



BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

MARCH, 1961 • VOLUME XXXI, No. 3
YOUNGSTOWN, OHIO

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MARCH MEDICAL-LEGAL BANQUET

Thursday, March 23, 1961

MAHONING COUNTRY CLUB

Reservations will be taken by the Mahoning County Bar Association. Watch the mail for more information.

APRIL Annual Meeting

OHIO STATE MEDICAL ASSOCIATION

April 9, 10, 11, 12, 13

THE NETHERLAND HILTON HOTEL

Cincinnati, Ohio

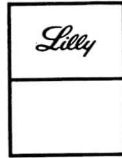
Mahoning County Medical Society

Tuesday, April 18, 1961

Mural Room

Speaker: Dr. Michael J. Jordan

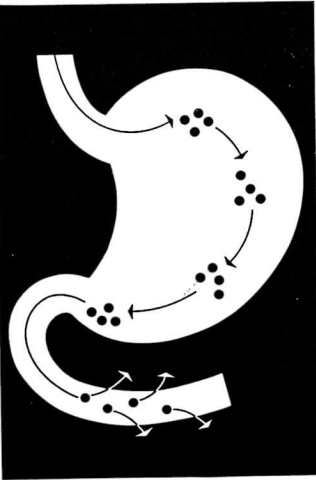
**Subject: The Early Diagnosis and Management
of Cancer of the Cervix**



why
you
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1. Griffith, R. S.: *Antibiotic Med. & Clin. Therapy*, 7:320, 1960.

Ilosone, in its more acid-stable form, eliminates the need for an "empty stomach" for effective antibiotic therapy. Food no longer interferes with absorption to any great extent. Moreover, enhanced absorption from the intestine in comparison with that of older forms of erythromycin assures greater certainty of therapeutic response. Thirdly, Ilosone is notably safe. In a review of over 20,000 case reports, there were no serious side-effects or toxic reactions.

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For adults and for children over fifty pounds, 250 mg. every six hours.

In more severe or deep-seated infections, these dosages may be doubled.

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 1005 Belmont Ave. North Lima, Ohio 1005 Belmont Ave.

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Alt. Delegates

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 Executive Secretary: H. C. REMPES, JR.

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Our President Speaks

OUR PRESENT DAY PUBLIC RELATIONS

A reviewal of this viewpoint at the present time is quite apropos.

At one of the state medical society's annual meetings, there was an exhibit which invited the members to come in and meet "the best public relations the medical profession has." Doctors entering the booth came face to face with a large mirror.

Without doubt, this was a forceful way of getting across a vital truth.

Everytime we look ourselves in the mirror, we should be reminded that for our patients, WE are the medical profession. Our concern for their welfare, our self-sacrificing service to them, and our ethical relations with our colleagues will have more weight with our public than full page advertisements in every newspaper in the country.

It is up to us, not the professional public relations experts, hired by the medical organizations to interpret the views of the medical profession to the public. We alone must prove our sincere desire to give them the best medical care possible under any conditions.

A good rule to follow is to treat the patient as we would like to be treated.

* * * * *

I would like to take this opportunity to commend our colleague, Dr. James L. Fisher, for his many years of contributing to our Bulletin.

He was the first editor of the Bulletin which began publication in 1931. He was again editor in 1932.

In 1935, he was president of our society. I am told that he was a good one.

His column, "From the Bulletin — Twenty Years Ago — Ten Years Ago," was first published in the February issue of the Bulletin in 1950, and has been an outstanding feature ever since.

—A. K. Phillips, M.D.
President

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Volume 31

March, 1961

Number 3

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

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EDITORIAL —

IT IS NOT TOO LATE!

The politicians are beating their drums again for socialized medicine. It is now prescribed for the entire country under the guise of medical care for the aged via the social security system. It is being pushed with great vigor despite the fact that the social security system is actuarially unsound. Moreover, to burden this so-called insurance program still further can only bring about a crushing withholding tax to the individual or the bankruptcy of the social security system. If anyone doubts this, there is twenty billion dollars in the social security kitty and obligations at the present time of 360 billion dollars. That is 18 dollars of obligation for every dollar in the till. How insolvent can one get!

It is a constant source of amazement to me why a young individual with a growing family, buying a home, and in general struggling to make ends meet, should undertake the subsidation of his elders' medical care under social security when the oldster can very well take care of himself. There are at least 10 to 12 million Americans aged 65 or over on social security who have adequate means to take care of their own medical care. Why should anyone, particularly the youth of our nation, subscribe to 40 to 45 years of increasing social security taxation to take care of these senior citizens. Especially when a voluntary insurance program could give this same young man a much better deal for his money.

Is it unrealistic to subject socialization programs to the scrutiny of honest analysis? I suppose so. Something for nothing is much easier to sell. And the "myth" persists and grows that if medical care for the aged is placed under social security there will be no increase in taxes and somehow this service will be rendered at no cost to the country or its citizens. How ridiculous! It's the same old method — "Keep telling the same lie often enough and long enough and ultimately the people will believe it."

It is my firm hope that the medical profession will rise up and tell the people the truth. If every doctor (and every doctor's office) dedicates himself to this task, medicine will remain free. *It's not too late to fight for our ideals.* It should be remembered that if we believe in freedom we must fight courageously for it. Moreover, we will forever carry the mark of distinction or shame on how well we engage the enemy — socialism.

—John J. McDonough, M.D.
Editor

STANDARD CONTRACT CONVERSION TO BEGIN HERE

Youngstown and Cincinnati areas will be the first in Ohio where Ohio Medical Indemnity (Blue Shield) will open a campaign to convert direct pay non-group subscribers from the Standard to the Special Preferred Contract. The conversion campaign is scheduled to begin in March.

In a direct communication, Dr. R. Dean Dooley, Director of Physicians Relations for O.M.I., states "Every doctor in the state will be notified one week prior to the start of the campaign in their area, so they may be properly advised as to the time."

"We are confidently hoping we may have the same effective cooperation, by the physicians in Ohio, that contributed so importantly to our 65 year old enrollment campaign."

If the campaign is completely successful, there will be no more direct-pay subscribers to the Standard Contract, which is now outmoded, and a sore point with physicians in Mahoning County. It behooves local doctors to help in this conversion campaign.

Other areas in the state will participate in the campaign, concluding with the Toledo area in October.

The Standard Contract has not been available to new groups since January 1, 1959.

DELINQUENT DUES

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

FEBRUARY MEETING

The largest membership turn-out in a two year period marked the February 21 meeting of the Mahoning County Medical Society at the Mural Room.

High point of the evening's business was the presentation of a resolution by Dr. A. E. Rappoport concerning laboratories. The resolution is to be presented by another county medical society at the annual meeting of the Ohio State Medical Association in April. Dr. Rappoport asked for delegate support from Mahoning County. By written ballot the decision was made not to support the resolution.

In a second resolution, proposed by Dr. Gaylord, the original resolution was approved in principle, with the deletion of the clause that would make it unethical for a physician to take laboratory work to a private laboratory.

In other business, Dr. Clifford reported on the work of the Third Party Medical Care Committee. The work of the committee was then given unanimous approval by the membership.

Following a proposal by Dr. McDonough, a motion was passed that a percentage of the money of the Mahoning County Medical Society be put into an investment program.

*Here is the Group Insurance
Plan with all the extra
advantages you have requested . . .*

GROUP ORDINARY LIFE INSURANCE

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THE OHIO STATE MEDICAL ASSOCIATION
GROUP LIFE INSURANCE PLANS
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This new plan provides:

- The accumulation of cash values
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YOU ARE ELIGIBLE as an OSMA member under age 70. Apply for this new coverage now . . .

Mail Your Application Card Today

POLITICAL SCIENCE SEMINAR NEXT

It's not too early to sign up for the Seminar on Political Science, which will begin on Thursday, April 13, and will continue through Thursday, May 4, at the auditorium of Youngstown Hospital, South Side.

Speakers will be: Clingan Jackson, Sen. Charles J. Carney, Atty. P. Richard Schumann, and Atty. John H. Oesch.

Registration may be made by sending a check for \$7.50 (single) or \$10.00 (couple) to the medical society office.

MEDICAL ASSISTANTS ELECT OFFICERS

Mrs. Gwynn Lewis was elected president of the Medical Assistants Society of Mahoning County, which adopted a constitution at the February meeting of the charter members.

Other elected officers are: Miss Mildred Butcher, vice president; Mrs. Myron Collins, recording secretary; Miss Dorothy Klein, corresponding secretary; and Mrs. Peter Comminos, treasurer.

Members of council are: Mrs. Philip Ferguson, Miss Frances McDermott, Mrs. Otto Poschner, Mrs. Walter Pyatch, Miss Evelyn Queen and Mrs. Robert Ward.

The new organization is under the supervision of an Advisory Committee consisting of Dr. D. W. Metcalf, chairman, Dr. G. E. DeCicco, Dr. A. A. Detesco, Dr. L. J. Gasser, and Dr. W. E. Sovik.

DELEGATES' SCHEDULE AT OSMA MEETING

A change in the House of Delegates schedule and repeat of a popularly acclaimed feature of the 1960 Annual Meeting have been adopted to encourage full participation in the Ohio State Medical Association Annual Meeting in Cincinnati, April 9 to 13, at the Netherland Hilton Hotel, headquarters hotel for the meeting.

In order for delegates and alternates to participate more fully in all sessions of the meeting, particularly scientific sessions, the House of Delegates will hold two evening sessions.

The first House of Delegates session will be Sunday evening, April 9, instead of the Monday evening session. It will consist of a dinner, followed by a business session for introduction of resolutions.

Hearings by the Resolutions Committees will be held Monday, April 10. This will enable all delegates, alternates and other OSMA members to present their views before the committees. Formerly, the hearings were held on Tuesday and thereby conflicted with the scientific sessions which start on that day.

The second session of the House of Delegates will be Tuesday evening, April 11, consisting of a dinner, reports of the Resolutions Committees and action of the House on their recommendations, and election and installation of officers.

On Wednesday, April 12, the President's Ball will be held. It will be in the format of the buffet dinner dance and entertainment which was an outstanding success at the 1960 Annual Meeting in Cleveland, and was a complete "sell-out." OSMA members are reminded to obtain their President's Ball tickets early because another "sell-out" is anticipated at Cincinnati.

Schering

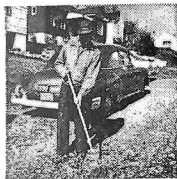
without steroids this arthritic miner might still be spoon-fed

on METICORTEN, he has worked steadily for six years with no serious side effects

J. G.'s rheumatoid arthritis started in 1949 with severe and unremitting pain in his shoulders. Later, his wrists, elbows, feet and hands became involved with swelling and loss of function. By 1951, when he was 45, the patient was helpless and had to be fed and dressed by his wife. He was frequently hospitalized during the next three years. Hydrocortisone failed to make any change in his condition.



On April 2, 1955, the patient was placed on METICORTEN and improved promptly. Two weeks later he stated, "I feel very well now." He was able to go back to work as a mine electrician that year and had no difficulty driving a car.



For the past six years, he has been maintained on METICORTEN 5 mg. two or three times a day. There have been no side effects. The patient has not lost any work time, nor has he had to limit his activities in any way.

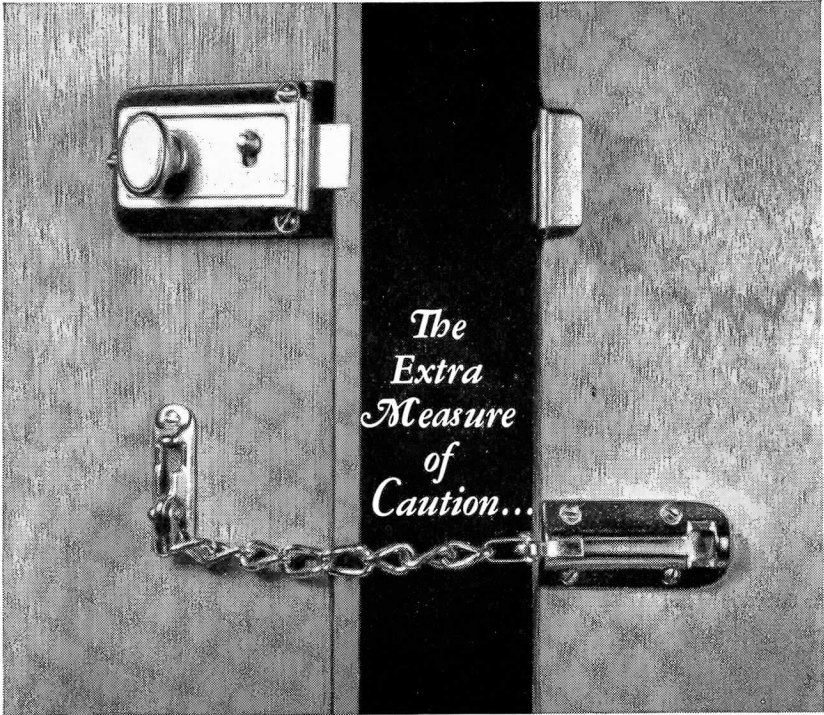
Case history courtesy of Joel Goldman, M.D., Johnstown, Pa. These photographs of Dr. Goldman's patient were taken on November 10, 1960.

METICORTEN,® brand of prednisone.

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Squibb Phosphate-Potentiated Tetracycline (SUMYCIN) *plus* Amphotericin B (FUNGIZONE)

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INFECTIOUS HEPATITIS (Cont'd.)



*Prevention of Spread in the
Home of a Patient*

The presence of a person with infectious hepatitis in the home causes greater problems in preventing its spread. However, by exerting only a moderate amount of effort, spread to family members can be limited. The necessary measures are described below:

1. The patient must be isolated in a separate room, keeping children away from the patient and limiting close contact with adults

to that which is necessary for his care and cleanliness. Ohio State law requires isolation³ for seven days from the date of onset.

2. Special care should be taken to dispose of body wastes and vomitus in a sanitary fashion. A separate bathroom is desirable if available, but careful daily cleaning of the family bathroom will provide adequate protection.

3. Isolation of eating utensils, clothing, bedding, and other items used by the patient. A separate set of these items should be set aside for use by the patient alone, and should be washed separately from the items for the rest of the family. No article should be used by the family after used by the patient until it has been cleaned thoroughly.

4. Use of gamma globulin: Immune serum globulin, administered in an intramuscular injection of 0.01 ml. per pound of body weight, if given promptly after exposure, will give protection from infectious hepatitis. An article in *The Journal of the American Medical Association*, October 15, 1960, suggests that the optimum dose of gamma globulin for children and especially for adults is 0.06 ml. per pound of body weight. The study was conducted in an institution for mentally defective children where the disease was highly endemic, and may not be applicable to ordinary conditions of exposure to the disease. Since past experience with gamma globulin has been satisfactory using a dose of 0.01 ml. per pound of body weight, it is the recommendation of the Ohio Department of Health that the use of this dosage be continued. This protection is only temporary, lasting six to eight weeks. Gamma globulin is effective in preventing illness only if given several days prior to the expected onset of the illness and will not affect the course of the disease once symptoms have begun.

Gamma globulin is available to physicians both from commercial sources as well as from the American Red Cross through health departments. Unfortunately, because of the increased incidence of hepatitis this year and the resulting increased use of this product, Red Cross gamma globulin is in short supply. Commercial supplies are adequate, though expensive. Because of the paucity of immune globulin and its great cost, it is recommended that its use be limited to individuals who are subject to prolonged intensive exposure. For all practical purposes, this limits its use to the household contacts of a patient.

Prevention of Spread in the School

Because of the close personal contact between children at school and the difficulties in supervising their hygienic practices, it is felt that school offers an opportunity for spread which is second only to that found in the

home. Another reason for the school to be interested in infectious hepatitis is its opportunity to help prevent the disease by educating students in the nature of the illness and its prevention. In all likelihood, such an educational program is the best method of controlling this disease at the present time.

In addition to an educational approach to this problem, the schools have other responsibilities: (1) detecting ill children, referring them to the family physician and excluding them from school until they are well once again; (2) providing adequate and clean toilet and washing facilities, and (3) insuring that such facilities are properly utilized.

SUMMARY

Infectious hepatitis is expected to be a major health problem in the coming year. The level of morbidity at the present time is much higher than it has been at any time since 1953 when the disease was made reportable in Ohio.

The infectious agent that causes the disease is present in the stools of infected persons. It is through contamination of his hands and articles he touches that the patient spreads the illness to other persons.

The severity of the disease is extremely variable and the symptoms are often non-specific, but the illness should be suspected in the presence of the symptoms of a cold with excessive fatigue, loss of appetite and abdominal aching. More severe symptoms include nausea, vomiting and jaundice.

There is no vaccine to protect against infectious hepatitis, and so the prevention of the disease depends upon the prevention of contamination of his surroundings by the infected person. Since infection is not always recognizable, it is the responsibility of every individual to fight the spread of contamination. This sounds like a simple matter of everyday common sense, and it is, but it is surprising how often people are not sensible. It takes only a momentary lapse to spread the illness. Therefore, it is necessary at this time to re-emphasize that it is through the continuous use of hygienic measures that the spread of infectious hepatitis can be controlled. The practices of greatest importance have been described above.

As a supplement to the practice of hygiene, physicians may desire to use gamma globulin for the protection of family members of patients. The indications and restrictions for its use have been discussed.

—L. A. Blum, M.D.

DR. BELINKY HONORED

More than 500 persons attended a testimonial banquet held last month for Mahoning County coroner, Dr. David A. Belinky.

Principal speaker was Dr. Samuel R. Gerber, Cuyahoga County coroner, who praised Dr. Belinky's contributions to the coroner profession during his 16 years of public service.

Dr. Belinky has been coroner since 1945. He was instrumental in setting up a crime laboratory and with promoting traffic safety and careful investigation of fatal traffic accidents.

Dr. Belinky was presented a check for \$500 by Michael Pope, co-chairman of the testimonial committee. In turn, Dr. Belinky presented the check to Dr. Howard W. Jones, president of Youngstown University, for the creation of a reference library on forensic medicine.

In a short talk, Dr. Belinky praised his assistants and law enforcement officials in the area who have cooperated with the coroner's office in the past.

The dinner was held at the Mural Room on Sunday, Feb. 19. Chairmen were Michael Pope, Dominic Rimedio and Stan Goldich.

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FOR SIGNIFICANT ANABOLIC GAINS IN: ASTHENIA (UNDER-WEIGHT, ANOREXIA, LACK OF VIGOR); CONVALESCENCE FROM SURGERY OR SEVERE INFECTIONS; WASTING DISEASES; BURNS; FRACTURES; OSTEOPOROSIS; AND IN OTHER CATABOLIC STATES

■ PROMOTES AND MAINTAINS POSITIVE NITROGEN BALANCE ■ HELPS RESTORE APPETITE, STRENGTH, AND VIGOR ■ BUILDS FIRM, LEAN MUSCULAR TISSUE ■ FAVORABLY INFLUENCES CALCIUM AND PHOSPHORUS METABOLISM ■ PROMOTES A SENSE OF WELL-BEING

ADROYD PROVIDES HIGH ANABOLIC ACTIVITY—The tissue-building potential of ADROYD exceeds its androgenic action to the extent that masculinizing effects are not usually a problem in clinical use at recommended dosage levels.* Other advantages of ADROYD are: Neither estrogenic nor progestational. No significant fluid retention. Apparent freedom from nausea, vomiting, and other gastrointestinal disturbances. Effective by the oral route.

Supplied: 10-mg. scored tablets, bottles of 30. *Reports to Department of Clinical Investigation, Parke, Davis & Company, 1958 and 1959.

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ADROYD (oxymetholone, Parke-Davis), 17 beta-hydroxy-2-hydroxymethylene-17-alpha-methyl-3-androstanone, 10-mg. grooved tablets. *Indications:* Negative nitrogen balance as in asthenia, carcinomatosis (except prostatic carcinoma), chronic diseases (osteoporosis, tuberculosis, sprue, Still's disease), following surgery, severe infections, severe burns, and fractures, also preoperatively, especially in debilitated patients, and to stimulate appetite and weight gain in the underweight. *Dosage:* Orally, before or with meals, for 10 to 20 days, up to six months if necessary but generally not over 90 days. Adults—15 mg. daily, adjusted to 10 to 30 mg. as indicated. Prepubertal children—5 to 10 mg. daily; older children, adult dose. *Precaution:* Because ADROYD retains some androgenicity, it shares with all androgens the tendency to salt retention. Use with caution in presence of cardiac disease and hepatic damage. Contraindicated in prostatic carcinoma, nephritis, and nephrosis. Liver function tests are useful in following hepatic function during therapy. Observe the young and preadolescent for possible masculinization.



with *Tilden...*

Get Your Annual Check-up

March 18

K. E. Camp
P. A. Dobson
R. W. Fenton
J. E. Allgood

March 19

J. M. Russell

March 22

F. A. Friedrich

March 24

H. E. Mathay
R. Roland

March 29

C. J. Fisher

March 31

P. B. Cestone
T. A. Lander

April 2

S. Franklin

April 5

L. Bloomberg

April 7

J. C. Hall

April 9

W. L. Mutschmann

April 10

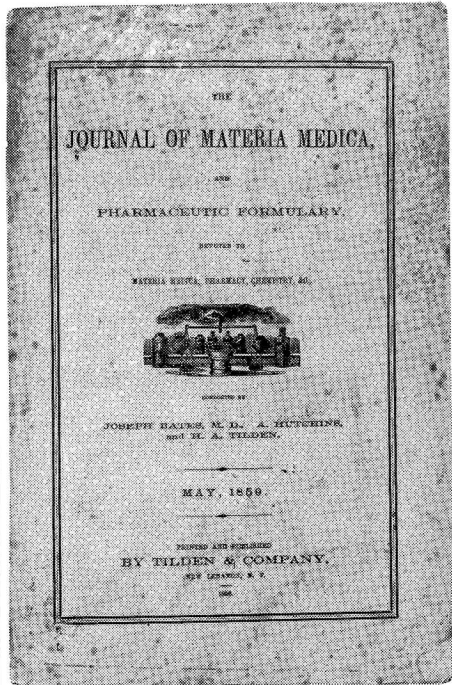
R. R. Miller

April 13

R. J. Heaver

April 15

J. E. Might



**FRONTISPIECE OF THE
FIRST MATERIA MEDICA.**

Printed in the U.S.A. by the Tilden Company, the oldest pharmaceutical manufacturing house in America, founded in 1824. (A reproduction of this antiquity for your personal library is available on request.)

*A 137 year old tradition
To provide the reliable pharmaceuticals
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SULTUSSIN[®] *for respiratory infections*

A triple sulfa formula with antihistamines, bronchodilator and expectorant for the patient's total management. Usage: alone, or as adjunctive therapy following a course of antibiotics, or to prevent secondary bacterial invasion in virus infections.

FORMULA	ADVANTAGE
Sulfadiazine Sulfamerazine Sulfamethazine	These are the sulfonamides of choice against gram-negative and gram-positive pathogens invading the nasopharynx, trachea and lungs.
Pyrilamine Maleate Phenyltoloxamine Dihydrogen Citrate	These proven antihistamines provide relief of allergic manifestations, thus minimizing the risk of side effects encountered with single preparations of comparable potency.
Glyceril Guaiacolate	This time tested expectorant of choice, has prolonged pharmacological action on secretion production "for that hacking dry cough."
Ephedrine Sulfate	This bronchodilator potentiated by the antihistamines provides the much needed symptomatic relief of bronchial spasm, congestion, dyspnea, and wheezing.

DOSAGE: Children—1 teaspoonful or 2 tablets every 4 hours, or in accordance with body weight.
Adults—2 teaspoonfuls or 4 tablets every 4 hours, or as determined by the physician.

FORMULA: Sultussin Liquid
Each teaspoonful (5 cc.) provides:

Sulfadiazine	0.166 Gm.
Sulfamerazine	0.166 Gm.
Sulfamethazine	0.166 Gm.
Pyrilamine Maleate	6.25 mg.
Phenyltoloxamine Dihydrogen Citrate	6.25 mg.
Glyceril Guaiacolate	50.0 mg.
Ephedrine Sulfate	5.0 mg.

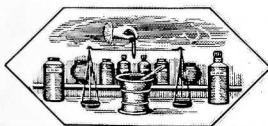
FORMULA: Sultussin Tablets
Each tablet provides:

Sulfadiazine	0.083 Gm.
Sulfamerazine	0.083 Gm.
Sulfamethazine	0.083 Gm.
Pyrilamine Maleate	3.125 mg.
Phenyltoloxamine Dihydrogen Citrate	3.125 mg.
Glyceril Guaiacolate	25.0 mg.
Ephedrine Sulfate	2.5 mg.

WARNING: Constantly supervise patient, as with all sulfonamides, and prescribe high fluid intake. Antihistamines may cause drowsiness or other side effects in susceptible individuals. Patients should not drive a car or operate dangerous machinery while taking this preparation. Ephedrine sulfate should be used with caution in the presence of cardiac disease, hypertension or hyperthyroidism.

CAUTION: Federal law prohibits dispensing without prescription.

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FROM THE BULLETIN Twenty Years Ago—March, 1941

President Walker urged the members to protect against the increasing tendency of government to invade the field of medical practice. Having failed to foist a complete system of state medicine on us en masse through the Wagner Health Bill he noted that government strategy had changed to a gradual encroachment made in the name of defense, social security and humanitarianism.

The District of Columbia Medical Society, the AMA and some prominent individual physicians were on trial before federal court in the District of Columbia charged with violation of the Sherman anti-trust laws. They had refused admission to the Medical Society of doctors who were employed in a panel health plan for government employees, thus interfering with their hospital privileges. The trial was of great interest at the time and the outcome humiliating. More about that later.

Meanwhile our doctors were spending their precious morning hours examining draftees for the government for free. Council passed a resolution: That it shall be the accepted duty of all members . . . that they shall contribute their part in doing this work as shall be presented by the Committee on Medical Preparedness.

The influenza epidemic was going strong. Sulfanilamide was ineffective regardless of the degree of severity but it was recommended that in patients over 50 years of age with evidence of atypical pneumonia, sulfathiazole should be given in full therapeutic doses for a trial period of 48 hours. Anti-phlogistine was still a popular remedy for local application to the chest and there was a full page advertisement of it in the Bulletin. It contained glycerine, iodine, boric acid, salicylic acid, oil of wintergreen, oil of peppermint, oil of eucalyptus and kaolin.

Dr. Sidney L. Davidow became a member of the society. Doctors were sending medical supplies and money to help England and the new Lend-Lease Act was passed by Congress.

Ten Years Ago—March, 1951

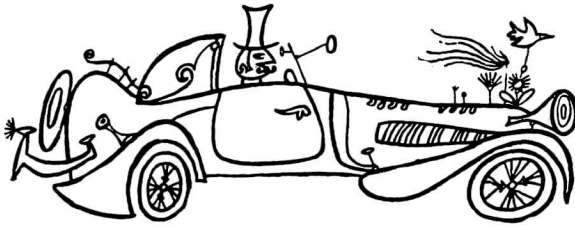
Medical Society dues including the O. S. M. A. were \$50.00. Dues for membership in the AMA were \$25.00.

The Walter F. Bartz Post of the American Legion contributed to the building funds of both St. Elizabeth's and the Youngstown Hospital. Dr. Richard V. Clifford was elected post commander and Asher Randell vice-commander. Other officers were Nathan Belinky, Arthur Rappoport and Raymond Hall. The post was named for Dr. Walter Bartz who was lost at sea when the ship transporting him as a prisoner from the Philippines to Japan was torpedoed and sunk by a U. S. submarine. Dr. Belinky was also captured in the Philippines and taken to Japan where he spent the rest of the war in a prisoner's camp.

Dr. W. K. Allsop retired as president of the Youngstown Hospital Staff, turning over the gavel to Gordon Nelson. Dr. W. H. Evans presided at the meeting of St. Elizabeth's Hospital Staff where Dr. J. J. McDonough gave a report on Cancer Detection Clinics. He said that screening of the entire population in the clinics was desirable but not possible and recommended that every physician's office should become a cancer detection center.

Dr. C. A. Gustafson had a leading article on "Care of the Aged." He said that the illnesses of the aged are long, lingering and costly. Old age pensions and social security are totally inadequate. General hospitals, the receiving hospitals and the State Mental Hospital are crowded with the aged who occupy beds needed for acute cases. He urged expansion of the medical

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facilities for care of the aged sick at the County Home to relieve the crowding at the local hospitals.

The T. B. Sanitarium admitted 164 cases during the year and discharged 168. There were 44 deaths. At the Receiving Hospital there were 906 admissions and 862 discharged, 72.2% of them improved. There were 10 deaths.

Dr. Raymond Scheetz wrote about the radiation hazard in shoe-fitting fluoroscopes.

New members that month were Fred Schlecht, Robert S. Donely, Frederick A. Resch and Paxton L. Jones.

—J. L. Fisher, M.D.

IS IT TAX DEDUCTIBLE?

Is my insurance premium deductible from my income tax? It depends on circumstances. For a comprehensive answer to this question, refer to page 93 of the March 1960 issue of the Bulletin. This contains a reprint of the brochure, "Resume of Tax Status of Accident and Sickness Insurance," prepared by Stillson and Donahay Agency.

If you do not have the March copy of the Bulletin, write to Mr. Lamar Donahay, 2400 Market St., for a copy of the brochure. This will be of definite help to your auditor.

BOARD OF HEALTH BULLETIN—CITY OF YOUNGSTOWN REPORT FOR JANUARY, 1961

	Resident		Non-Resident		Total
	M.	F.	M.	F.	
Births	104	87	78	94	363
Deaths	90	66	59	48	263
Infant Deaths	9	4	5	—	18

JANUARY, 1960

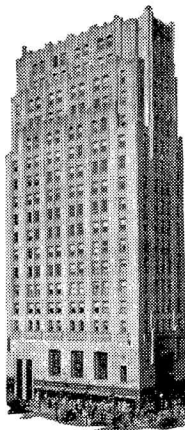
Births	47	58	29	34	168
Deaths	98	70	68	42	278
Infant Deaths	5	3	5	3	16

CONTAGIOUS DISEASES

	January, 1961		January, 1960	
	Cases	Deaths	Cases	Deaths
Chicken Pox	110	0	61	0
Diphtheria	0	0	0	0
Measles	93	0	11	0
Mumps	11	0	98	0
Scarlet Fever	10	0	7	0
Tuberculosis	9	0	6	2
Typhoid	0	0	1	0
Whooping Cough	0	0	2	0
Infectious Hepatitis	2	0	0	0
Rheumatic Fever	4	0	4	0

VENEREAL DISEASES

	Male	Female	Total
New Cases			
Syphilis	2	3	5
Gonorrhoea	11	6	17
Total Patients			22
Total Visitor (Patients) to Clinic			144



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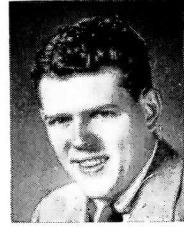


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I goofed, but good. I neglected to put in the last Wife Line about the style show featured as our February program. But I hope you saw the publicity in the Vindicator, put in early so the date could be planned for.

Bess Lowendorf, with Camilla Geordan as her program co-chairman, has been busy since last summer to make this the best yet. The many details were also attended to by social chairman Tillie Kupec and co-chairman Irene Randall.

The able committee was composed of Dee Benko, Jo Gambrel, Deloris Gasser, Estelle Kravec, Marjorie Mermis, Caroline Ranz, Clarita Raupple, and Eve Reese.

If you have not already done so, may I suggest you read The Proceedings of Council in the February issue of the Bulletin. We have some very nice husbands.

Carol Cook reports that as yet she has not received any calls about AMEF. Our state president, Mrs. George Hardin, has suggested that perhaps your husband would like to donate in your honor.

I am having trouble thinking of the best way to write about the March meeting. Health Careers has received a great deal of attention during the past year. The work involved can only be appreciated by those actually engaged in it, but it seems tremendous to me. Notebooks giving complete details concerning five different careers in the field of health were prepared, displayed at the Canfield Fair last September, and are now being circulated in the high schools.

On March 21, at 3:30, 200 invited students will gather at either South Side Hospital in the auditorium or the Nurses Home basement at North Side. The students, representing 24 high schools, will be taken on guided tours through the departments of particular interest to them.

At the conclusion of the tours, the students will return for a coke party and a chance to discuss their problems with the various department heads. Mr. Gerald L. O'Hara, assistant administrator of Youngstown Hospital Association, has handled the details involving the hospitals.

Chairmen for the day are Jo Gambrel and Nancy Hutt. Committee members working with Jo at South Side Hospital are Carol Cook, Juanita Gillis, Belva Hardin, Edith LaManna, Eleanor Rappoport, and Jean Tornello. Helping Nancy at North Side Hospital are Kathryn Herald, Beulah Mae Inui, Eleanor Katz, Marion Peabody, Eleanor Smith, and Kathleen Stotler.

This is truly a worthwhile community service and deserves the support of us all.

—Shirley Caccamo, Publicity Chairman

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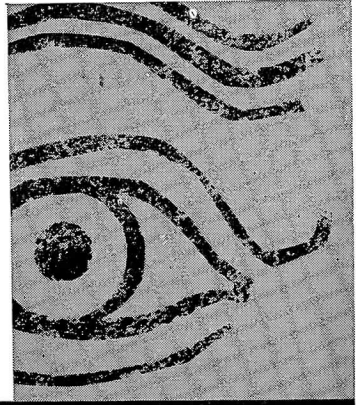
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## SOCIAL NEWS—YOUNGSTOWN HOSPITAL



Dr. Patrick H. Kennedy has announced his retirement as head of the medical department of the Youngstown Sheet and Tube Company. The effective date is April 1st, 1961. He is to be succeeded by Dr. Paul E. Longaker who comes from The American Steel and Wire at Joliet, Illinois. To Dr. Kennedy we say, "We wish you health and happiness in your retirement." To Dr. Longaker we say, "Welcome."

Drs. Louis Bloomberg and Frederic D'Amato attended the meetings of the American College of Surgeons at Mexico City, Mexico. They both gave lectures before the Pan American Doctors Club on the general subject of Eye Findings in Systemic Diseases. They also went fishing in Acapulco. Dr. Bloomberg caught a 116 lb. sailfish. Not to be outdone Dr. D'Amato caught a 118 pound sailfish.

Dr. and Mrs. John Rogers spent several weeks at Pinehurst, N. C. On the way home they stopped in Charlottesville, Va. to visit their son, James, a student at the University of Virginia.

Dr. Frank Inui gave a lecture at the February 21st meeting of the Practical Nurse Association of Ohio, Division 3. He lectured on "Vascular Surgery."

Ogleby Park Lodge in Wheeling, W. Va. is a favorite place for many of our staff. Dr. and Mrs. William Geordan recently spent a week-end there.

A gala testimonial affair was held in the Mural Ballroom on February 19th. Over 500 persons attended. A gift of a check was given to Dr. Belinky who in turn gave it to Dr. Jones for The Youngstown University Library.

Dr. Paxton Lane Jones was elected president of the Cotillion Dance Club.

Youngstown Hospital was well represented at the recent refresher course at Bunts Education Institute of Cleveland Clinic. The following attended: Drs. F. A. Friedrich, Robert Fisher, William Young, James Gordon, Samuel Epstien, Herman Ipp, Jack Schreiber and Guy A. Parillo.

## SOCIAL NEWS — ST. ELIZABETH HOSPITAL

Dr. John McDonough did his usual outstanding job as master of ceremonies at the Grippers ceremony honoring Dr. Teitelbaum.

Dr. John Stotler was honored with a plaque from the Chesterton Club at their annual installation dinner on the 5th of February.

Paul Mahar, Jr., is completing his premedical course at Notre Dame and is starting medical school at Ohio State in September.

We understand Dr. A. K. Phillips was stuck in the snow in New York. He must really appreciate the Youngstown weather now.

Judy Wasilko is enjoying her first year at Northwestern U

—G. L. Altman, M.D.



## 65 PLAN WINS TOP HONORS

Ohio Medical Indemnity (Blue Shield) was awarded first prize at the Annual Convention of Blue Cross-Blue Shield Plans held in Dallas last fall. The award was given as a result of the Ohio 65-year-old campaign and was based on quality, completeness of advertising, public relations impact and the success of the campaign.

Mr. Coghlan, executive vice president of O.M.I., received a special award for his achievements in the field of public relations.

## ORDINARY LIFE OPTION NOW AVAILABLE IN OSMA GROUP PLAN

A Group Ordinary Life Insurance Option will be available May 1, as a part of the Ohio State Medical Association Group Life Insurance Plan. This new option will make permanent insurance with a level premium and cash values available in the Group Plan.

The Group Ordinary will be available *in addition to or in place of* the present plan since Group Ordinary is not restricted by the Ohio Insurance Law on Group Term maximums. It will include disability benefits and additional benefits for death from accidental means.

A member of the Ohio State Medical Association under age 70 may purchase Group Ordinary Life Insurance in the following amounts: up to age 40, \$20,000; ages 40 to 50, \$15,000; ages 50 to 60, \$10,000; and ages 60 to 70, \$5,000.

The Group Ordinary Option will be issued to any member subject to a short health statement. Or, an insured member *may convert a like amount* of his present Group Term to Group Ordinary without evidence of insurability. All new Association members may apply for either the Group Ordinary or the basic Group Term plan regardless of health if they apply within 90 days after becoming a member.

The Group Term Plan continues to show a steady growth with excellent participation by Association members. The current dividends have resulted in an unusually low cost protection plan for insured members. However, many members had expressed a desire that the Group Plan be broadened to provide permanent insurance for physicians who wish a level premium plan. Now each member may apply for the plan which best fits his insurance program and still have the advantage of low group rates.

Complete details will be mailed to all Association members on March 15 from Turner and Shepard, Inc., Administrator of the Plan. They will also answer any questions you have about the plan.

## NEW TRUMBULL EXECUTIVE SECRETARY

The Trumbull County Medical Society now has an executive secretary, Mrs. Kay Ticknor, who assumed her duties on Jan. 1, 1961. The executive office of the society is located at 318 North Park Ave. in Warren.

## SEND IN LEGAL COMPLAINTS

Dr. Sidney Franklin, chairman of the Medical-Legal Committee, announces that a joint meeting of the physicians and lawyers is being planned, and requests that the doctors send to him any complaints or criticisms that they might have concerning conduct of lawyers. The Bar Association is being asked to do the same in regard to physicians.

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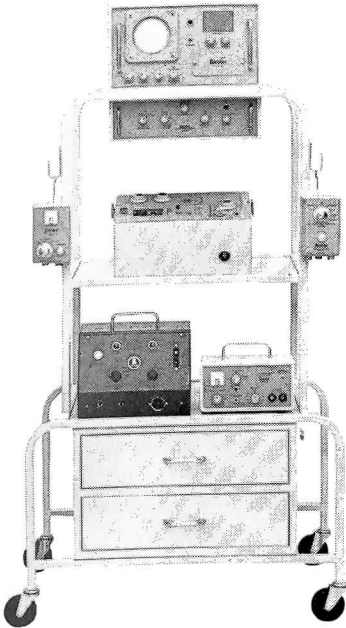
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## PROCEEDINGS OF COUNCIL

February 28, 1961

(Summary)

The following applications were approved:

## ASSOCIATE MEMBERSHIP

Eamund Anthony Massullo, 908 Central Tower Bldg., Youngstown  
Joseph Mersol, 1813 Glenwood Ave., Youngstown

## INTERN-RESIDENT MEMBERSHIP

Jack Paston, Youngstown Hospital

Dr. Werbner introduced a change in the fee schedule of the Child Guidance Center. The change was approved.

Dr. Metcalf reported on the organization and charter meetings of the Society of Medical Assistants. The report was approved by council. A copy of the constitution is to be sent to the membership.

Non-resident members will be asked to pay the cost of their dinners at future meetings, inasmuch as it is not covered in their dues.

A new Blue Cross-Blue Shield group allowing coverage of dependents up to the age of 23 will be presented to the entire society for discussion.

A salary raise of \$50 a month for the executive secretary was approved.

(Editor's note—Due to the fact that council meeting was held so late in the month, it is presented in summary form in order to include it in this issue.)

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 ECONOMICS COMMITTEE SELECTED

Three members of the society have been named to the newly formed Economics Committee. Dr. Asher Randell, Dr. F. L. Schellhase, and Dr. A. V. Whittaker were appointed to the committee by the Board of Censors. The other three members of the committee are the censors, Dr. F. G. Schlecht, Dr. A. K. Phillips, and Dr. C. W. Stertzbach.

The function of the committee is "to process and study alleged fee excesses and to attempt a settlement by arbitration."

---

 NEWS

Attending the regional meeting of the American College of Physicians recently in Pittsburgh were Drs. M. S. Rosenblum, Loeser, Calvin, Goudsmit, Ipp, Baumblatt, Harshey, Gaylord, Harvey, Fenton, Caccamo, and Yarmy.

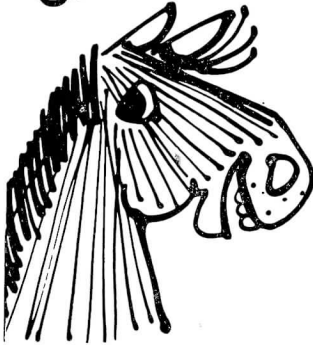
\* \* \* \* \*

Sidney Franklin, M.D., LL.B., just returned from New York City, where he addressed a Medicolegal Institute jointly sponsored by The American Board of Legal Medicine and the New York Women's Bar Association at the Astor Hotel, on the subject "Medicolegal View of Total and Partial Disability."

**FOR RENT:** Medical office space; two examination rooms, private office, laboratory and business office. Previous physician retired from practice. New building being erected within one year with space for two physicians. The physician may thus plan his own office in new suburban area. Interested parties write: **Dr. Dale Dixon, 27 Main St., Struthers, Ohio.**



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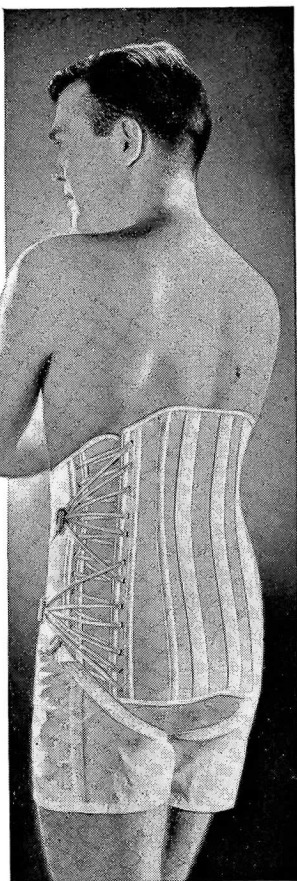
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