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of the
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SOCIETY

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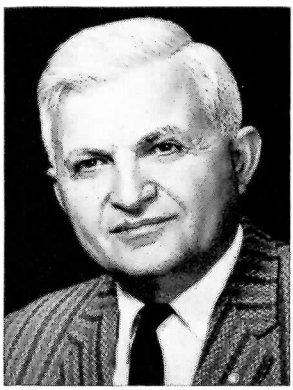

Six months of my term in office has gone. During this period your officers and committees have worked diligently to acquaint civic groups of medicine's contribution to the general welfare in our community. Some groups one will never satisfy and their antagonisms are generally due to a wee bit of jealousy and a great deal of ignorance as to what we doctors are doing.

Fortunately, we have been blessed with excellent communication media in our community. Our newspaper, the Youngstown Vindicator, our radio and television stations have helped us put across our objectives by meeting with and advising us. We have learned a great deal from them. At times, they get impatient with us doctors and we with them, but, on a whole, they and we realize that we are both serving the people.

At this time, I would like to express my appreciation to Esther Hamilton for all the help she has given our medical society in presenting our work, thru the Vindicator, to the people of Youngstown. Where criticism of doctors was necessary, she never hesitated, as we are not always right. She is very ardent for the preservation of free enterprise, whether it is medicine or any field.

Summer is here to relax a little from the strenuous lives we lead. Let us all take a vacation and get a little better acquainted with our families, friends and neighbors.

M. W. Neidus, M.D.
President

BULLETIN of the Mahoning County Medical Society

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Volume 29 **July, 1959** **Number 7**

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UNFIT DRIVERS

EDITORIAL

There are many physically unfit persons driving cars on our highways today. One out of four probably never has had an examination of any kind. In more than half the states he may drive a lifetime without a test. Suppose he can't see well, can't hear, is senile or has some other physical impairment. In the majority of states it doesn't matter, there is no investigation as to his physical fitness and no personal appearance is required. There are 40 to 50 million drivers who have had an original examination, but are allowed to renew their licenses without a complete checkup as to vision, physical capabilities, knowledge and driving skill. Only two states, California and North Carolina, provide full-scale renewal programs, complete vision and driving tests. Even these are not satisfactory in regards to the physical examination.

A few states require accident-prone drivers to furnish reports of physical fitness from their physicians. Some states require renewal tests after the law catches up with them after something happens.

The excuse for lack of the renewal examinations is money. Most states say they cannot afford such a program. It seems to me if two states can do it, certainly the others can find a way. Perhaps a certain amount of each license plate fee could be used for this purpose.

Periodic re-examinations of all drivers should be required. Physical examinations should be more rigid. They should inlcude vision, hearing, mental and physical ability and intelligence examinations. This should be done not only on the renewal examination but the original one.

We hear a lot about traffic safety, safety engineering, etc., and I am sure much is being done; but we are sadly neglecting this part of our traffic safety program. I think we, as physicians, should stimulate the physical examination program to the utmost.

L. O. Gregg, M.D., Editor

SCARS IN NEGROES

"I am black but comely, O ye daughters of Jerusalem, as the tents of Kedar, as the curtains of Solomon." This description of the beloved can be found in the *"Song of Songs"* which is Solomon's and must have portrayed a very beautiful woman indeed whose skin must have been without a single blemish or scar. There is a characteristic of some negro skin, however, which following laceration or injury tends to the formation of hypertrophic scar or even keloid. Fortunately, the tendency toward the formation of this keloid is rather rare, even in the negro, and most of the ugly scars we see in that race are amenable to improvement by meticulous surgical intervention. Careful nontraumatic initial closure of wounds will also cut down on the number of poor cosmetic end results. A great deal of experimental work has been done in attempting to improve the lot of those afflicted with true keloids, but as yet all has been to no positive avail. When the true keloid has been removed it is replaced by another of twice the proportions and the more often it is tampered with the more dangerous it becomes and the larger it becomes. When these keloids are replaced by skin grafts, the entire skin graft becomes a huge ugly, itching growth. Considerable other work has been done on these abnormal growths utilizing the injection of hyaluronidase in combination with surgical excision and meticulous plastic closure, but the good reports were published a bit prematurely and as so often happens, time has contradicted their authors. To my knowledge the best medical treatment of keloids is to do nothing with them. When they tend to itch in the hot weather, or during periods of high humidity, the patient should be placed on a course of alpha tocopherol (Vitamin E) which tends to greatly alleviate this discomfort, so distressing to these unfortunate individuals. Naturally, the more the patient scratches, the more the keloid will be irritated and so the larger it will become. I cannot stress too much the importance of impressing on these patients the fact that any surgical intervention should be considered experimental. It is impossible to promise any improvement, and certainly these unhappy people should not be led to believe that they can expect a cure. At the present time there is little encouragement which can be offered to the true keloid sufferer.

There are also certain sites on the body which are more prone to ugly scar formation than are other sites and so it is important to the surgeon to know where these sites are. Any surgery over the sternum of a woman can be expected to result in an unsatisfactory cosmetic end result no matter whether the patient is Caucasian or Negro. The pull of the breasts seems to have something to do with this situation. Incisions made in the region of the shoulder also are prone to result in an unfavorable cosmetic result and here the extreme mobility of the shoulder appears to be the reason. Surgical wounds in these two regions particularly should be splintered carefully with collodion in such a way as to relieve the suture line of any tension and then the collodion applications should be continued for perhaps at least a month. In this way one can be assured of obtaining the best scar possible, but even when all of these precautions are undertaken some of the scars in these areas will be much less than satisfactory. All incisions should be made in the lines of the skin and not contrary to them. If contrary lacerations are encountered, then the laceration should be revised and its direction changed by "Z" plasty or local flap rotation so that the scars will fall into the normal lines of the skin. A transverse incision always results in a more satisfactory end result, particularly if the skin edges are not traumatized by pinching forceps.

It has been my privilege to do some experimental work with regard to scarring in negroes and for that report the reader is referred to the January, 1958 issue of the Journal "Plastic and Reconstructive Surgery" where the results of my labors are recorded. As is reported in that paper, it is interesting to note that pigmentary changes in the skin are troublesome complications following trauma. These complications are observable in all of the three major races, Caucasian, Negro, and Oriental. However, the skin of each and every individual subject does not react in the same fashion due to inherent differences in skin quality. It is important to realize that surgery also, no matter how gentle, is traumatic, and as such produces observable changes in the skin the same as those produced by other similar forms of trauma.

In an effort to compare two methods of scar revision by surgical methods a series has been run treating some scars in negroes by surgical abrasion and some by simple excision and reapproximation in the customary way. It has been interesting to compare the two methods, and certainly the series of cases is still too small to come to any definite conclusions, so this paper must be considered something in the nature of a preliminary report. In negroes the pigment granules are to be found in the basal layer of the epidermis. When the skin is abraded, even though the abrasion is superficial, the pigmented layer of the epithelium is removed, and in healing, regeneration takes place from the skin appendages. Pigmentary regeneration also takes place from these appendages and gradually extends across the previously abraded surface. This pigment layer then becomes hyperplastic following trauma or abrasion and one notices that this particular portion of the skin is hyperpigmented. The hyperpigmentation is rather distressing because although the scar itself may be improved following surgical revision, the hyperpigmentation spoils the result.

In some cases the scar can be improved satisfactorily without abrasion, but as a general rule the scar itself looks better with abrasion than without it. The one drawback to the use of abrasion has been the hyperpigmentation which occurs in the abraded area post operatively. There is a bleaching compound available called Benoquin which is proving helpful in bleaching out some of these hyperpigmented areas and seems to have promise. It is available in ointment form and can be applied two or three times daily. Here again the substance is under investigation at the present time so no extravagant claims should be made for it.

This paper has presented some of the experimental work presently underway on scarring in negroes. It is to be hoped as a result of this work that one day the comeliness may be restored to the black skin of the beloved marred by scars and disfigurement. As with all progress the path is tortuous. One falls, then gets up and starts over. This is the history of Medicine; this is the history of mankind; this is also the history of the treatment of scars in negroes.

Richard D. Murray, M.D., M. Sc. Med.

THE PHYSICIAN AND LIFE INSURANCE AS AN INVESTMENT

*William L. Spencer**

The insurance agent who advises his physician client to invest exclusively in life insurance and annuities is rendering a disservice to that client. Conversely, the physician who does not have an adequate insurance program, including an annuity income that will provide a basic livable income at retirement, does not have a sound investment program. Diversity in investments is the sine qua non of success. As the experts say about the stock market, "The only sure thing is that tomorrow it will fluctuate."

We all have a friend who knows a friend who invested several thousand dollars in "Triple Bonanza" gold-edge stock back in 1948 and is now faced with the unhappy realization that he has "made" several hundred thousand dollars. I am sure he has your sympathy as well as mine. We, too, are concerned with taxes, increased Government spending, deficits, that hidden tax we call inflation, the dazzling performances of the stock market, the glowing predictions by the economists of the fabulous '60's with their economic and industrial gains. All of these are facts of everyday economic life. Do they mean that life insurance is a bad investment?

Everyone in his right mind has insured his home and office against fire, windstorm and other extended coverage liabilities. Strangely enough we never hear anyone question fire insurance as a sound investment. Why? The chances of my home catching fire are about one in 400, which means the odds are it will never burn down. Is insuring against this problematical loss a good investment?

Obviously we are not discussing an investment in the usual sense, but something unique—protection against a possible loss. But the chances of a man dying are 100% . . . . at least they claim no-one gets out of this life alive. If this is so, then life insurance is not only protection against premature death or disability, but the scientific management of a depreciation reserve on the human machine. The latest theory for investing in the stock market is called "dollar averaging." The insurance industry has been doing it for years in the form of annual premiums—some years you put in expensive dollars, other years cheap dollars. The insurance premium is that scientifically determined amount of money required each year to provide the protection you need and at retirement the amount of cash you want. The science of insurance does not end there, for the annuity provision of your insurance policy guarantees the scientific liquidation of this cash value. Principal and interest are paid out under the annuity option in monthly installments in such a manner that you can never outlive your money. Some of our more imaginative actuaries are beginning to wonder what will happen when heart disease and cancer are curable.

Now, I am not going to waste your time pointing out the need of providing your wife and children a livable income in case of your premature death or disability. You need spend only a few minutes with a pencil to arrive at the capitalized value of your present annual income. More fun yet is to estimate what your earnings will total from now until retirement. If you had a machine in your basement that produced the amount of income each year you now earn, you would have so many insurance policies on it you couldn't count them.

We are all familiar with the professional partnership. I doubt if you have ever heard of a professional partnership the terms of which provided that the survivor, in case of death of one partner, was obligated to continue the

business, pay all the bills, and be responsible for the decedent's wife and children, their education, welfare, income and maintenance. A physician that made such an agreement would probably be committed to the "nut house" as being financially incompetent. Yet such partnership agreements are made every day. We call them "marriages." When an uninsured husband departs this vale of tears, he doesn't die—he absconds.

But, let's get back to the life insurance contract as an investment. The depreciation reserve element in the life insurance contract is its cash value. Is it a good investment? The depreciation reserve should be guaranteed fully-funded when you are ready to retire. That is to say, your policies should be paid-up with no further premiums due. For this reason limited payment life is to be preferred over ordinary life. Granted the life insurance contract offers guaranteed safety of principal, guaranteed liquidity, maximum diversification, guaranteed minimum compound interest, participation in excess interest earnings guaranteed retirement income, and full-time expert management, in the light of today's economy, would the physician be ahead to buy term insurance and invest the difference himself?

The advocates of "buy term insurance and invest the difference" believe the professional man can do a better job. Obviously he can't achieve the safety of principal (Government Bonds are now selling at a 16% discount on the open market), or achieve the diversity of a multi-billion dollar insurance company. But can he earn more by investing in stocks? Well—if he picks the right stocks at the right time, if we continue to have an inflationary economy, and if he doesn't have to liquidate at the wrong time, he might succeed. Assuming these big "ifs" are possible, there are a few additional facts of life to be evaluated before we leap aboard the "buy term insurance and invest the difference" bandwagon.

1. Term rates keep increasing with age, rising rapidly after age 45,
2. Term coverage has to stop at some future age,
3. The amount of income you will receive from the annuity options under a term policy which you convert at some future age is not guaranteed,
4. Conversion of a term contract as of original date of purchase costs you 5% compound interest on the difference in premiums, and
5. Finally and all important, the earnings of the insurance company on your depreciation reserve are not currently taxed as income to you.

The income tax is the key to the "buy term insurance and invest the difference" theory. Assume for a minute you are in a 50% income tax bracket—you would have to realize net, after all expenses and mistakes, 6% compound interest. I don't have many friends who have done that well. "But wait a minute," say the 'buy term' advocates, "We're going to buy stocks that will appreciate in value so that we will have capital gains and not currently taxable dividend income." Assuming the insurance company earns net 3% compound interest (and I know of no first line insurance company that has netted less than 3% compound interest on its investments for the last 30 years). $1000 invested at the beginning of each year for 25 years would give a fund at the end of that time of $37,550. To equal this performance our stock capital appreciation would have to realize a maturity value of $41,730, or an appreciation of 66.9%. After paying our capital gains tax of 25%, we would have net $37,550.

Our economy has experienced a price inflation since 1950 of approximately 2.3% per year. Assuming that we will continue to have inflation at

STATEMENT

John P. Doe, M.D.
26th & Center St.
Mainville, Ohio

Mr. John Trimble
5422 Rigewood Drive
Mainville, Ohio

DATE	PROFESSIONAL SERVICE	CHARGE	PAID	BALANCE
2/16/59	SUR	116.00		116.00
2/29/59	CK		50.00	66.00
4/ 1/59	OV	10.00		76.00
5/ 5/59	CK		25.00	51.00
5/17/59	CK		10.00	41.00

CS-CASH
CK-CHECK
OS-OFFICE SURGERY
SUR-SURGERY

a rate of 3% per year for the next 25 years, and that the stock we purchase would reflect this price inflation, then it would be worth $37,550 (buying $1000 worth each year), but we would still have to pay a capital gains tax. Certainly, you can buy term insurance and invest the difference. Some people can play the trumpet while eating a banana—but why make things so difficult when life insurance makes it so easy?

CONCLUSION. If we accept the following premises

1. That we should protect ourselves and our families against possible loss of our earning power by premature death or disability,
2. That we should make the most efficient use of our savings at retirement by annuitizing them, and
3. That diversity of investment is sound business practice,

then we are forced to the conclusion that life insurance with cash values is an essential and sound element in the physician's investment portfolio. This is so partly because by its very nature life insurance is unique, and also because it is a scientific investment which affords distinct tax advantages.

*WILLIAM L. SPENCER—Graduated University of Pennsylvania, Wharton School, majoring in Insurance, 1946; graduate of University of Michigan Law School 1950; admitted to practice of Law in Ohio 1950; C.L.U. designation from American College in 1952; qualified for Million Dollar Round Table in 1953 and every year thereafter; personal production last several years has been in excess of $3,000,000 per year.

VD CONFERENCE PLANNED

A venereal disease symposium is being planned for Youngstown, to be held on Thursday, Sept. 24. An excellent list of speakers is being arranged by the Ohio State Department of Health.

The all day conference will be held at the Mural Room. It is to be sponsored by the American Academy of General Practice, and co-sponsored by the Mahoning County Medical Society, the Ohio Department of Health and the local boards of health. The sessions will begin at 10:00 a.m. and will offer four hours of Catagory I credit.

The committee to make arrangements locally consists of Dr. L. A. Blum, Dr. P. E. Krupko, Dr. A. W. Miglets, and Dr. Henry Schmid.

HAPPY BIRTHDAY!

July 17
E. J. Wenaas
July 18
J. L. Finley
July 20
M. L. Porter
July 23
B. S. Brown
July 24
C. Chen
July 25
P. J. Mahar
E. C. Mylott
J. L. Scarnecchia
July 27
N. D. Belinky
D. R. Ginder
M. M. Yarmy
July 28
W. Hardin
July 30
F. L. Schellhase
J. H. Fulks
August 3
I. Werber
August 4
W. K. Allsop
August 6
R. S. Boniface
August 8
J. N. Gordon
August 9
R. B. McConnell
August 14
D. A. Belinky
J. L. Fisher

FROM THE BULLETIN

Twenty Years Ago—July 1939

On the entertainment schedule that summer there was a golf party at Southern Hills in July, another in August and a corn roast-clam bake at Bert Millikin's in September.

This writer doesn't remember much about the golf parties because golf had given him up by that time but the clam bakes were hilarious affairs. Bert Millikin's Farm was down somewhere in behind Poland and the way was usually marked by an advance scouting party well versed in woodscraft. If you missed one of the signs and started to inquire of the natives, you were in trouble because no one seemed ever to have heard of the place. Actually, I do not believe there was a Millikin's farm there. What Bert had was a grove with a large pavilion and an adjoining open field suitable for baseball.

Did I say suitable? Well it was a pasture field with the grass and weeds kept closely cropped by cattle. The diamond was marked by stones at the bases and ground balls took strange hops making it a hazardous occupation to play the infield. There were many bloody noses and broken fingers received in those games. When St. Elizabeth's played the Youngstown Hospital the rivalry was intense.

Dr. Harry Patrick used to umpire and no one questioned his decisions. He was tough as the rocks in the field. Sam Klatman used to pitch and it is a wonder his coronary didn't happen there. J. M. Ranz and Hank Osborne would bring their guns and clay pigeons and the non-ball players would test their aim. It was much safer there than on the ball field.

In the pavilion it was cool and shady. There were picnic tables and a long bar. Renners kept it well supplied (for free) with their product so that no one was forced to drink water. Here the singers gathered and made beautiful music, not a cappella either for Ditmansen and his Musical Clowns would show up and make the welkin ring.

Bert and his helpers would be stoking the fire under the huge steamers. First they would put in a layer of corn, then clams, then chicken and so on until the boilers were full. When the feast was ready they first would serve cups of the steaming delicious broth, then platters of corn, clams and chicken until everyone was ready to burst.

Finding the way home in the dark through that maze of rutted roads was quite a feat and some with prudence were said to have waited until the first streaks of dawn lit the way to guide them back from refreshment to labor.

New members that month were: Joseph Keough, John McDonough, Fred Coombs, A. R. Rosapepe, David Belinky and Vernon Goodwin.

Ten Year Ago—July 1949

Excerpts from a resolution passed at the June meeting: "Be it Resolved: That it is urgently recommended that every member of the Mahoning County Medical Society practicing medicine, be enrolled as a member of the Medical-Dental Bureau and that they leave with the Executive Secretary of the Medical Society for use by the Medical-Dental Bureau such information as is necessary to meet the medical needs of patients, especially emergencies and on Sundays, nights, holidays and on regular days off."

Although slightly ungrammatical, the meaning of the Resolution is clear and it has never been repealed.

From an article on "Despotism Within Our Ranks:" "The time has come to call a halt to compulsory attendance at meetings . . . There are no evenings left for one's family, none for simple living and being a human being . . . Then the County Medical Society suffers. Here is one meeting we are not compelled to attend, yet it is the organization which is the foundation of all medical organizations and its meeting is the one we ALL SHOULD attend. This one depends upon its merit to attract our attendance—not on someone checking off names to delineate good boys from bad boys . . . . Without actively and enthusiastically supported county societies our public service efforts will lag, public relations programs will deteriorate into mere efforts to obtain publicity, lay educational enterprises will fail, adverse legislation and unscientific cults will prosper and regional and national parent medical organizations will suffer in proportion."

New members welcomed that month were: Howard Mathay and Charles Pichette.

J. L. Fisher, M.D.

APPOINTED TO MUSCULAR DYSTROPHY BOARD

Three physicians have been appointed to the Advisory Board of the Mahoning County Chapter of Muscular Dystrophy. They are: Dr. Hendrick J. W. Marcella, Dr. R. J. Scheetz, and Dr. C. A. Whitten, Jr.

The appointments were made by Dr. M. W. Neidus, with the approval of council, following an appeal made before council by Mr. Michael Yarosh, president of the Mahoning Muscular Dystrophy Chapter.

SOCIAL NEWS

Youngstown Hospital

The big news last month was graduation, and we can't let that go by without mentioning a few easily recognized names. There was Allen Axelson, David Beede, Ann Brandmiller, Linda Cook, William DeCicco, Georgia Nardacci, Ronald Rappoport, and Jo Ann Yoder, also Richard, "Butch," Wright, son of Mrs. Wright in Photography. These are the ones I know of. If anyone knows of others, please let me know. Let's get them all listed.

Boardman's Board of Education, Dr. George Cook, was on deck to hand out the diplomas and got a big kiss from daughter Linda for his trouble—right in front of everybody, too. And, as if he didn't have enough to be proud of, his beautiful daughter was also queen of the Senior Prom.

The next big item of news was the ex-intern reunion picnic, which, as usual, was a big success. The scientific portion was well recorded by Esther Hamilton. Some of the out-of-town ex-interns who attended were: Dr. R. A. Marion of Beaver, Pa. Dr. J. J. Anderson from Cleveland, Ohio; Dr. Peter Cibula of Lisbon, Ohio; and Dr. C. M. Askue of New Kensington, Penna. Dr. Fred Schlecht won the door prize—a portable radio.

On the sick list, we are glad to report at this writing everyone is on the mend. Dr. William K. Allsop is home recovering from a fractured patella. Dr. Dick Middleton is recovering from an aneurism of the femoral artery. We were all glad to see Dr. George McKelvey back after a long absence. He suffered a fractured radius and now has an intro-medullary nail which just plays hob with his golf game.

Well, happy vacation everybody. Don't forget to tune in WKBN every Tuesday evening at 10:30 p.m. for "Consultation," sponsored by the Society.

R. R. Fisher, M.D.

BEHIND THE SCENES IN THE DEPARTMENT OF LABORATORIES OF THE YOUNGSTOWN HOSPITAL ASSOCIATION

Several years before World War II, Doctor W. Germaine, a pathologist in Cincinnati, wrote a book called "Doctors Anonymous" in which he described the relative position of the practicing pathologist within the framework of medicine at that time.

Since then, laboratories and pathologists have emerged from the relatively obsure position which Doctor Germaine described and have achieved prominent positions in the cultural life of hospitals. The changing concepts of pathology have moved these doctors from their ivory tower in which they dealt largely with anatomic research, autopsies and surgical pathology, to the wards where they have re-assumed their rightful role as doctor concerned with the care of patients in consultation with the attending physicians. Such a transition has led to increasing participation in the medical, administrative, socio-economic and teaching activities of the medical community.

This trend seems to have been accelerated considerably in The Youngstown Hospital Association Department of Laboratories. The present paper has been written with the thought that members of the Mahoning County Medical Society might be interested in becoming acquainted with some ventures with which they might not be familiar. Recent articles in this Bulletin by various members of the laboratory staff have told us about developments in Exfoliative Cytology, Virology, Tissue Culture, Blood Banking and the more complicated biochemical procedures.

In addition to promoting these technical activities and performing his other duties as Director of Laboratories, Doctor Arthur E. Rappoport (Rappy) has been active on local, state and national levels in many endeavors to support the pathologists' position and increase the value of their contributions to all practitioners. As chairman of the MCMS Committee on Blood Banks and in the role of Ohio Representative of the American Association of Blood Banks (AABB), he wrote about the status of blood banking in our county in a recent article in the Bulletin. This included a description of the remarkable growth of blood bank clubs, the liberalization of replacement policies, the creation of better facilities for procuring and storing adequate amounts of properly processed blood and the introduction of methods of blood exchange on a national level with hospitals in different cities. Such improvements have aided doctors to perform procedures requiring large quantities of blood as well as assisted patients who have obtained abundant blood but whose blood replacement sources have been meager.

A recent bill, passed by the Ohio State Legislature permitting the transfer of privileged information collected by local hospital tumor registries to a centralized tumor registry, attests to his activities as member of the OSMA Committee on Cancer and its Subcommittee on Tumor Registries. Rappy lobbied very actively before the Legislative Committee on Medical Affairs for approval of this law, after obtaining approval of the Council of the OSMA to submit the bill to the legislature. This bill will permit the centralization and correlation of Tumor Registry data from all parts of the state so that accurate demologic statistical and follow-up studies on all Cancer patients will be possible for the first time in Ohio.

As a member of the OSMA Committee on Laboratory Medicine, he has participated very actively in a statewide study of all hospital and private laboratory facilities in an attempt to upgrade the quality of laboratory work

done in institutions which do not have the services of pathologists. This program includes an intensive campaign to induce qualified college graduates to enter the field of medical technology. It furthers the extension of facilities at large medical centers such as The Youngstown Hospital Association to smaller hospitals incapable of performing the more complicated or unusual procedures. These activities have required cooperation by the Ohio Hospital Association. As a result, better liaison and more friendly relationships are being created between pathologists and this organization. In connection with technician training activities, it should be mentioned that Rappy is the head of very active approved Schools of Registered Medical Technology and Registered Cyto-technology.

On a national level, Rappy has two rather important jobs. He is Consultant and Chairman of the Committee of Laboratory Planning and Design for the College of American Pathologists. This has resulted in his writing a 100 page manual covering all aspects of laboratory construction, including the determination of optimal space requirements, the creation of satisfactory physical environmental arrangements and consideration of all of the architectural and engineering features of laboratory installations. This manual is being printed locally and distributed to all Fellows of the College of American Pathologists. As a result of this endeavor, he is being called on for assistance in solving their local design problems by many pathologists, architects and superintendents all over the country. Numerous pathologists and superintendents have visited the laboratories at the North and South Side Units for personal inspection of their facilities and for consultation on administrative matters. Rappy also has visited many hospitals in order to work with the people locally. His correspondence on the subject is most voluminous and hardly a day goes by without a request for consultation.

Another national job he has is that of Chairman of the Planning Committee of the AABB. This function is largely to formulate policies and new programs for the growth and development of the AABB in its technical, administrative and fiscal enterprises.

The Youngstown Hospital Association is also becoming a mecca for pathologists interested in laboratory administration. Last fall, in a workshop on the subject conducted jointly by the College of American Pathologists and The American Society of Clinical Pathologists in Chicago, Rappy presented several papers on systems of record keeping, cost control, efficiency studies and technologist productivity. He recently conducted a similar workshop in Biloxi, Mississippi for the Mississippi Pathology Society.

A great deal of activity is also being generated in support of the Ohio Society of Pathologists of which Rappy is President-Elect. On May 23, a most successful meeting of that society was held at The Youngstown Hospital Association. This was a rather special occasion since most of the society's meetings are held only at the three Ohio Medical Schools. Over 135 pathologists and their technical associates attended. It was devoted to a demonstration and discussion by members of the laboratory staff of some of the advanced techniques being used.

During the past six months a great deal of construction and expansion of facilities has been accomplished, particularly at the North Side Unit. The Division of Exfoliative Cytology has been expanded to three laboratory rooms. Doctor Winifred Liu, in charge of that division, now has the assistance of three full-time cytoscreeners and one part-time cyto-technologist.

In the last issue of this Bulletin you read about the Division of Virology and Tissue Culture under Mr. Robert Tamburro. These methods are becoming rapidly more practical for diagnostic purposes. The division consists of two laboratories completely equipped to carry out all of the usual diagnostic procedures.

Recently, the Blood Bank Division was reorganized. All blood is now being obtained at expanded facilities installed at the South Side Unit. This has led to a satisfactory expansion of the blood supply which can be made available immediately for any emergency in either unit. It has also contributed to a marked growth of the Division of Immunohematology under Mr. Paul Jackson. As a result of these advances search for and the determination of the presence of the unusual blood types such as Kidd, Kell, Duffy, Lewis and others has been intensified.

Doctor Thompson's Department of Special Chemistry at the North Side has likewise been expanded materially by the addition of two rooms formerly used by the secretarial staff. This will permit Herb and his staff to introduce several special procedures for which interest by our staff has been evinced.

The problem of hospital acquired staphylococcus infections has imposed a heavy burden on Mr. Stanley A. Katz, head of the Division of Bacteriology. Extensive bacteriologic studies, including phage typing of patients and hospital personnel serves to establish adequate measures which have helped to control this problem.

A special laboratory has been created for Mr. Leathers who is working on Cancer Research supported by a grant of The Hartford Foundation. A new functional conference room, complete with all projection and lighting facilities has replaced the former conference room. It now permits a very active resident training program in pathology.

This summer a Division of Isotopes is being created at the North Side Unit for special study of blood volumes, red cell survival, cyanocobalamine uptake and others.

Associate pathologists, Doctor James R. Gillis and Doctor Harry W. Haverland, who are also Diplomats of the American Board of Pathology participate in the professional and administrative activities and share in the responsibilities.

All in all with a staff of over 98 people in the laboratory, Rappy, Jim Gillis and Harry Haverland have been very busy.

J. L. Smeltzer, M.D.

SOCIETY SPONSORED PUBLIC FORUM

A Medical Public Forum, "Death on the Highway," was sponsored by the Mahoning County Medical Society at Rayen School Auditorium on Tuesday, June 2.

Guest speaker was Mr. William J. Fitz-Patrick, Field Representative, Automotive Crash Injury Research of Cornell University. Mr. Fitz-Patrick introduced three motion pictures produced for and about the crash injury program being conducted by the Medical College of Cornell University.

"Human Body Under Impact" was a slow motion film of actual crash tests, showing graphically the path that the body takes when an automobile is stopped suddenly by crashing against another object.

"The Search" was a television documentary narrated by Walter Cronkite explaining the methods and results of the Cornell tests.

"Impact," jointly sponsored by the Ford Foundation and the American Medical Association enlarged on the methods and findings of crash injury research.

Mr. Fitz-Patrick supervises collecting of accident data in several of 17 states participating in the research program, including the work being done by the Medical Society, both hospitals, and the police department in Youngstown. Prior to his affiliation with Automobile Crash Injury Research, he was with the Hospital Division of the United States Public Health Service, both in California and New York.

The Medical Forum was arranged by the Education Committee. Chairman is Dr. S. F. Gaylord. Committee members are Drs. C. J. Fisher, J. J. Turner, Bertram Katz, S. V. Squicquero, and J. A. Hyland.

PROCEEDINGS OF COUNCIL
June 8, 1959

The regular monthly meeting of the Council of the Mahoning County Medical Society was held on Monday, June 8, 1959, at the office of Dr. M. W. Neidus, 318 Fifth Ave., Youngstown, Ohio.

The following physicians were present: M. W. Neidus. President, presiding, A. A. Detesco, C. W. Stertzbach, C. E. Pichette, H. P. McGregor, and J. J. McDonough, comprising council, also S. F. Gaylord and Mr. Michael Yarosh.

Meeting was called to order at 9:40 p.m. Dr. Neidus introduced Mr. Michael Yarosh, president of the Mahoning County Chapter of Muscular Dystrophy. After giving some background on the work of the local chapter, Mr. Yarosh requested that the medical society appoint an advisory board of physicians for the Muscular Dystrophy Chapter.

After Mr. Yarosh left, the minutes of the previous meeting were read and approved. Discussion ensued concerning Mr. Yarosh's proposal. The motion was made, seconded, and duly passed that the medical society appoint a medical advisory board to the Mahoning County Chapter of Muscular Dystrophy.

Dr. McGregor reported that the initial meeting of Canfield Fair Health Exhibitors had taken place on May 13 and that the size of the combined exhibition should be about the same or larger than last year's exhibit.

Dr. Stertzbach introduced discussion concerning Aid for the Aged. He read two letters, one from Mr. Charles Nelson, the other written to the Cleveland Academy of Medicine by Mrs. Robert Gorman. Both letters were related to the non-payment of the Aid for the Aged fee schedule in Mahoning County.

Dr. Gaylord reported that the Medical Public Forum held at Rayen High School Auditorium on June 2nd was poorly attended. He also requested that the society register disapproval of a possible plan for re-examination of physicians. Following discussion, the motion was made, seconded, and duly passed that a letter be presented to the American Medical Association and a copy be sent to the Ohio State Medical Association saying that the Mahoning County Medical Society does not feel it is appropriate for the officers of the American Medical Association to make public announcements without consulting the membership. That Dr. Gundersen's statements regarding periodic re-examination for licensure is a point that should first be taken up with the membership and not sent out as a statement to the press. That the Mahoning County Medical Society does not approve of such methods.

Dr. Neidus read a letter from Dr. R. Dean Dooley, Director of Physicians Relations Department of the Ohio Medical Indemnity, Inc., inviting the Society to devote a future program to Blue Shield.

Mr. Rempes asked clarification on what should be included in delegates' expenses. It was the opinion of council that delegate expenses should include travel only.

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

Associate Membership

Charles Alvin Whitten, Jr., 250 Bel-Park Bldg., Youngstown, Ohio.

Junior Active Membership

Hendrik J. W. Marcella, 210 Bel-Park Bldg., Youngstown, Ohio.

Unless objection is filed in writing with the secretary within fifteen days, the above applicants will become members of the Society.

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

Dr. McDonough requested that the society form a tax committee. Following discussion, Dr. R. A. Hall was appointed chairman of the tax committee. Appointed to the committee are Dr. J. J. McDonough, Dr. C. W. Stertzbach, and Dr. W. H. Evans.

Dr. McDonough introduced discussion concerning the Keogh-Simpson Bill. He asked that council consider the possibility of permitting some member to go to Washington at his own expense to discuss the Bill with Ohio's senators. Dr. McDonough was given the support of council to undertake this project.

Meeting was adjourned.

A. A. Detesco, Acting Secretary

1959 OSMA COMMITTEE APPOINTMENTS

In setting up Ohio State Medical Association committees for 1959, association president, Dr. Frank H. Mayfield, reappointed Youngstown phycians to the following committees:

Committee on Hospital Relations, Dr. S. W. Ondash; Committee on Federal Legislation, Dr. C. C. Wales; Committee on Cancer, Dr. W. J. Flynn and Dr. A. E. Rappoport; Committee on National Defense, Dr. F. L. Schellhase; Committee on Poison Control, Dr. Asher Randell; Committee on Laboratory Medicine, Dr. A. E. Rappoport.

NEWS

Dr. J. J. Turner has been notified that he passed the board and has been certified by the American Board of Surgery. He took the examination in Columbus on May 14, 1959.

Sidney Franklin, M.D., LL.B. addressed the Annual Convention of The American Board of Legal Medicine on the subject of "Air Pollution and the Law" at Atlantic City, New Jersey on June 7, 1959. He was elected 2nd Vice President of the Board. Dr. Franklin then attended the Annual Meeting of the American Medical Association.

MEDICAL GLEANINGS

THE RELATIONSHIP BETWEEN HEART DISEASE AND GALL-BLADDER DISEASE

by Ambrose G. Hampton, M.D., Columbia, South Carolina, Julian R. Beckwith, M.D., F.A.C.P., and J. Edwin Wood, Jr., M.D., F.A.C.P., Charlottesville, Virginia. Annals of Internal Medicine Vol. 50, No. 5, May 1959.

Discussion

The differential diagnosis involving upper abdominal and lower chest pain may be quite puzzling. Friedbert, Levine and others have stressed the clinical occurrence of biliary disease and heart disease in the same patient. Digestive symptoms are not uncommon in angina pectoris, and pain of gastrointestinal origin may simulate angina pectoris. Nothing replaces a painstaking and detailed history concerning the chest pain. The classic association of angina pectoris with exertion is very helpful, as this is quite unusual for gall-bladder pain. The latter often begins at night, and upper abdominal residual tenderness of gall-bladder colic may persist for several days. The Master two-step test and the ballistocardiogram may also be helpful in deciding the part coronary artery disease is playing in the clinical picture. Smith and Larkin have employed sympathetic nerve block with procaine to differentiate abdominal pain from cardiac pain when it appeared that an acute abdominal surgical emergency might be present. It seems wise to study the gall-bladders of all patients with angina because of the probability that gall-stones, if present, potentiate the anginal symptoms by a trigger mechanism.

The increased hazard of surgery in the cardiac patient is well known. The mortality of major surgery in patients with coronary artery disease has been previously reported to vary from 5.3% to 14.3%; however, recent studies indicate that these findings are too high, and that with improvement both in preoperative and postoperative care and in anesthesia, and closer cooperation between surgeon and internist, the mortality can be reduced to below 3%.

A recent myocardial infarction will increase the mortality considerably, and surgery should be deferred if possible for four months. Myocardial infarctions in the immediate postoperative period have been reported, and some authors advise postoperative electrocardiograms before ambulation because of the likelihood that this might have occurred unexpectedly. Age alone is not a contraindication to elective biliary tract surgery, but the elderly patient tolerates emergency biliary surgery poorly, and, when possible, cholecystectomy should be an elective operation.

Anesthesia is another vital feature in surgery of this group of patients. There should be close cooperation between internist, surgeon and anesthetist. Vagolytic agents should be given preoperatively, and shock and hypoxia carefully avoided.

The selection of patients for cholecystectomy in the hope of improving or alleviating heart disease must be highly individualized. There must be good clinical evidence to implicate the biliary system as a contributory factor to symptomatology of heart disease. Patients with gall-stones, single or multiple, and angina pectoris or uncontrollable arrhythmias, should have cholecystectomy because of the possibility of beneficial effect on the heart disease, as well as the potential hazard of the gall-stones per se. An acute surgical condition might develop which would require operation under un-

favorable circumstances and result in a greater risk than if it was done electively.

Patients with a history of repeated attacks of cholecystitis who have a nonfunctioning gall-bladder on x-ray should also have a cholecystectomy, for the same reasons.

Patients with an asymptomatic, nonfunctiong gall-bladder should not have such surgery unless more clinical evidence indicating gall-bladder disease develops.

A few conclusions seem warranted from a review of the apparent association of heart disease and gall-bladder disease:

1. Heart disease and concomitant gall-bladder disease are quite common. An association greater than coincidence is probable.

2. Experimental and clinical evidence has shown arrhythmias and decreased coronary blood flow may be induced by distention of the biliary tract.

3. Angina pectoris, arrhythmias and electrocardiographic abnormalities may improve after cholecystectomy. Electrocardiographic changes which revert to normal after operation appear to constitute evidence of underlying coronary artery disease.

4. The mortality risk in patients with heart disease and gall-bladder disease is probably under 3%. Elective cholecystectomy is usually well tolerated.

5. Improvement in cardiac status results only from removal of extrinsic stimuli. There is no change in the fundamental, intrinsic heart disease.

R. L. Jenkins Jr., M.D.

INCREASE BUDGET FOR MENTAL HEALTH

The House of Representatives has voted approximately $60 million for the National Institute of Mental Health for the coming fiscal year. This is about $8 million more than the Administration requested, and is the largest increase ever voted by the House for the NIMH.

In its official report to Congress, the House Appropriations Committee said, "Recent figures presented to the committee indicate that mental illness costs this country a minimum of $3 billion a year . . . the committee received heartening evidence of remarkable progress against mental illness.

"Over the past three years, there has been a drop of 13,000 patients in State mental hospitals. At the end of 1958, there were 52,000 fewer mental patients in all mental institutions than might have been expected on the basis of the rising curve from 1945 to 1955 . . .

"It costs an average of $1,500 a year to provide little more than custodial care for each patient in a mental hospital and in institutions where good care and service is given the costs are much higher. Restored to a useful life this same person is earning his own living and paying taxes."

The House Appropriations Committee paid tribute to the expanding phychopharmacology program of the MIMH. In regard to psychiatric training programs, the Committee acknowledged a critical shortage of phychiatric personnel and recommended an increase in the bill to correct that situation.

In 1958, Congress appropriated $1,300,000 for the training of general practitioners in psychiatric skills. In report, the Committee said, "Since the family physician is dispensing the greatest quantity of the new drugs, it is absolutely vital that he receive the psychiatric education he so avidly seeks. It will be expected that this program be expanded in 1960."

SOCIAL NEWS — St. Elizabeth Hospital

Dr. Michael Galose returned from Florida vacation recently looking rested and tanned.

Dr. J. Scarnecchia has been sending back frequent reports on his European tour. He has related very interesting sights and promises to tell all on his return.

Dr. Frank Morrison is spending more and more time on his boat these warm days.

Dr. W. L. Mermis returned from his convalescence following a recent illness—looks very fit and he feels fine.

Dr. W. H. Evans and his wife Dina were in an auto accident recently and, fortunately, were not seriously injured. They spent a relaxed few days in St. Elizabeth Hospital receiving visitors in their rooms and taking evening walks in the hall. Dr. Evans is now back in harness looking just a little the worse for wear.

Dr. P. B. Cestone has just moved into his beautiful new home on Barth Drive.

Dr. J. B. Kupec, in Florida with his family, just missed the 79th St. Causeway collapse in the recent tornado. All is well however, and he'll soon be back with us.

Congratulations to Dr. J. J. McDonough on his State Medical Society Appointment, also Dr. Stephen Ondash.

Dr. Elmer Wenaas is back from his trip through the Orient and we hear rumors he now eats only with chopsticks.

Dr. A. K. Phillips' and W. O. Mermis' individually entertained the residents and interns of St. Elizabeth Hospital at their homes recently. All agreed the parties were well liked and highly enjoyable.

Alexander Calder, M.D.

MEETINGS — July

AMERICAN SOCIETY OF FACIAL SURGERY, New York City, July 17. Dr. Samuel M. Bloom, 123 E. 83rd St., New York 28, Secretary.

OREGON CANCER CONFERENCE, University of Oregon Medical School, Portland, July 16-17. Dr. Martin A. Howard, 1115 S.W. Taylor St., Portland 5, Oregon, Chairman.

ROCKY MOUNTAIN CANCER CONFERENCE, Brown Palace Hotel, Denver, July 22-23. Dr. N. Paul Isbell, 835 Republic Bldg., Denver 2, Chairman.

INTERNATIONAL CONGRESS OF PEDIATRICS, Montreal, Que., July 19-25. For information address: Dr. R. L. Denton, 2300 Tupper St., Montreal 25, Que.

INTERNATIONAL CONGRESS OF PLASTIC SURGERY, London, England, July 13-17. Dr. Dacid Matthews, 152 Harley St., London, W. I. England.

INTERNATIONAL CONGRESS OF RADIOLOGY, Munich, Germany, July 23-30. For information write: Sekratariat, des 9, Internationalen Kongresses fur Radiologie, Reitmorstrasse 29, Munich 22, Germany.

INTERNATIONAL MEDICAL CONFERENCE ON MENTAL RETARDATION (FIRST), Eastland Hotel, Portland, Maine, July 27-31. Dr. Ella Langer, State House, Augusta, Me., Chairman, Committee on Finance and Arrangements.

INTERNATIONAL PSYCHOANALYTICAL ASSOCIATION, Copenhagen, Denmark July 26-30. Miss Pearl King, 37 Albion St., London, W.2, England, Secretary-General.

SHAIO FOUNDATION SYMPOSIUM ON CARDIOVASCULAR DISEASES, Hotel Tequendama, Bogota, Colombia, July 27-31. Dr. Alberto Vejarano, Fundacion A. Shaio, Cliinica: Carretera de Suba, Bogota, Colombia.

WOMAN'S AUXILIARY NEWS

A Board meeting was held May 27th at the home of Mrs. A. E. Rappoport, president. The following are members of the Executive Board for 1959-1960

Mrs. Ben Brown
Mrs. Frank Gelbman
Mrs. S. G. Patton, Jr.
Mrs. Lawrence Weller
Mrs. James Patrick
Mrs. William Allsop
Mrs. Ed Thomas
Mrs. George Cook
Mrs. Francis Gambrel
Mrs. Dean Stillson
Mrs. Robert Fisher
Mrs. Herman Allen
Mrs. John Stotler
Mrs. James Gillis
Mrs. Arnoldus Goudsmit
Mrs. J. J. Wasilko
Mrs. Earl Young
Mrs. Frank Inui
Mrs. Wayne Hardin
Mrs. J. B. Stechschulte
Mrs. Frank Morrison
Mrs. C. S. Lowendorf
Mrs. Paul Ruth
Mrs. H. Holden
Mrs. James Sofranec
Mrs. R. V. Bruchs
Mrs. Joseph Campolito

The program for the coming year was proposed with its purposes to 1.) interest members in the aims of the Auxiliary and the American Medical Association, 2.) Cooperate with the Mahoning County Medical Society, 3.) Include programs which explain community issues which are of interest to all citizens, and 4.) encourage a warmth of fellowship among physicians families.

The opening meeting will be September 22nd at the home of Mrs. John Noll. At that time old and new members will be greeted and a panel discussion on Para-Medical Education will be held.

Mrs. W. H. Evans has recently been re-elected a Director, for a one year term, of the American Medical Association's Woman's Auxiliary at the National convention in Atlantic City. At present she is convalescing at her home following an automobile accident.

Mrs. Paul E. Ruth, Publicity Chairman

MEETINGS — August

INTERNATIONAL ASSOCIATION OF LIMNOLOGY, Vienna & Salzburg, Austria, Aug. 20-Sept. 8. For information address: Secretary, Biologische Station, Lunz am See, Austria.

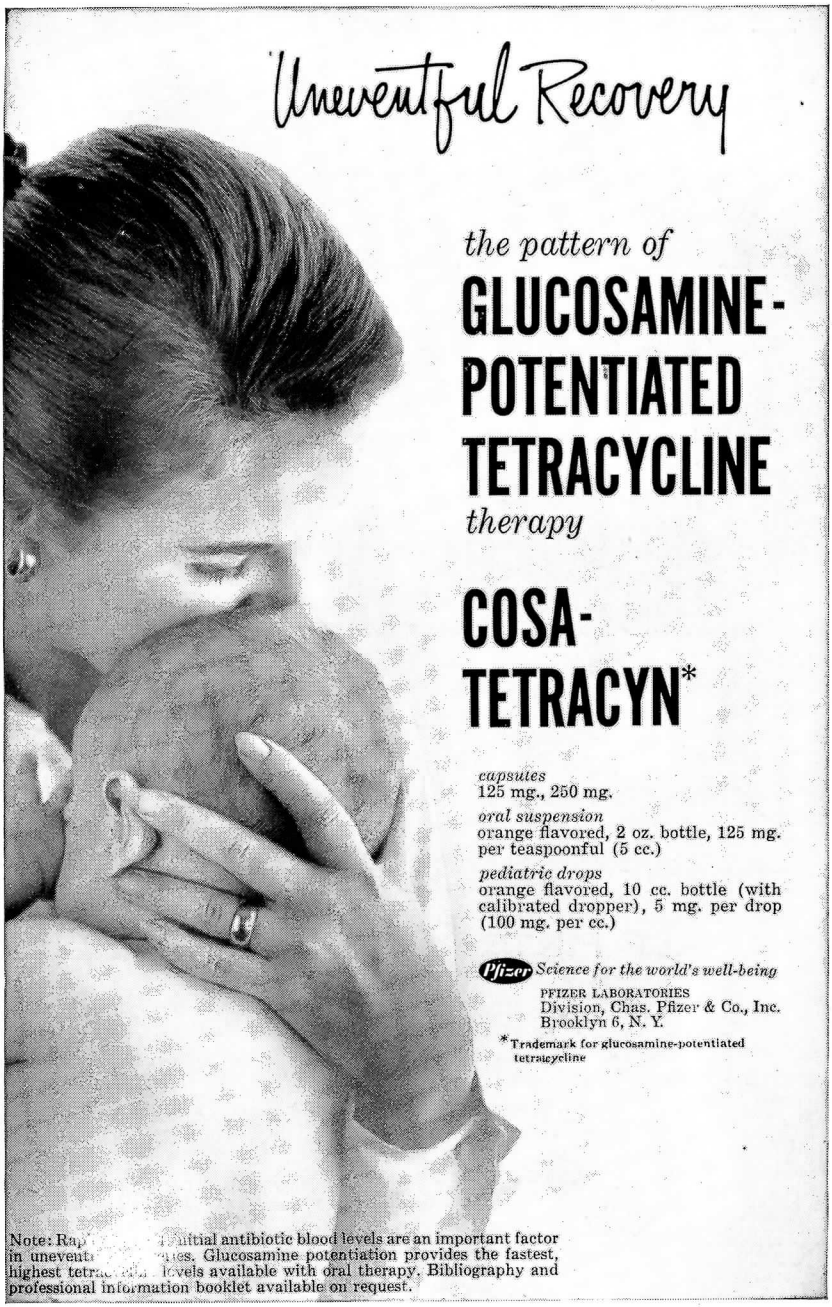
INTERNATIONAL CONGRESS FOR THE HISTORY OF SCIENCE, Barcelona & Madrid, Spaid, Aug. 30-Sept. 6. Prof. J. Vernet, Universidad de Barcelona, Barcelona, Spain, Secretary-General.

INTERNATIONAL CONGRESS OF PHYSIOLOGIAL SCIENCES, Buenos Aires, Argentina, Aug. 9-15. A.O.M. Stoppani, Facultad de Ciencias Medicas, Paraguay 2151, Buenos Aires, Argentina.

INTERNATIONAL CONGRESS FOR SPEECH AND VOICE THERAPY, London, England, Aug. 17-22. Miss M. Carter, 46 Cannonbury Square, London, N.I., England, Secretary.

WORLD CONFERENCE ON MEDICAL EDUCATION, Palmer House, Chicago, Ill., U.S.A., Aug. 30-Sept. 4. For information address: Dr. Louis H. Bauer, 10 Columbus Circle, New York 19, N.Y., U.S.A.

WORLD FEDERATION FOR MENTAL HEALTH, Barcelona, Spain, Aug. 30-Sept. 5. Miss Esther M. Thornton, 19 Manchester St., London, W.I. England, Secretary-General.


Uneventful Recovery
the pattern of
GLUCOSAMINE-
POTENTIATED
TETRACYCLINE
therapy
COSA-
TETRACYN*
capsules
125 mg., 250 mg.
oral suspension
orange flavored, 2 oz. bottle, 125 mg. per teaspoonful (5 cc.)
pediatric drops
orange flavored, 10 cc. bottle (with calibrated dropper), 5 mg. per drop (100 mg. per cc.)
Pfizer Science for the world's well-being
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Note: Rap[illegible] initial antibiotic blood levels are an important factor in uneventu[illegible]ries. Glucosamine potentiation provides the fastest, highest tetra[illegible] levels available with oral therapy. Bibliography and professional information booklet available on request.