into three doses a day. The salicylate increases the urinary output of glucuronisides and in so doing increases the solubility of the calcium salts. Along with the above therapy, a high fluid, low calcium diet is also desirable.

*A. Wm. Geordan, M.D.*



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Riboflavin .....	10 mg.
Niacinamide .....	150 mg.
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