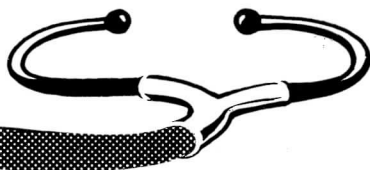


BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY



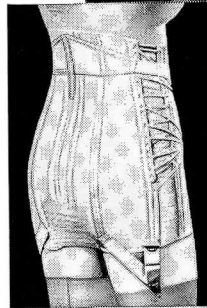
MAY, 1961 • Volume XXXI, No. 5
YOUNGSTOWN, OHIO

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MAY MEETING

Tuesday, May 16, 1961

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SPEAKER

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Director, Communications
Division (Public Relations)
American Medical Association

SUBJECT

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JUNE MEETING

Tuesday, June 20, 1961

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Our President Speaks

OUR ROLE IN THE ASSOCIATION'S WORK

An active and informed membership begins with our County Medical Society, for the AMA is only as strong, only as progressive, only as active as the sum total of its component county societies. It is through our county medical society that we have our vote in organized medicine. It is through our society that the medical profession can make itself felt as a group in our community life. Our role in organized medicine begins with the county society.

It is equally important in this complex age that we be active in and informed about state and national medical affairs as well. Then only will we benefit fully from the many services of our association.

Financial Support is certainly a necessity in order to continue its many services. Compared to the dues received, and the services rendered by other national organizations, we are getting a **bargain**. This is particularly true when it is remembered that for the first 100 years, the AMA received no membership dues at all.

Loyalty — We are the American Medical Association. We share in its prestige and in its strength. We also must bear a share of the criticism it receives. Our association asks from its members the loyalty to refrain from attacking it **without knowledge**; the loyalty of **working from within** to effect change rather than **throwing rocks from without**; the kind of loyalty that will make a member accept criticism of the AMA as criticism of ourselves, and if the criticism is unjustified, defend our association, or, if it is justified, take steps to correct the situation.

—A. K. Phillips, M.D.
President

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Volume 31**May, 1961****Number 5**

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

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EDITORIAL**"WHEN MATURITY?"**

The following material taken from the magazine, TARTAN, published by the Minnesota Mining and Manufacturing Company of St. Paul, Minnesota, appeared to be so pertinent and important for this time of the year that I thought it worth reprinting in full.

I requested permission of Lorraine F. Hartmann, editor of the above-mentioned magazine, to allow me to reprint this. She replied that the company was happy to grant this request.

It points up clearly one of the most serious problems facing America today. Is this highway No. 1 to a socialistic state? The editorial goes as follows:

Remember the story of the boy who lifted his pet calf once every day? As the calf grew in size, so the boy grew in strength. Eventually, when the animal was full grown, the boy amazed his neighbors by lifting it off its feet.

Unlikely as the feat may be, the story has a parallel.

Mr. U. S. Taxpayer is like the boy, in some respects. His program of shouldering the tax burden over the years is similar to the boy's program of lifting his calf each day.

In 1940, taxpayers "lifted" a per capita tax burden of \$109—federal, state and local taxes. By 1950, this burden had gradually grown to \$369 per capita. In 1960, the "calf" represented a \$715 per capita tax burden.

What's it going to be in 1970? Will Mr. Taxpayer be able to lift his "calf"? It looks as if he's going to have a tough time keeping up with the boy in the story, because the tax "calf" has a voracious appetite for the fodder of accelerated government spending—and in spite of its enormous growth, it shows no sign of reaching maturity.

The regrettable aspect is that it's Mr. Taxpayer's demands for more government services that keep the "calf" growing—and the more it grows, the more difficult it is for him to lift.

The answer, of course, is for Mr. Taxpayer to call a halt to the "animal's" growth by curtailing requests for more and more government. He must go a

step beyond that and demand that deficit government spending be stopped. In the economics of private life, when the purse is empty, spending is curtailed. Government could well examine the wisdom of this time-honored principle.

As long as government continues to spend more money than it collects in taxes—and borrows to make up the difference—inflationary pressures will continue. This “calf” will continue to grow, unlike the boy’s animal, which ultimately reached its full growth.

Government borrowing today, in the hope that payment can be made more easily tomorrow with inflated dollars, is financially unsound. It encourages the spiral of inflation, which feeds on itself. Like a habit-forming drug—the longer you take it, the more you need it and the harder the habit is to cure.

It’s time to decide whether the “calf” of per capita tax burden has reached maturity. Only the Mr. and Mrs. Taxpayers across the nation can make that decision, and through their representatives in government bring their convictions to bear upon the nation’s economic future.”

BOARD OF HEALTH BULLETIN — CITY OF YOUNGSTOWN

REPORT FOR MARCH, 1961

	<i>Resident</i>		<i>Non-Resident</i>		<i>Total</i>
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
Births	129	127	147	141	544
Deaths	88	68	57	37	250
Infant Deaths	2	3	8	4	17
March, 1960					
Births	135	124	149	136	544
Deaths	76	81	58	39	254
Infant Deaths	5	2	3	5	15

	<i>March, 1961</i>		<i>March, 1960</i>	
	<i>Cases</i>	<i>Deaths</i>	<i>Cases</i>	<i>Deaths</i>
Chicken Pox	221	0	109	0
Diphtheria	0	0	0	0
Measles	685	0	3	0
Mumps	11	0	164	0
Polio	0	0	0	0
Scarlet Fever	46	0	14	0
Tuberculosis	12	4	14	0
Whooping Cough	0	0	2	0
Gonorrhoea	18	0	29	0
Syphilis	6	0	5	0
Rheumatic Fever	5	0	6	0
Infectious Hepatitis	3	0	3	0

VENEREAL DISEASES

	<i>Male</i>	<i>Female</i>	<i>Total</i>
<i>New Patients</i>			
Syphilis	1	1	
Gonorrhoea	8	6	16
Total Patients			16
Total Visits (Patients) to Clinic			118

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QUESTIONS ON A MODEST PROPOSAL

When a man comes promising to do good for little children and to ease the sorrows of age, anyone who questions him is bound to sound a little like a skinflint who would take candy from babies and push his grandmother out in the cold.

If you think not so, watch what is going to happen to those in Congress bold enough to raise questions about President Kennedy's proposals to meet the "urgent needs" of the nation's children and the "haunting fears" of old age that beset the rest of us. Against the emotional wind blown by such imagery, reason is a feeble reed.

Yet somebody had better ask the questions. It is not merely that hidden beneath the tinsel there are a good many prickly nettles; the promise itself is not at all what it seems. For that promise is not simply that society will try to improve its way of taking care of its indigent and helpless, with which aim no man would quarrel; but rather that by this program the Government is going to improve the medical care of all the people. That promise, it seems to us, is pure deceit.

It is going to take some very probing questions even to uncover the tangible nettles tucked away in this program. Off-hand, we can recall no program of such magnitude ever being submitted to Congress without a single line in the President's message as to what its cost will be, now or ultimately.

There are, to be sure, some figures given on what the Government says it is going to tax the people initially but even they are not exactly what they seem.

The President speaks of raising Social Security taxes by only one-quarter of one per cent and of lifting the base of this tax to the first \$5,000 of income, a seemingly trivial price to pay for such wonderful benefits. But this quarter of one per cent is pyramided; under present law Social Security taxes are already scheduled to go to 3½ per cent for every wage-earner in 1963; to 4 per cent in 1966; to 4½ per cent in 1969. This new proposal is in addition thereto.

And of course in addition to this, there will be an equal amount levied, so the law phrases it, upon the employer, the implication here being that since the employer pays it, it's a gift to the wage earner.

But slice this as you will, it means that upon the paycheck of every man affected there will be a payroll tax of more than 9 per cent—this 9 per cent, mind you, over and above all income taxes, where the lowest rate already is 20 per cent.

But if this in itself is no trivial sum, it still offers only a glimpse at the actual cost of this program. It was not without reason that this question was lightly passed over in the President's message. Nobody knows. And the way this program is proposed, nobody can possibly know—neither the President, nor Congress, nor you who are going to pay for it.

Consider: The proposal is that after an initial deduction, which must not be less than \$20, the Government will pay "all costs" for up to ninety days in the hospital "for a single spell of illness," or "all costs" of nursing home facilities for 180 days. "All costs" in excess of \$20 for out-patient diagnostic services. With such an unlimited commitment it is no wonder that Government statisticians haven't yet come up with a cost figure.

Not even the Administration pretends the cost will be covered by the \$1.5 billion which is supposed to be raised by the "extra" Social Security tax. And whatever that mysterious figure is now, it, too, is only a beginning.

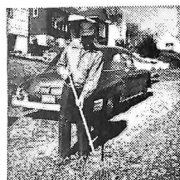
without steroids this arthritic miner might still be spoon-fed

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

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Already the age of the proposed beneficiaries has dropped from 68 to 65 in a bare six months; the period of benefits has been extended from earlier proposals; and some new benefits have been added. What would happen to the program, once started, is incalculable.

But if you want to get some idea of the upper reaches of this commitment which the Government would now undertake, you can do a little arithmetic with the President's own figures. He says there are 16 million people over 65. Half of them have medical costs of \$700 or more a year. There is a liability here of over \$5 billion, just counting the half with major medical problems.

But enough of these nettles. There is no use in even trying to grapple with the limitless cost-increases that lie in future changes in the law, or what this wholesale "send-the-bill-to-the-Government" program will do to future costs. No one can guess at the effect on hospitals from overcrowding when the Government pays most of the bill.

For the costs are not the only thing that tarnish the bright promises, although these are staggering sums for the whole country to pay in order to take care of the few truly needy.

The President assures one and all that this "very modest proposal" is not "socialized medicine." It is not being paid for by the general taxpayer, he says; only by employers and employees, as if the taxpayers were somebody else. And it is not, so we are told, going to touch the private medical system of the country.

Yet here is a measure for the Government to take over the responsibility of medical care for all of us in age, indigent and self-reliant alike. We would have no choice in the matter. So doing, Government takes on the responsibility to see that the money is spent as public funds; it cannot in duty pay out public funds to just any doctor or to just any hospital. Nor will it; the medical facilities for which Government pays Government funds must meet Government standards, and those standards may be medical, financial, social or whatever the Government would make them.

To pretend that this will not alter, in a deep and fundamental way, the health and medical system of the country is specious. We have no doubt that the few and needy will get better medical care than before. But the price of providing for the needy in this way is not to be measured only in billions of dollars, however many of them there may be, but in what the great apparatus of Government will do to the medical care of all the rest of the people in a country which has achieved — without Government — the highest medical standards of any country in the world.

If this is not socialized medicine, it is nothing. And the President himself promises that this modest program for old people is not an end but a beginning — a "foundation on which to build."

Somebody had better ask questions about what it is that is being built.

—Reprinted from *The Wall Street Journal*, Feb. 13, 1961

PHYSICIANS AND ATTORNEYS MEET

The Second Annual Interprofessional meeting of members of the Mahoning County Medical Society and the Mahoning County Bar Association was held on Wednesday, May 3, at the Mural Room.

A panel of physicians and attorneys discussed problems between the medical and legal professions. Moderator was Dr. Sidney Franklin. Members of the panel were Attorneys Peter B. Betras, Jay C. Brownlee and Charles P. Henderson, and Doctors Louis Bloomberg, Jack Schreiber and Robert L. Tonnello.

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Dr. Frederick Coombs and Dr. Robert L. Jenkins recently attended a seminar on endocrinology at the University of Virginia.

Dr. Harold Reese was in Columbus at the District 3 of the University of Michigan Alumni Association.

Dr. Charles Whitten and his family vacationed at the Port St. Lucie Country Club at Port St. Lucie on the St. Lucie River in Florida. Dr. Whitten feels it is an ideal family vacation.

Dr. Wayne Hardin has been named president of the Colony Club. New members include Dr. and Mrs. Robert R. Fisher, Dr. and Mrs. L. O. Gregg and Dr. and Mrs. William H. Gross.

Dr. and Mrs. John Noll have returned home after a vacation at Scottsdale, Arizona.

Dr. Lester Gregg spent part of a week playing golf in North Carolina and returned relaxed and tanned.

Dr. and Mrs. Robert Fisher recently spent a few days at Ashland, Ky.

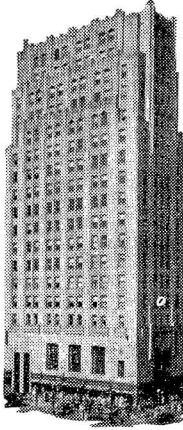
Dr. William Charlebois, Dr. Chester Lowendorf and Dr. H. Marcella attended the Ohio State Orthopedic Society meeting in Springfield, Ohio, April 14th.

David Randall, son of Dr. Asher Randall, came in quite high in the state debating contest.

Dr. Edmund A. Massullo recently returned to Youngstown after six years during which time he was a fellow in cardiovascular surgery associated with Dr. Charles Hufnagel at Georgetown University. He also completed three years in the USAF serving as chief and assistant chief thoracic and cardiovascular surgery in the Air Forces Thoracic Surgical Center at Sampson and Parks Air Force Base. He was discharged in California and was associated with Dr. Alan Gathright in peripheral vascular surgery in Oakland, California prior to returning to Youngstown. Dr. Massullo, a native of Youngstown and a graduate of St. Louis University Medical School in 1947 had his internship and general surgical residency at St. Elizabeth. He is now on the staff at St. E's serving as the associate director of cardiovascular surgery. Dr. Massullo will be a part of the team headed by himself and Dr. Angelo Riberi to do open-heart surgery at St. E's in the near future. He has opened offices at the Central Tower Building with practice limited to thoracic and cardiovascular surgery.

Dr. and Mrs. A. Earl Brant had a two-months "vacation." They visited with their daughter and her husband, Mr. and Mrs. W. King Stewart, in San Francisco. Mrs. Stewart is a graduate of Youngstown Hospital and Mr. Stewart is the son of the late Dr. Walter King Stewart of Youngstown. The Brants returned home on a freighter via the Panama Canal to New York. They visited in New York with their son, Dr. E. E. Brant.

Wedding Bells: Dr. and Mrs. J. Allan Altdoerffer announced the marriage of their daughter to William Monroe, Jr., of McDonald, Ohio. Dr. Robert



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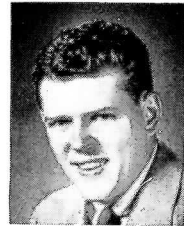
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L. Gilliland, an interne at St. Elizabeth's, was married on April 15th to Miss Angela Sandra Martin of Boardman. The wedding of Miss Carol Lee Wagner, daughter of Dr. and Mrs. Charles F. Wagner, and Thomas Edward Willson, Jr., of South Orange, N. J., was solemnized on April 1st at Austintown Community Church.

*Appointments:* Dr. John Rogers has been named to the executive committee of the Ohio State Heart Association. Dr. Charles W. Stertzbach has been appointed to the Medical Advisory Committee of the Ohio Aid for the Aged Division.

*New Listings in Directory of Medical Specialists published by Marquis—Who's Who, Inc., of Chicago:* Dr. Herman L. Allan and Dr. Ching-Chi Chen, anaesthesiologists; Dr. Ben Conrad Berg, Jr., and Dr. Sanford R. Weiss, radiologists; Dr. Harry W. Haverland, pathologist; Dr. Robert L. Jenkins, internal medicine; Dr. Irving Berke, obstetrics and gynecology; Dr. A. William Geordan, urologist; Dr. James R. Sofranec and Dr. Jack Malkoff, otolaryngology; Dr. Hendrik J. W. Marcella, orthopedic surgeon; Dr. John Jacob Turner, surgeon; and Dr. Charles A. Whitten, Sr., neurological surgeon.

*Moving Day:* Dr. Armin Y. Banez has moved his office to 2911 Northview Blvd.

Dr. and Mrs. Craig Wales had a coast line voyage along the Intercoastal Waterway from Florida.

*Births:* Congratulations to Dr. and Mrs. Richard Roland — a son on April 16th, their third child.

*Convention:* O.S.M.A. was well represented by M.C.M.S. Delegates attending were Drs. G. E. DeCicco, Paul Mahar, Asher Randell and R. R. Fisher. On the program Drs. William J. Flynn and Arthur Rappoport. Others attending were Drs. Goudsmit, Goodwin, Gustafson, I. Smith, Stertzbach, W. Evans, Schreiber, Firestone, Taylor, M. Rosenblum, Caccamo, Rogers, Brandmiller, Inui, Parry and Metcalf. Mr. Howard Rempes was a "delegate ex-officio." He is truly our man Friday.

American College of Allergists meeting in Dallas, Texas: Drs. R. M. Kiskaddon and C. K. Walter.

Annual Congress of Allergists: Drs. R. M. Kiskaddon, C. K. Walter, S. Zoss, A. Cukerbaum and W. Evans.

Our sympathies are extended to Dr. and Mrs. John McDonough in the loss of Mrs. McDonough's mother, Mrs. J. B. Nelson. Mrs. Nelson was the widow of Dr. J. B. Nelson, a former member of the M.C.M.S. who died in 1938.

—G. L. A.

—G. E. D.

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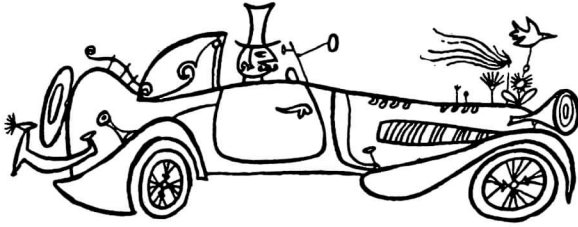
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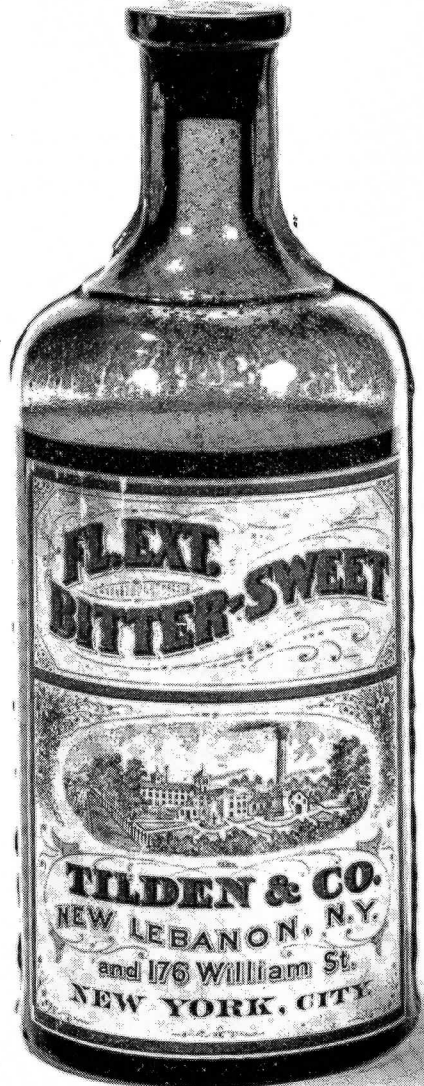
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| <b>May 22</b><br>V. C. Hart                                       |                                                                                           |
| <b>May 23</b><br>M. W. Neidus<br>J. W. Tandatnick<br>W. J. Cleary | <b>June 5</b><br>J. W. Tarnapowicz<br>A. M. Rosenblum                                     |
| <b>May 24</b><br>A. Calder<br>N. D. Nardacci<br>J. J. Wasilko     | <b>June 6</b><br>E. R. Brody<br>E. Shapira<br>R. Cossette                                 |
| <b>May 25</b><br>B. B. Burrowes                                   | <b>June 8</b><br>A. DiDomenico<br>G. G. Nelson                                            |
| <b>May 26</b><br>J. M. Benko                                      | <b>June 9</b><br>W. H. Gross<br>K. C. Kunin<br>J. Noll                                    |
| <b>May 27</b><br>G. B. Pugh                                       |                                                                                           |
| <b>May 28</b><br>H. Segall                                        | <b>June 10</b><br>R. W. Parry                                                             |
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| <b>May 31</b><br>E. E. Alvin<br>J. B. Kupec<br>H. J. Reese        | <b>June 14</b><br>R. R. Fisher<br>L. A. Blum                                              |
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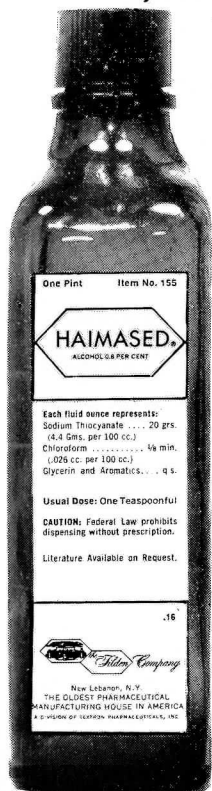
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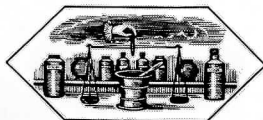
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**FORMULA:** Palatable, stable, easy-to-take fluid. Each 100 cc. of Haimased represents 4.4 Grams (20 grains to the fluid-ounce) of Sodium Thiocyanate; alcohol 0.8% by volume; glycerine and aromatics q.s. No Sugars. **SUPPLIED:** In pint and gallon bottles.

**CONTRAINDICATIONS:** Thiocyanates should not be used in patients with congestive heart failure, easily provoked recurring attacks of angina pectoris, severe debility, nephritis, renal insufficiency, or cerebral damage. The dosage of Haimased should be decreased in the presence of extreme fatigue, vomiting, abdominal cramps, or diarrhea. Administration should be terminated immediately upon manifestation of such symptoms as exfoliative dermatitis, psychosis, and delirium, occurring occasionally with blood levels higher than 12 mg.

**References:** 1. California Medicine 80:375, 1954; 2. Peterson, D. M.: J. Missouri S.M.A. 40:279, 1943; 3. Lindberg, H. A., Treger, N. V., Barker, M. H.: Quarterly Bull., Northwestern Univ. Med. School, Vol. 22, No. 1, 59, 1948; 4. Davis, L.: Postgraduate Med. 9:321, 1951; 5. Goodman and Gilman, The MacMillan Co., New York, 1958.



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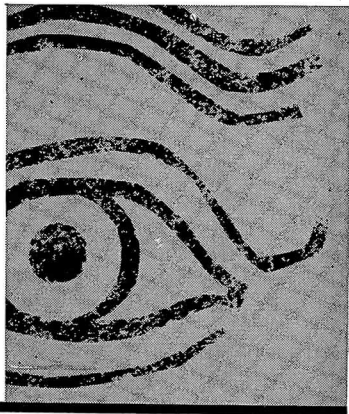
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## APPLICANTS FOR ACTIVE MEMBERSHIP



Dr. Robert Ciekurs was born in Latvia on April 30, 1905. He received his medical education at the University of Riga in Latvia graduating in 1938. He was in general practice in Latvia until 1944 when he went to Germany spending some time in Camp Hanau (near Frankfort) for displaced persons. He then went to the emigration center at Buchbac. The years 1950-52 were spent in Toronto, Ontario, Canada. He came to the United States in 1953 spending the next eight years in the following hospitals in the order named: St. Elizabeth's, Youngstown; North Unit, Youngstown; Trumbull Memorial, Warren; Poly-clinic, Cleveland; and Doctors' Hospital, Cleveland.

He is married to the former Margaret Kolcun of Youngstown and they are the proud parents of two lovely daughters. Much of his earlier days were spent in lands where there was no freedom. It is thus no accident that he is a keen follower of current events and has a fervent desire to be a good American citizen. He has recently moved into a new office at 3134 South Avenue.

\* \* \* \* \*

Dr. Rene Cossette was born in Canada, in Trois-Rivieres in the Province of Quebec, on June 6, 1925. He went to St. Joseph College and received his medical degree at Laval University in Quebec in 1951. Dr. Cossette interned at Quebec Hospital and took his residency in general surgery at St. Elizabeth Hospital. Returning to Canada, he practiced three years in Grandmere, and then came to Youngstown and established an office in the Bel-Park Building a little over a year ago. He is married to the former Mary Jane Kay, a graduate of the St. Elizabeth school of nursing. They are the proud parents of a month-old baby, Michelle, and two older boys, Charles, age 5, and Marc, age 3. As a youth in Canada, Dr. Cossette counted skiing and bowling as his favorite sports. Now, away from the snowy slopes, he has turned to golf and is still a bowler to be reckoned with.



\* \* \* \* \*



Dr. James Edward Might was born in Springfield, Ohio, on April 15, 1927. He was graduated from Wittenberg College receiving his B. A. degree in 1949. He then matriculated at the University of Maryland School of Medicine where he received his M. D. degree in 1953. He served as an interne at Youngstown Hospital. Following this he became a medical resident. Though he had served as an enlisted man in the Navy during World War II he had to interrupt his medical residency to again serve in the Navy as a medical officer.

He is married to the former Ann Taylor of Niles and they are the proud parents of two fine children. He likes to play golf and bowl but somehow he seems to get the scoring reversed, high in golf and low in bowling. Rumors persist that he was a musician in the high school band at Springfield High. His office is in the Wickliffe Medical Center where he specializes in internal medicine.

—G. E. D.

## THIS . . . and . . . THAT

Dr. Frank Gelbman calls our attention to a statement made to the press on the problem of confidentiality as viewed by a psychiatrist. The Executive Committee of the American Psychiatric Association has expressed unanimous approval of the following policy statement of confidentiality in behalf of the American Psychiatric Association. It is as follows:

*"Confidentiality may be defined as an ethical understanding between the physician and the patient that anything the patient tells his doctor will not be divulged to anyone else. The principle has governed physician-patient relationships since time immemorial and is as sound today as ever. In the case of psychiatry, it is absolutely essential to the practice of psychotherapy since, obviously, patients would not reveal their thoughts and feelings if it were not observed.*

*"Confidentiality, however, like freedom, is not quite absolute. The physician, like everyone else, is subject to laws which may, under certain circumstances, require a breach of the rule of confidentiality. Even then, however, there are certain legal procedures which must be scrupulously followed. In addition there is a vaguer area in which the physician must, in the last analysis, turn only to God and his own conscience for guidance as when an act harmful to the patient and society might be committed if strict confidentiality were to be maintained. The rare exception, however, only reinforces the time-honored rule."*

—J. J. McD.

## NEWS

Dr. F. G. Kravec was re-elected secretary of the Ohio Chapter of the American College of Chest Physicians at the annual meeting held in Cincinnati in conjunction with the annual meeting of the Ohio State Medical Association.

## CONSULTATIONS—PART II

In the April issue of the Bulletin, the matter of the consultation was discussed from the standpoint of the responsibilities of the referring physician, and the types of consultation which might be requested. It was suggested that no consultation should be requested without providing the consultant with a specific statement of the problem or problems for which the consultation was needed. Further, it was suggested that a specific type of consultation should be requested to fit the specific situation.

Three types of consultation were proposed: (1) SINGLE VISIT — in which case, the consultant examines the patient in a single visit and gives advice as to diagnosis and or treatment. (2) ADVICE AND CONTINUE — in which case the consultant follows the patient along with the referring physician. (3) ASSUME THE CASE — in which case, the referring physician takes over the patient to give specialized care.

Thus far, I have not received any strong objections to this classification (although I am sure there are some), so I will pursue the matter further, assuming it to be acceptable.

The problem arises as to how to get such a plan universally accepted, so that it is used every time, for it is desirable to have a standard procedure if misunderstandings are to be avoided.

I propose the use of a standard 8½x11" sheet, in triplicate, with carbon backing on sheets (1) and (2). This would provide a copy for the referring physician, the consultant, and the hospital chart, if there be one. A sample might look somewhat as shown.

Tear Along Perforations

Triplicate

CONSULTATION SHEET

From.....  
(Referring Physician)

To.....  
(Consultant)

Regarding M.....  
Patient's name      Age

.....  
Husband or Guardian

.....  
Address

.....

.....

.....

Type of Consultation Requested: (Check one)

- Single Visit
- Advise and Continue
- Assume the Case

1

Information desired: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Consultant's Report: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
M.D.

This sheet could be kept on all floors in the hospital, and in the doctor's offices to be sent with the patient for inter-office consultations. In case of a more involved problem, a letter could be sent along with the form, to implement the information more fully.

Again might I suggest, if you have any arguments or suggestions to donate to this matter, send them along as a letter to the editor.

—R. R. Fisher

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## FROM THE BULLETIN Twenty Years Ago — May, 1941

J. P. Harvey reports that there were 175,383 physicians in the United States, approximately 140,000 of this number in private practice. Of these 36,483 or 26 per cent limited their practice to some specialty. That made the ratio of general practitioners to specialists approximately 4 to 1. Dr. Harvey wondered why the general practitioners did not have an organization for their own welfare.

The Ohio Legislature passed the Enabling Act promoted by the Ohio State Medical Association so that local medical societies could institute their Prepayment Medical Service plans. Our committee had been working on a plan for eighteen months and were nearly ready to make its report.

Preliminary tabulation of the 1940 census showed that the index of fertility of the nation's mothers had fallen to a point below that necessary to maintain the present level of the population. It was estimated that the country's population would fall 4 per cent in each generation over a long period. There was nothing in the Census to indicate anything like the population explosion which now is causing concern.

David Belinky, H. S. Banninga, Sam Schwebel, W. H. Bunn, J. N. McCann and Morris Rosenblum were away for post-graduate study. Donald Rothrock, R. M. Morrison, Wendell Bennett and Walter Tims were away vacationing. Fred Coombs and Alice Mae Walker were married in April and honeymooning in the south. Dr. Bertram Firestone was elected to membership.

Some of the doctors who were prominent twenty years ago are no longer with us but they should be remembered. Dr. R. M. (Bob) Morrison was one of the greatest. He was more active in hospital activities than Medical Society affairs. The North Side Unit is a monument to his (and John Tod's) hard work and generosity. Dr. Sidney McCurdy was for many years chief surgeon of the Youngstown Sheet and Tube Co. and was an active worker in the society until he became chief of the medical section of the Industrial Commission of Ohio. Dr. Sam Weaver was our first neuro-surgeon and a brilliant figure. He is now in practice in California. Dr. Louis Deitchman was a lovable character who collected first editions and practiced otolaryngology on the side. He contributed many articles to the Bulletin on medical history and conducted a column (Theophrastus Bombastus). His brother, Morris, was an outstanding internist who is now retired, living in Phoenix, Arizona. Dr. Alice Elliott was our only active woman practitioner. Bulletin news items record that in April she gave four lectures to women's groups and schools on sex education.

Twenty years ago those doctors dominated the local scene. They were busy in practice but gave much time to the public welfare. They did not know that by the year's end a never-heard-of place called Pearl Harbor would alter their lives.

## Ten Years Ago — May, 1951

President Wenaas wrote, "A well conceived public relations program has for its objective the promotion and protection of the public interest. . . . Every dissatisfied patient is a potential follower or he may become an active participant in the doctrines that lead to socialized medicine."

Our Women's Auxiliary won first place in the state-wide "Credits and Awards" contest sponsored by the Ohio State Medical Association for their efforts in community health projects and cooperation with the Medical

Society on legislative and public relations activities. It was a well deserved award and our ladies were very proud.

There was a great stir in medical circles over a proposal to set up a "payment in full" policy by the Ohio Medical Indemnity (now known as Blue Shield). A special committee of the State Council had been working on it for a year and the membership was about to be polled to see if they would accept the tentative fee schedule as full payment. At the Cincinnati Convention there was considerable opposition to the resolution submitted and the reference committee tabled it for further consideration. Our William Skipp wrote a long article for the Bulletin outlining the background of the Ohio Medical Indemnity and urging members to accept the proposal. It was actively opposed by the Summit County Medical Society whose president termed it worse than the Wagner-Murray-Dingle bill. That was a slight exaggeration but the proposal was never approved.

Council authorized money for Dr. Steinberg to set up bulletin boards in the hospitals. Wayne Hardin was elected to membership. Delinquent members were urged to pay their dues.

Stan Myers had a leading article on "Injuries and Deformities of the Nose." He said that in fractures of the nasal bones, too much reliance should not be placed on the x-ray report as what may appear to be slight displacement on the film may be considerable deformity as far as the patient is concerned.

John McDonough's paper on "Treatment of Sterility in the Female" was prominent in the Ohio State Medical Journal.

Milton Yarmy was elected a fellow of the American College of Physicians. P. B. Cestone, H. E. Chalker, L. G. Coe, J. B. Kupec, E. Massulo, J. M. Ranz, Ed Shorten, Wendell Bennett, Murrill Szucs and Craig Wales were away for post-graduate study. W. H. Bunn was re-elected president of the Youngstown Area Heart Association.

In 1931, the average net income of physicians in the U.S.A. was \$5,059.00. That was the worst year of the Depression.

—J. L. F.

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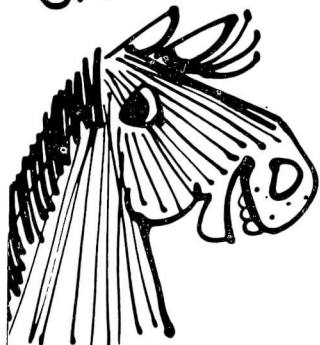
### HYMN TO THE WELFARE STATE

At the recent meeting of the public relations committee with the local press, Dr. Shensa entertained the group with this gem gleaned from another medical society Bulletin:

The Government is my shepherd,  
 Therefore I need not work.  
 It alloweth me to lie down on a good job.  
 It leadeth me beside still factories;  
 It destroyeth my initiative.  
 It leadeth me in the path of a parasite for politic's sake.  
 Yea, though I walk through the valley of laziness and deficit-  
 spending,  
 I will fear no evil, for the Government is with me.  
 It prepareth an economic Utopia for me, by appropriating  
 the earnings of my own grandchildren.  
 It filleth my head with false security;  
 My inefficiency runneth over.  
 Surely the Government should care for me for all the days  
 of my life!  
 And I shall dwell in a fool's paradise forever.

—Bulletin, Los Angeles Medical Society

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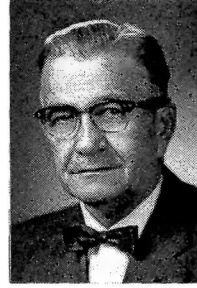
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| Thyroid               | ..... | 15 mg. ( ¼ gr.)    |
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## WHY REPORT AND INVESTIGATE COMMUNICABLE DISEASE



The following narrative indicates the value of complete reporting and investigation, and simultaneously points out defects that have occurred in these procedures in the past.

In September, 1960, a 12-year-old boy fell prey to a serious illness that was diagnosed on clinical and serologic grounds as typhoid fever. A morbidity report was filed with the local and state health departments. Initial epidemiologic investigation of this case indicated no contact with any known typhoid fever. However, a systematic interview of each person with whom the child had contact revealed a 40-year-old woman who told a long and complex story of typhoid cases. Assigning her the fictitious name of Mrs. Hughes, her story will be related. Other fictitious names and information from other sources will be added as needed.

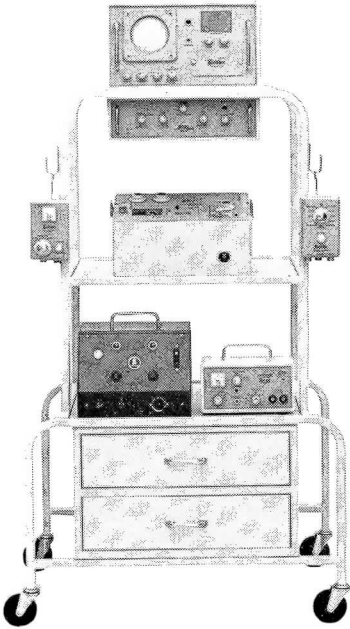
In 1953 Mrs. Hughes' teenage daughter, Geraldine, was hospitalized for typhoid fever. The case was never reported to health authorities and consequently was never investigated. In 1954 Geraldine married Darrel Owens, who developed typhoid fever within one month. His case was reported and investigated. When the investigator found the history of Geraldine's illness, he assumed her to be the source of Darrel's exposure, and no search for other sources was made. In 1957 typhoid struck a teenage friend of Mrs. Hughes' stepson. This boy, Milton McDonald, was reported and was thoroughly investigated. Arrangements were made for the collection of stool specimens on his contacts, but unfortunately specimens from the Hughes family were never collected. The finding of other typhoid cases among the McDonald contacts threw the investigator off the track of the Hughes family. In 1958 another case occurred in Mrs. Hughes' daughter-in-law. This case was never reported to health authorities and was never investigated. Finally, in September, 1960, the report of a case in a 12-year-old boy, George Cary, initiated the investigation upon which this narrative is based.

In the course of this latest investigation, multiple stool specimens were obtained on each contact. This procedure revealed two asymptomatic carriers of typhoid — Mrs. Hughes, and her granddaughter (the three-year-old child of Geraldine and Darrel Owens). Neither had been suspected previously.

Thus the report and investigation of George Cary's illness reopened the files on two cases on whom the prior investigation had been incomplete, discovered two asymptomatic shedders of typhoid organisms.

This group of cases probably had its origin in Mrs. Hughes. The reasons Mrs. Hughes was not discovered years ago are: 1. Failure to investigate all contacts (the finding of one possible source does not rule out the existence of other sources); and 2. The failure to carry on investigation of a contact to the final step of repeated stool cultures.

—L. A. Blum, M.D.  
Health Commissioner



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## PROCEEDINGS OF COUNCIL

April 26, 1961

The regular monthly meeting of the council of the Mahoning County Medical Society was held on Tuesday, April 26, 1961, at the Youngstown Club, Youngstown, Ohio.

The following physicians were present: A. K. Phillips, president, presiding, G. E. DeCicco, A. A. Detesco, Frank Gelbman, P. J. Mahar, Asher Randell, H. J. Reese, John J. McDonough, H. P. McGregor, E. R. McNeal, C. E. Pichette, F. A. Resch, M. S. Rosenblum, Jack Schreiber, C. W. Stertzbach, and C. C. Wales. Also present were Drs. P. B. Cestone and Dr. Sidney Franklin. Absent were: R. R. Fisher, R. J. Scheetz, and F. G. Schlecht.

The meeting was called to order at 7:15 p.m. The minutes of the previous meeting were read and approved.

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

## ACTIVE MEMBERSHIP

Robert Ciekurs, 1338 E. Florida Ave., Youngstown  
 Rene Cossette, 1005 Belmont Ave., Youngstown  
 James E. Might, 21 N. Wickliffe Circle, Youngstown

## ASSOCIATE MEMBERSHIP

William James Cleary, Jr., 382 Crandall Ave., Youngstown  
 Paul Edward Longaker, Youngstown Sheet & Tube Co., Youngstown  
 Richard G. Rohrer, St. Elizabeth Hospital, Youngstown

## INTERN-RESIDENT MEMBERSHIP

Gust Boulis, Youngstown Hospital  
 Nicholas Joseph Garritano, St. Elizabeth Hospital

The above applicants will become members of the society within fifteen days after publication in the Bulletin, unless objection is filed in writing with the secretary during that time.

Bills were read. The motion was made, seconded and duly passed that the bills be paid. A list of bills is attached to the minutes.

Dr. McGregor reported on the delinquent dues.

A list of physicians by categories was reviewed and corrected.

A letter was read from the Ohio State Medical Association, advising our society of a meeting in Pittsburgh on May 5. The meeting will be for counties having 10,000 or more steelworkers. Dr. Clifford, Dr. Neidus, and Dr. Reese will attend this meeting.

Dr. P. B. Cestone, chairman of the Traffic Safety Committee reported that his committee met with representatives of the Fire Department, Police Department, Safety Council and Lynn's Ambulance Service, and that they had set up demonstrations for the police and firemen. He said that there would be future meetings with ambulance drivers.

Dr. Sidney Franklin, chairman of the Medical-Legal Committee, reported that there would be an Interprofessional Meeting of attorneys and physicians on Wednesday, May 3. He announced the names of the panel members for that meeting.

Dr. DeCicco suggested that there be no extra meetings unless they were cleared through council and the program chairman. Dr. McGregor questioned the necessity of meeting every month. Following discussion, the motion was made, seconded, and duly passed that no meetings be scheduled without the approval of the program chairman and council.

Dr. DeCicco introduced discussion concerning oral polio vaccine. Follow-

ing discussion, Dr. Phillips announced that he would appoint a polio committee. Currently polio is being handled by the Pre-School and School Health Committee.

Dr. Phillips announced that he would be in New York at the time of the June council meeting. It was decided that council would be held at the regular time, with the president-elect in charge.

Meeting was adjourned.

—C. E. Pichette, M.D.  
Secretary

### LEGISLATIVE ACTION IN CINCINNATI

Delegates from the Mahoning County Medical Society met several times before attending the House of Delegates meeting of the Ohio State Medical Association in Cincinnati, last April.

Meeting first at the call of senior delegate, Dr. G. E. DeCicco, they reviewed the resolutions to come before the House of Delegates. Later, they met with the other delegates from the Sixth Councilor District at a meeting at Congress Lake, with Dr. R. E. Tschantz, councilor, presiding.

The society was fully represented with four delegates at the official meetings in Cincinnati. There were: Dr. G. E. DeCicco, Dr. Asher Randell, Dr. P. J. Mahar, and Dr. R. R. Fisher, alternate delegate for Dr. John J. McDonough, who was unable to attend because of a death in his family.

A meeting of the delegates of the Sixth District was called in Cincinnati for the purpose of meeting the two candidates for the office of president-elect of the Ohio State Medical Association, Drs. George J. Hamwi and H. T. Pease.

At the first official meeting of the House of Delegates, Sunday, April 9, resolutions were presented and committees appointed. Dr. DeCicco presented the Social Security resolution from Mahoning County.

Resolutions were then assigned to Reference Committees for study and discussion. Dr. DeCicco was a member of Reference Committee No. 2. Committees met all day Monday.

At the final meeting of the House on Tuesday evening, April 11, Dr. Hamwi was elected president-elect and Dr. Philip B. Hardyman was elected treasurer of the Ohio State Medical Association. Dr. Tschantz was re-elected councilor for the Sixth District and an alternate delegate to the American Medical Association.

In addition to the four delegates, others attending the House of Delegates meeting were: Dr. C. A. Gustafson, Dr. Jack Schreiber, Dr. C. W. Stertzbach and Mr. H. C. Rempes.

Dr. Edwin H. Artman, retiring president, turned the gavel over to Dr. George W. Petznick of Shaker Heights, president for 1961-62. In his acceptance speech, Dr. Petznick urged everyone to "tell the story of medicine everywhere."

Seated at the head table at the final meeting were presidents of six state medical associations: Ohio, Indiana, Pennsylvania, West Virginia, Kentucky and Michigan.

The next annual meeting will be held in Columbus, May 14-17, 1962.

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## WIFE LINE

This is the last time I will have to meet a deadline for Wife Line. I have learned many things during this past year. Probably the most important of which is the correct spelling of "auxiliary."

At the April meeting, which was held at the YWCA, a very informative demonstration on water safety was presented by the YWCA staff. I wish more of the members could have been present to benefit from the lessons taught. Helen Kalfus was assisted by Mary Chiasson in preparing the program. In charge of the tea which followed the business meeting were Marjorie Mermis, Sabina Ondash and Deloris Gasser.

The above mentioned business meeting gave us our new officers for the coming year. They will be installed at our dinner dance to take place on the 11th of May.

|                               |                 |
|-------------------------------|-----------------|
| President .....               | Beulah Mae Inui |
| President Elect .....         | Margot Wegner   |
| Vice President .....          | Nancy Hutt      |
| Recording Secretary .....     | Carolyn Turner  |
| Corresponding Secretary ..... | Velma Holden    |
| Treasurer .....               | Ginny Shorten   |

This year's bowling season has also come to an end and the results are in. Winning team — *Vitamin K*: Edith LaManna, Alma Keyes, Virginia Detesco, Marian Schellhase. Runner-up team — *Vitamin G*: Lou Dobson, Romaine Stillson, Helena Costantini, Clarita Raupple. High average: Eleanor Rappoport, 140; high series: Eleanor Rappoport, 534; high game: Fran Firestone, 213.

April the 11th was the first day of the Annual Convention of the Auxiliary to the Ohio State Medical Association. Delegates from Mahoning County were Hellen Goudsmit, Beulah Mae Inui, Kathryn Herald and Shirley Caccamo. Dena Evans, a member of the state board, also attended.

—Shirley Caccamo

## DELINQUENT DUES

The following members of the Mahoning County Medical Society were delinquent in the payment of their dues as of April 30, 1961:

Dr. F. W. Dunlea

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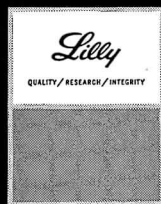
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### *References*

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