



BULLETIN

of the
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MEDICAL
SOCIETY

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Youngstown • Ohio

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Our President Speaks

At the last annual meeting of the Ohio State Medical Association the House of Delegates adopted several worthwhile resolutions. One of them approved in principle, the formation of a federation at the local level embracing all voluntary health agencies and the raising of funds for such a federation through a single drive. The resolution also urged its special committee on relationship between Medical Societies and voluntary health organizations to prepare recommendations which might assist component Medical Societies in the achievement of such federation, if there exists such a desire on the part of laymen and physicians of the County for its formation.



The resolution deserves our very careful scrutiny and action as physician-citizens and as a Society. We have noted the steady increase in the number of single disease health agencies all of which naturally emphasize the great emotional appeal of the single disease for which the organization was formed with a view to assisting in its cure and control by both financial and non-financial means.

There is no question but that the battle against any disease requires financial assistance. It is heartening, therefore to see organizations formed to assist in that end and gratifying too, to note that more and more people are becoming health conscious and attempting to improve personal and community health. It is quite apparent, however, that in certain instances, single disease health agencies emphasize, truly, sometimes over-emphasized, the great emotional appeal of the disease in question. Such over-emphasis and an expanding group of agencies, all requesting funds, can soon defeat the useful purpose for which most of these agencies have been formed.

Evidence already indicates that the repeated number of drives for funds and the increased number of agencies putting on such drives are tiring a contributing public which will, sooner or later, demand a single campaign and a rightful distribution of such receipts to the causes of cancer, heart disease, polio, nutritional and other diseases.

It appears our duty as well as that of our laymen friends, to consider the formation of a federation embracing all voluntary health agencies of single disease nature and thus affect the raising of funds for such federation through a single fund raising drive. It would appear that such a unified drive would, among other things, decrease the expense of fund raising and

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contribute more materially toward the financial welfare of all agencies concerned. The appeal to the multiphasic cause would also be more dramatic, more productive and would embrace more universal participation of all members of the community.

Obviously, there are certain problems to be thoughtfully considered and resolved and a unanimity of opinion to be reached between these agencies, our citizens and our physician-citizens in this matter. The duty of the physician-citizen is to recommend the relative importance of the disease and the amount of financial aid which should be rightly allocated to it from the drive. The Council of your Society welcomes your suggestions and those which may be proposed to you by your laymen friends, and/or members of agencies for which you may serve in an advisory capacity, with reference to this matter. It will take a lot of thinking and doing but it is high time for a kick-off to be made in this direction.

As a Society, we should consider the merits of yet another resolution which was recently sent to the Board of Trustees of the Ohio Medical Association for study. This resolution recommends the creation of a single national Medical-Health Research Fund. This carries much the same implications as the foregoing matter, with reference to fund raising campaigns for single disease agencies. We should prepare ourselves for a stand on this matter and carry our views to the state and national levels.

I have referred to somewhat sensitive matters but if we are to assist in the significant attempts being made to conquer and control disease by our fellow citizens, we can hardly help the appeal of most of these agencies by keeping our eyes closed to too many campaigns and an unrealistic appraisal of their individual importance.

—S. W. Ondash, M. D.

FROM THE BULLETIN

Twenty Years Ago — July 1937

The doctors were stirred up over a speech made by Senator Hamilton Lewis at the AMA Convention in Atlantic City in June. He told the doctors that the government considered all of them agents of the government because they were treating citizens. That the term "patient" was an invention of the medical profession, the government only recognized citizens who were sick. That there would soon be boards set up to pass on the qualifications of doctors to continue in practice.

He was speaking for F.D.R. and the New Deal. They meant it too, and would have put over government control of medicine if we had not put up such a fight.

The 1937 Convention had a total registration of 9,764. The official attendance at the 1957 meeting in New York was 19,600.

D. E. Montgomery wrecked his car near Hagerstown, Maryland on the way to the Convention. An empty car transport came along and the driver agreed to bring his car back to Youngstown. They loaded it on and Monty called Heindel's to bring him another one. Next day it was there and he went on to Atlantic City.

At St. Elizabeth's Hospital Harold J. Reese and George Armbrecht were new internes. At Youngstown Hospital there were A. J. Fisher, Raymond S. Lupse and Charles F. Wagner.

Ten Years Ago—July 1947

The meeting last month was held at the Butler Art Gallery where members and their families were invited to view a collection of ninety paintings illustrating the part medicine played in World War II. The scientific program was presented by Dr. N. L. Hoerr from Western Reserve who spoke on "The Sympathetic Nervous System".

M. J. Kocialek had an article recommending Heparin and Dicumerol in post-partum thrombophlebitis. O. M. Lawton wrote about neuroses and advised the doctors not to pat the neurotic on the back and say "you are fit as a fiddle" and then prescribe sedatives. Asher Randell had a very informative article on "Diverticulitis and Diverticulosis of the Colon".

The Youngstown E.E.N.T. Society was organized with twenty members. Dr. F. F. Piercy was president, W. H. Evans was vice-president and V. C. Hart secretary.

Dr. Charles Stertzbach arrived here to practice ophthalmology. Edward C. Pichette was back for a visit from Toledo where he was studying urology.

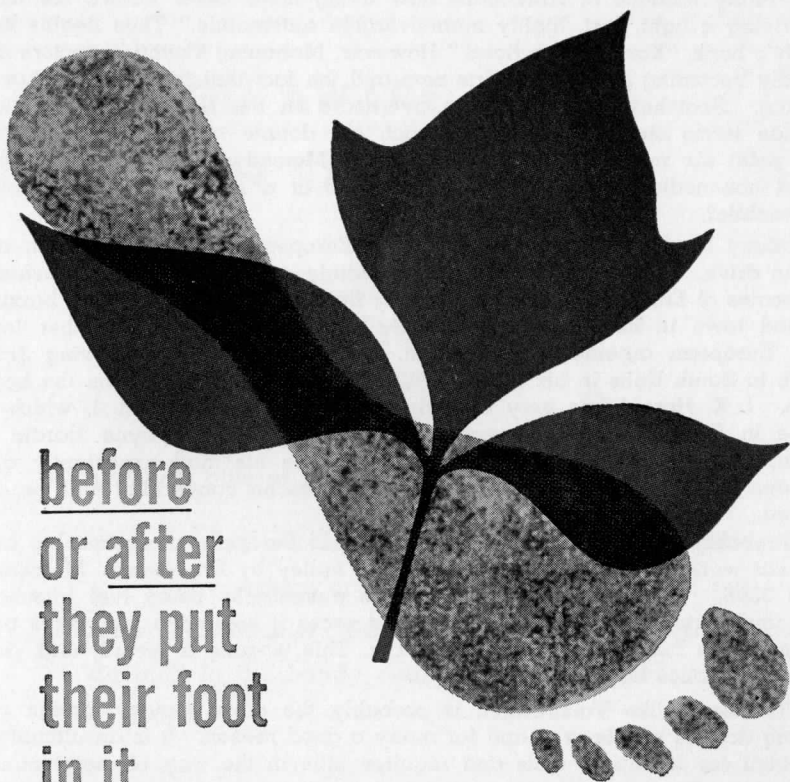
There was much concern over the shortage of nurses. Measures were being considered such as shortening the course, lowering the cost and raising the fees for graduates.

Other new interns that year now in practice near here were Don Miller, Joe Ralston and Densmore Thomas.

C. S. Lowendorf passed the examinations of American Board of Orthopedic Surgeons and Elmer Wenass passed the American Board of Ophthalmology.

The Union Medical Society had a meeting at Canton with total attendance of 75 doctors. Since it has been replaced by the Sixth District Post-Graduate Day, attendance runs around 500.

—J. L. F.



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SPORT CARS AND DOCTORS

"Many millions of Americans now living have never known the thrill of driving a light, fast, highly maneuverable automobile." Thus begins Ken Purdy's book, "Kings of the Road." However, Mahoning County's doctors are rapidly becoming aware of sports cars and the fact that there can be fun in driving. Snatches of conversation overheard in the Hospital parking lots include terms strictly non-medical such as; double overhead cam, thirty-one point six miles-per-gallon, Alfa-Romeo, Mercedes-Benz, TR3 and other weird non-medical jargon. Who ever heard of a rear-engined, air cooled automobile?

Many local doctors are buying these European importations which are fun to drive. One of the earliest and certainly one of the most enthusiastic advocates of European sports cars is Ray Boniface who can be seen buzzing around town in his beautiful white Guilietta. Frank Shaw, another long time European automobile enthusiast, is presently happily driving from North to South Units in his 190 SL which has just come back from the body shop. J. K. Herald has very recently taken delivery on a TR 3, which is made in England and is a very snappy automobile. Wayne Hardin is champing at the bit and I am sure he watches his mail expectantly and anxiously every day to find out when his Porsche convertible will be delivered.

Probably the most outstanding example of European craftsmanship and fine car workmanship is represented in the valley by Dr. Mermis' Mercedes-Benz 300S. The racing prototype of this automobile, using fuel injection, was undefeated in all the European road races it entered a few years ago when it was being used as a racing car. This is quite a record, and very few automobiles have ever equaled it.

The beetle-like Volkswagen is probably the most popular foreign car among doctors in this area and for many a good reason. It is an ultimately practical car for house calls and requires little in the way of maintenance or fussing. The engine is air cooled and requires no attention in the winter time. The weight distribution of the car is such that snow tires are unnecessary and ordinary obstacles are of no problem to this fourth-most-popular automobile in the world. Dean Stilson, Bob Foster, Bob Parry, Ulrich Boenning, Herm Allan are a few of the men who have chosen Volkswagen as their car.

There are three foreign car agencies in the area. Davis Motor Sales run by Austin Davis in Brookfield, Ohio is the oldest dealer in the area and has a wide variety of automobiles. He recently had the distinction of being named one of three Porsche dealers for Ohio. Tom Morris and George North of Morris Motors on Market Street near Shields Road are the local distributors for the Volkswagen and they have been rated by the National Volkswagen organization as one of the outstanding dealerships in the country. A little farther out on Market Street, Red's Foreign Car Import is the newest showroom where the products of Jaguar, Alfa, Hillman, DKW and other companies may be inspected.

A new garage devoted to repair and servicing of sports cars exclusively has been opened on Glenwood Avenue near the Blair Dry Cleaning, by Fritz Reder and Howard Wolf. Fritz is well trained in all types of German automobiles, having been a factory mechanic in Europe up until his recent arrival in this country. Mr. Wolf has had extensive training on the Volkswagen and other types of foreign automobiles.

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There are three sports car clubs in the area which are quite active. The one best known to Physicians is the VW Vagabonds, which is an organization devoted to Porsche designed vehicle owners and their families. This organization has an activity consisting of a Rally the second Sunday of every month and members and guests assemble usually to drive a prescribed course over the countryside at a certain speed with the idea of following directions explicitly and not getting lost. It can be said that very few events are run without three or four of the entrants becoming hopelessly muddled during the running. These clubs emphasize safety in driving and are not, as most people suppose, Hot Rod Clubs.

It is fairly obvious that physicians of Mahoning County are increasingly aware of the rewards in terms of fun and convenience in looking to Europe for automobiles. This of course is paralleling the general interest throughout the country in foreign car sales. If you don't believe this just stop any of the men mentioned for a moment and ask them about their automobiles. Better yet, ask for a ride in one of these cars if you have never ridden in a European Sports Car.

—W. L. Agey, M. D.

PROCEEDINGS OF COUNCIL Monday, June 10, 1957

The regular monthly meeting of the Mahoning County Medical Society was held at the offices of Dr. M. W. Neidus, 318 Fifth Ave., Youngstown, Ohio on Monday, June 10, 1957.

Meeting was called to order at 9:00 P. M.

The following physicians were present: S. W. Ondash, President, presiding, M. W. Neidus, C. C. Wales, C. W. Stertzbach, P. J. Mahar, C. E. Pichette, H. P. McGregor, A. A. Detesco and Asher Randell, comprising the Council, also Dr. Frank Gelbman. Also present were Messers L. A. Spencer and Wm. L. Spencer, special agents of the Equitable Life Assurance Society of the U. S.

Minutes of the previous meeting were read and approved.

Messers Spencer and Spencer pointed out that new legislation provided for Life Insurance covering the members and the employees of members of any duly organized association composed of members of the medical, dental, accounting or legal professions which shall have been in existence for at least two years immediately preceding the purchase of such insurance, written under a policy issued to such association, which association is the employer for the purpose of such sections, the premium on which is to be paid by the insured members or their employees, insuring members and their employees for amounts of insurance based upon some plan which will preclude individual selection except as hereinafter provided, for the benefit of persons other than the association; provided that there must be at least fifty insured members in any group; and provided further that unless at least fifty percent of all members or one thousand members, whichever is the lesser number, are insured, each member must pass a satisfactory medical examination in order to be insured; and provided that when members apply and pay for additional amount of insurance, they may be insured for such additional amounts if they pass satisfactory medical examination.

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Council asked Messers Spencer and Spencer to consolidate information, submit figures, on a very carefully designed program, that will be turned over to a specially appointed insurance committee for study, together with any other plans which may be submitted to it.

Dr. Stertzbach reported the progress of his committee on the fees paid to physicians rendering service to hospitalized Aid for the Aged patients.

Dr. Ondash suggested that Dr. Stertzbach crystallize his report and submit it to legal counsel for an opinion.

RECOMMENDATIONS REGARDING MENTAL HEALTH CLINICS (Ohio State Medical Association)

A number of county medical societies are being requested to approve, and to participate in, the formation of an organization to establish and operate a district mental health clinic to provide facilities for diagnostic, therapeutic and educational services for the people of the several counties involved.

The Council has been asked for advice and recommendations on this question.

The Council has been advised that several mental health clinics of this kind are being operated at present in several parts of the state. They are being sponsored by groups of citizens of the community and are being financed by voluntary contributions and from funds provided by the State Division of Mental Hygiene.

The Council supports the principle that diagnostic and therapeutic services for persons with physical or mental ailments should be provided on a direct physician-patient relationship by physicians in the private practice of medicine. At the same time, it realizes that special or unusual circumstances may exist in some communities and that these may indicate the need for special facilities and services to supplement the services of private practitioners.

With respect to the immediate question, namely, the formation of mental health clinics. The Council offers the following recommendations for the guidance of county medical societies:

1. Before a mental health clinic is established, a careful study should be made of local conditions and facilities to determine the need for such a clinic and to ascertain the desires of the people of the community.

Representatives of each county medical society of the area should be invited to participate in this survey.

2. If the need for a clinic is established, plans and details for its organization and operation should be submitted to each county medical society of the area for approval.

A clinic should not be placed into operation without the approval of each county medical society of the area inasmuch as the success of such an undertaking is dependent on the active support and cooperation of the medical profession.

3. Provision should be made for representation from each county medical society of the area on the board of directors of any clinic which may be established.

4. The director of the clinic should be a doctor of medicine, preferably a psychiatrist if the services of one can be secured, and he should be employed on a full-time basis, if possible, and be paid a salary to be determined by the board of directors.

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5. The advice and recommendations of the county medical societies should be secured by the governing board regarding staff positions and staff appointments.

6. Arrangements should be made whereby each county medical society of the area will be kept advised periodically regarding the activities of the clinic.

7. The primary purpose of the clinic should be to provide diagnostic services to persons admitted to the clinic; to make consultative services available to physicians in private practice; and to carry on a program of public education on mental health. Treatment may be provided in certain instances, referred to in Paragraph No. 8.

8. After examination, a patient should be advised by the clinic staff to consult his private physician regarding treatment, if indicated. The private physician of the patient should be provided with a report on the diagnostic examination.

If the patient has no private physician and requests advice regarding a physician to whom he can go for treatment, the clinic staff should provide him with the proper information.

If the diagnostic examination reveals conditions requiring treatment that cannot be provided by local physicians, treatment may be provided by the clinic staff if composed of professional personnel competent to render the necessary treatment.

The clinic staff may provide treatment in cases where the patient has been referred to the clinic for treatment by the patient's private physician.

9. Patients admitted to the clinic who are able to pay for the services rendered shall be charged a reasonable fee. Fees paid shall be used to help defray the costs of operating the clinic, including the salaries and wages paid to members of the staff.

Welfare agencies referring patients to the clinic should pay the clinic for services rendered.

In the case of persons unable to pay for clinic services and where costs cannot be assumed by a welfare agency, the clinic may provide services without charge.



Dr. Gelbman reported on a meeting of the Joint Commission on Mental Illness & Health Meeting on Friday 26 April 1957 at the Y.M.C.A.

Joint Commission on Mental Illness & Health Meeting on Friday, April 26, 1957 in Y. M. C. A.

The background is that the last Congress, at the request of the American Medical Association and the American Psychiatric Association, voted funds for the study of the nation's mental health problem. About 35 other organizations joined the A.M.A. and A.P.A. — many in the field of medicine (American Academy of Neurology, American Academy of Pediatrics, American College of Chest Physicians, Association of American Medical Colleges, American Hospital Association).

So far as Youngstown is concerned, one of the task forces of the Joint Commission of Mental Illness and Health wants to use Youngstown for part of their study. Briefly, two experienced workers intend to survey all community resources working the field of mental health.

They plan to study what resources are available and their relation to each other plus how troubled people find their way to help and how organized services guide people. This will be done by conferences and



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interviews with people actively related to mental health services — such as where people come from for services, where they go, the volume and extent of services, the staffs and their professional experience.

This means that agencies, courts, social workers, industrialists, school authorities, and labor will be consulted. I doubt if other physicians, other than psychiatrists, will be asked to contribute their opinions.

There will be no study of records. This is simply a study of mental health resources in Youngstown. There will not be a report about Youngstown, no evaluation, and no recommendations. It is intended to give interested people in Youngstown a feed back of the data and information obtained.

This city will be the first studied — so this task force will be testing their methodologies that they will use in the 25 to 30 other communities that will be studied by this group.

After all the reports are completed, they will be submitted to congress.

The Mahoning County Medical Society does not have to take any stand or make any endorsements or disagreements. This is simply part of a study that was originated by the American Medical Association: it is endorsed by the A.M.A.; the president, chairman of the Board of Trustees, and the director of the Joint Commission are physicians; 25 of the 43 members of the Joint Commission are physicians.

Frank Gelbman, M.D.

Each member of Council having studied a report submitted by Dr. I. C. Smith, Chairman of a special committee appointed to study the need for a Medical Advisory Board at the Cerebral Palsy Center, suggested that the report be printed in the Bulletin.

REPORT OF MEDICAL ADVISORY BOARD — CEREBRAL PALSY CENTER
By I. C. Smith, M. D.

The first meeting of the Medical Advisory Board was held February 25, 1956 at the Cerebral Palsy Center. Due to a misunderstanding, only one member of the medical board was present, namely, the chairman.

Several members of the executive board of the association and the therapist, Miss Kline, were present, and the evening was not unprofitably spent in looking over the facilities and imparting certain ideas to the executive board. Among these was the opinion that the Mahoning County Medical Society was still not convinced of the advisability of the activities of the association, and that our attitude was to be one of watchful waiting so that great care would have to be exercised not to take any action which might further alienate the Society as a whole or individual members.

The board was agreeable to this method of procedure. They were advised to work with the individuals medical attendant and avoid the operation of anything resembling a clinic. The advisability of referring medical problems to the patients' usual medical attendant was discussed. Also the possibility of eventually making the center into a rehabilitation center, rather than just cerebral palsy was favorably discussed. The next meeting was set for the following month and it was decided to meet monthly until the organization was favorably launched.

The next meeting was in March and most of the medical members were present. Chief action was to confirm the opinions set forth at the February meeting. It was further decided that the executive board of the

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association should not attend the meetings but that only Mr. Hynes, and the therapist, Miss Kline should attend. This was agreeable to the association.

In April 1956, the problems of transportation of patients from Trumbull County to the center was discussed and brought out the fact that the Trumbull County Medical Society was reluctant to act due to the fact that the Mahoning County Medical Society had not given approval to the Cerebral Palsy Association. It was suggested that the secretary of the Trumbull County Society be informed of the present status and that Dr. Bauman, an orthopedic surgeon, be invited to sit in the meetings of the advisory committee as a representative of the Trumbull County Society. This was done and Dr. Bauman attended many of the subsequent meetings.

Other items of business included methods of admitting patients to the center, determination of the point when treatment should cease, and the efforts to prevent infringement on the field of the Crippled Children's Society.

April 24, 1956, another meeting was held. Most of the time was spent in learning from Mr. Christopher of the operation of the Cerebral Palsy in the school system in cooperation with the Crippled Children's Society. As things now stand, there should be no conflict between the Cerebral Palsy Association and the Crippled Children's Society.

At this meeting also, Dr. Bauman was informed of the status of relationship between the Mahoning County Medical Society and the Cerebral Palsy Association and was asked to inform the Trumbull County Society of these facts.

On May 29, 1956 it was decided that more complete medical evaluation of at least some of the patients should be accomplished with the aim that eventually all new admissions would go through the evaluation procedure prior to admission. This would necessitate hospitalization with complete studies by a number of specialists, together with the usual medical attendant. Methods of payment for the services were discussed and it was thought that the various specialists should be canvassed and asked to perform the service for 50% of the usual fee. In case the patient is able to pay, he would pay this fee unless he is covered by insurance, in which case full fees would be charged.

Mr. Hynes was of the opinion that the Cerebral Palsy Association would pay the fees in those cases unable to pay. The Association was to secure the services of a social service worker and a clinical psychologist to aid in these studies.

At the June 26, 1956 meeting, further plans for the complete medical evaluation of the patients was discussed and more definite ideas on procedure began to emerge. The Association announced that the social service worker and psychologist were available when we were ready to function. Meetings were suspended for the summer.

Meetings were resumed Sept. 25, 1956 and most of the meeting was devoted to further discussion and decisions on the medical evaluation of the patients. It was decided to attempt to evaluate ten old admissions and ten new admissions during 1957. In the future, all new admissions would have the medical evaluation before being accepted. Dr. Bauman is to work out the procedure for Trumbull County patients.

(Continued on page 276)

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Halotestin is indicated generally wherever improved androgenic therapy is desired. Specific indications include the male climacteric, osteoporosis, protein depletion, fractures, eunuchism, delayed puberty, infertility, and impotence. In the female, Halotestin is indicated for dysmenorrhea, control of menorrhagia and metrorrhagia, suppression of lacta-

tion, premenstrual tension, menopause, and palliation of inoperable breast cancer.

Halotestin is unique in that it causes no sodium retention or edema, and that jaundice or hypertension has not been observed.

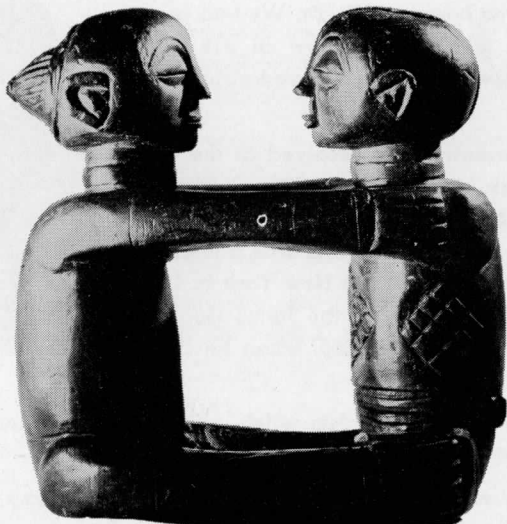
Administration and dosage: The total daily dosage may be administered singly or divided into three or four doses. Average doses vary from 2 to 10 mg. per day (20 mg. in inoperable breast carcinoma) according to the individual and the condition being treated.

Supplied: 2-mg. scored tablets, in bottles of 100. 5-mg. scored tablets, in bottles of 50.

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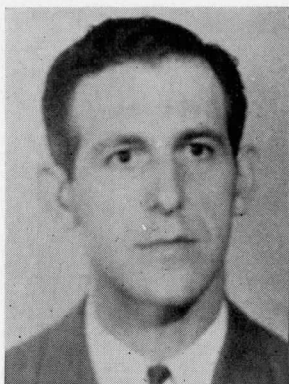
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Baluba ceremonial marriage fetish from the Belgian Congo, assumed to symbolize the balance of the male and female principles.

HAVE YOU MET?



Introducing DR. JOHN KALFAS who although of Greek extraction was born in Istanbul, Turkey on November 15, 1922.

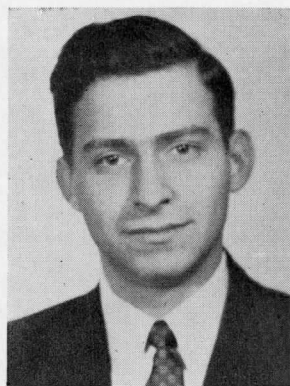
His medical-studies were carried on at Wurzburg University and the Sorbonne in Paris. In 1949 he began his studies in Neurosurgery at London, England. Completing his work there he came to the U. S. where he entered the Pennsylvania Graduate School of Medicine. He completed his Neurological Residency at the University of Pennsylvania spending ten months in the Neurosurgical Department of the Children's Hospital in Philadelphia.

In 1953, Dr. Kalfas was a Captain in the U.S.A. Medical Corps and served as Neurological Surgeon of the Brooks Army Hospital, Fort Sam Houston, Texas.

In 1956, he completed requirements for the American Board of Neurosurgery at Reading, Pa. It was here that he met his wife who is a graduate nurse having had her education at Queens University, Kingston, Ontario.

KURT J. WEGNER who is a native of Berlin, Germany. He was born in 1927. Dr. Wegner practices pediatrics with Dr. Davidow at 318 Fifth Avenue. His special interest is pediatric cardiology.

His medical training was received at the University of Buffalo, School of Medicine. His internship was obtained at the Queens General Hospital in New York in 1952. He was a resident in the Metropolitan Hospital in New York in 1953 to 1955 and was a Fellow at the Johns Hopkins Hospital in Maryland until 1956, when he came to Youngstown.



Dr. Wegner is married. His wife's name is Margot and they have one child with another one expected in August.

His military service was from 1945 to 1946 in the Navy and his hobbies are bridge and baseball.

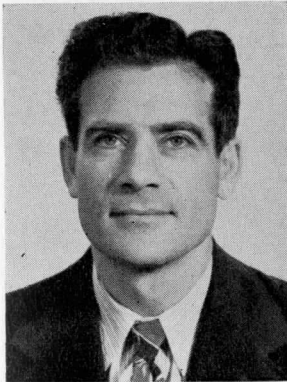
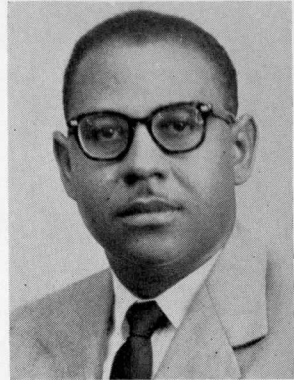
Dr. Wegner's wife is a sociologist.

HENRY HOLDEN who is practicing internal medicine at 312 E. Federal St.

Dr. Holden was born in 1922 at Duncan, Miss. and received his education in Toledo, Ohio; South Carolina College in Orangeburgh, South Carolina. He was graduated from the Meharry Medical College, Nashville, Tenn. Post-graduate work was done at the Veteran's Administration Hospital in Tuskegee, Alabama where he had a three year residency in internal medicine.

Dr. Holden is married and has three children. His wife's name is Velma L. Holden. Dr. Holden has seen military service in Korea and was in the Air Force from 1952 to 1954. Prior to opening his office in Youngstown, Dr. Holden was in Tuskegee, Alabama.

His hobbies include basketball, boxing and baseball as interests.



Introducing DR. GEORGE X. TRIMBLE who was born in Toronto, Canada in 1918.

He received his B.A. and M.D. degrees from the University of Toronto. His M.A. was received from the University of Missouri.

His specialty is Internal Medicine.

He is still a bachelor.

Before coming to Youngstown he was at the University of Missouri, Columbia, Missouri.

His military experience was as a Flight Surgeon in the U.S.A.F. in 1941-1946.

As a hobby he prefers aviation, claiming to be a pilot.

At the moment he is Director of Medical Education at St. Elizabeth Hospital.



ELSA SHAPIRA who along with her husband, Dr. David Shapira came to Youngstown from Old Town, Maine.

Dr. Shapira's birthplace is Jablonec Nad Nissou, Czechoslovakia and she was born in 1914. Her preliminary education was at the Gymnasium at Jablonec Nad Nissou. Her medical degree was taken at the Medical Faculty of the German University in Prague, Czechoslovakia in 1939. Her degree was granted in 1939. Post-graduate work included; City of London Maternity Hospital in London, Hamlington Emergency Hospital in Yorkshire, England, The Royal Infirmary Sunderland. She was also resident physician at the Children's Hospital in Sunderland for a year. Her post-graduate work in the United States includes residency at the Manhattan General Hospital in New York in 1948.

Dr. Shapira is specializing in pediatrics and she has three children. Her interests include sports and music.

Dr. Shapira's husband, Dr. David Shapira, is a staff physician at Woodside Receiving Hospital.

DAVID DANIEL KRONGOLD was born in Poland, November 18, 1905. He received his formal education at Velna and Warsaw University. His post-graduate work was done in hospitals in Warsaw, Italy, New York, and Baltimore.

He is engaged in the general practice of Medicine.

He is married; his wife's name is Eleanore, and they have one daughter.

Immediately before coming to Youngstown, Dr. Krongold was in New York and Baltimore.



HAPPY BIRTHDAY !!!

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N. D. Belinky
B. S. Brown
F. S. Coombs
J. L. Finley
W. Hardin
M. M. Kendall

P. H. Leimbach
P. J. Mahar
D. M. Metcalf
F. Miller
S. Myers
E. C. Mylott
J. L. Scarnecchia

F. L. Schellhase
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SCIENTIFIC PROGRAM

Wednesday, September 18, 1957

- 8:00 A.M. (EST) Registration and Visit Exhibits
 8:45 Address of Welcome
 9:00—9:45 CURRENT PROBLEMS IN THE TREATMENT OF INFECTION
 —Morton Hamburger, M.D., Cincinnati, Ohio
 9:45—10:30 THE ART OF TREATMENT WITH TRANQUILIZING DRUGS
 —Frank J. Ayd, Jr., M.D., Baltimore, Maryland.
 10:30—11:15 Visit Exhibits
 11:15—12:00 REHABILITATION OF THE HEMIPLEGIC PATIENT—
 Paul A. Nelson, M. D., Cleveland, Ohio.
 12:00—1:30 P.M. Lunch and Visit Exhibits.
 1:30—2:15 CERVICAL BIOPSIES IN OFFICE PRACTICE—
 Malcolm L. Barnes, M. D. George S. Allen, M. D., Louis-
 ville, Ky.
 2:15—3:00 Visit Exhibits
 3:00—3:45 THE ALLERGIC PATIENT, HIS PROBLEMS, OFFICE DIAG-
 NOSIS AND TREATMENT (Emphasis on Bronchial Asthma)
 Nathan E. Silbert, M.D., Lynn, Mass.
 3:45—4:30 INTRA-ARTICULAR AND PERI-ARTICULAR INJECTIONS
 WITH HYDRO-CORTISONE IN THE OFFICE —
 J. I. Kendrick, M.D., Cleveland, Ohio.
 Banquet BOTH DOCTORS AND PATIENTS ARE HUMAN BEINGS—
 Edward H. Rynearson, M.D., Rochester, Minn.

Thursday, September 19, 1957

- 8:00 A.M. Registration and Visit Exhibits
 9:00—9:45 ATHLETIC INJURIES — Richard Patton, M. D., Columbus, O.
 9:45—10:30 THE IRRITABLE CHILD — James L. Dennis, M.D., Oakland,
 Calif.
 10:30—11:15 Visit Exhibits
 11:15—12:00 NEW METHODS FOR THE TREATMENT OF THE ARTERIO-
 SCLEROTIC HEART—
 Walter L. George, M.D., Cleveland, Ohio.
 12:00—1:30 P.M. Lunch and Visit Exhibits.
 1:30—2:15 GYNECOLOGICAL DISEASE IN ADOLESCENTS AND
 CHILDREN — Edward Allen, M. D., Chicago, Illinois.
 2:15—3:00 Visit Exhibits.
 3:00—3:45 COSMETIC DENTAL PROBLEMS IN THE GROWING CHILD
 —John E. Aldrich, D.D.S., Columbus, Ohio.
 3:45—4:30 BEHAVIOR PROBLEMS IN ADOLESCENT CHILDREN—
 Louis J. Wise, M.D., Cincinnati, Ohio.
 4:30 Adjournment.

(Continued from page 270)

The Nov. 27, 1956 meeting was devoted to further crystalization of the medical evaluation plan. Considerable time was devoted to the possibility of establishment of a rehabilitation center and it was suggested that a meeting be held with representatives of all organizations concerned in rehabilitation, to be called either by the Cerebral Palsy Association or the Crippled Children's Society in an effort to work out a plan for the participation of all these organizations in a coordinated rehabilitation program.

The next meeting was held Jan. 29, 1957 and several patients were selected for the medical evaluation program. Social service studies on these patients is to be completed. It was decided that the pediatrician or the internist would be the admitting doctor and the other specialists would rotate in alphabetical order.

Further discussion on the possibilities of a rehabilitation center resulted in a request to the Coordinating Council of the Community Chest Corp. for a survey of all existing organizations interested in rehabilitation including cost of their programs, personnel and facilities.

At the March 26, 1957 meeting, the social service study on the first patient for medical evaluation was presented. Further progress on the possibility of the survey of the rehabilitation agencies was reported by Mr. Hynes.

Since Dr. Ipp of the original committee was unable to attend the meetings due to a conflict in dates, and since it was not feasible to change the date of the meetings, your chairman decided to replace Dr. Ipp with Dr. Newsome. It was decided that the present committee—consisting of Drs. I. C. Smith, Chairman, J. J. Sofranec, L. L. Bernstein, F. Gelbman and J. Newsome should serve during 1957 and that the next president of the Medical Society should then appoint a new committee.

ASSESSMENT

Dr. Schlecht, in absentia, requested that Council discuss and act upon an assessment of \$1.00 per member per year be levied on our Society to provide a reserve for the Sixth Councilor District of the Ohio State Medical Society Postgraduate Assemblies. There are approximately 1200 members in the six counties. Two counties have already passed on the assessment.

The following motion was made, seconded, and duly passed: That the Mahoning County Medical Society pay into the reserve of the Sixth Councilor District, \$1.00 per year for each Active and Associate member, providing all other Societies in the District approve same.

Dr. Detesco reported on a meeting with the Visiting Nurses Association and the discussion concerning their patient problems where doctors are involved. He will submit a full report at a later date.

Dr. McGregor reported on the progress of his committee with respect to the 1957 Canfield Fair.

—M. W. Neidus, M. D.
Secretary

In diagnosis, the young are positive and the middle-aged tentative;
only the old have flair.

—Lancet, 1:795, 1951

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OPEN LETTER TO THE MCMS

Your editor, has asked me to write a few words to appear in the next issue of the Bulletin on the organization called the American Thrift Assembly.

What is the American Thrift Assembly?

It is an organization of self-employed business and professional men who do not in any way participate in a retirement or pension program. It is composed of doctors, lawyers, accountants, dentists, druggists, veterinarians, and small businessmen right down to the barber who cuts your hair.

What is the purpose of the American Thrift Assembly?

To enlighten Congress to the inequities in our tax system as it applies to voluntary provisions for retirement. At the present time the American Thrift Assembly is spearheading an effort to have the Jenkins-Keogh Bill considered before the present Congress.

What is the Jenkins-Keogh Bill?

The latter is a simple provision to allow professional and self-employed businessmen to set aside a small percentage of their earnings for their retirement needs. It is not a tax deduction but a tax deferment since the money voluntarily set aside out of present earnings would be taxed at the time of withdrawal or use in retirement.

Is the American Thrift Assembly an approved organization?

Indeed it is. It has the blessing of the American Medical Association, the Ohio State Medical Association, American Dental Association, American Bar Association, and as far as we can determine almost all the professional societies are contributing money, effort, and time to support it.

What can you do to help the American Thrift Assembly help "you" and your colleagues in the allied professions and small business world?

Simply take a few minutes of your time and dictate a letter of support to:

The Honorable Michael J. Kirwan, House of Representatives,
Washington, D. C.

The Honorable Frank J. Lausche, United States Senate Office Building,
Washington, D. C.

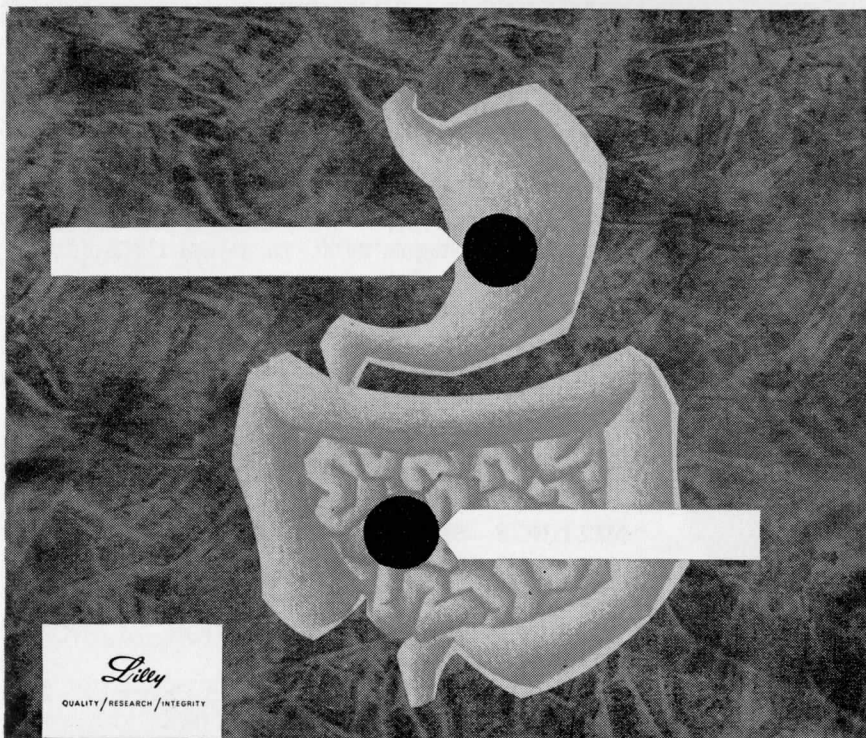
The Honorable John W. Bricker, United States Senate Office Building,
Washington, D. C.

Majority Leader John MacCormack, M. C., House Office Building,
Washington, D. C.

Then if you are really a worker, contact your barber, your wife's beauty shop owner, your independent grocer, your independent gasoline salesman, your liquor dealer, a farmer, your clergyman, any independent un-incorporated small businessman, and ask them to contact the above individuals to support the passage of the Jenkins-Keogh Bill.

Remember the professional and small businessman has no present provision for retirement. Everyone is living longer these days—even the doctor. Write some letters. Help the American Thrift Assembly help you.

—John J. McDonough, M.D.



Twin benefits in peptic ulcer therapy

ELORINE CHLORIDE

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Reduces gastric acidity and gastro-intestinal motility

'Elorine Chloride' effectively decreases gastric secretion and reduces motility of the gastro-intestinal tract (but not of the esophagus). Thus, it is especially valuable in peptic ulcer therapy. In one phase of a comprehensive study¹ of anticholinergic agents, 'Elorine Sulfate'* was shown to reduce gastric acidity to pH 4.5 or higher in all sixteen patients. This reduction was maintained from thirty to more than 270 minutes, and in nine of the sixteen patients it lasted longer than three hours.

1. Sun, D. C. H., and Shay, H.: A. M. A. Arch. Int. Med., 97:442, 1956.

*'Elorine Sulfate' (Tricyclamol Sulfate, Lilly)

Dosage should be tailored to the patient's tolerance. In peptic ulcer, the average adult dose ranges from 100 to 250 mg. three or four times daily.

'Elorine Chloride' is now available in pulvules of 50 and 100 mg.

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MEETINGS — JULY, 1957

UNIVERSITY of TENNESSEE, July 24-26, course in Surgical Management of Acute Injuries, Memphis.

HARVARD MEDICAL SCHOOL, July 1-26, course in Thyroid Disease and the Use of Radioactive Iodine.

MEETINGS—AUGUST, 1957

AMERICAN UROLOGICAL ASSOCIATION — North Central Section—Grand Hotel, Mackinac Island, Mich., August 28-30. Dr. Edwin C. Graf, 7 W. Madison St., Chicago 2, Illinois, Secretary.

COLORADO CHAPTER and ST. JOSEPH'S HOSPITAL, annual postgraduate clinics, St. Joseph Hospital, Denver. August 1-3.

ST. LOUIS UNIVERSITY, course for General Practitioners on Roentgen Diagnoses of Carcinoma of Lung, Francis Hospital, Washington, Mo., August 13.

MICHAEL REESE HOSPITAL, course in Electro-cardiographic Interpretation for Graduate Physicians, Chicago, Aug. 19-31.

MEETINGS—SEPTEMBER, 1957

AMERICAN UROLOGICAL ASSOCIATION, Northeastern Section, White Face Inn, White Face, N. Y., Sept. 8-11.

INTERSTATE POSTGRADUATE MEDICAL ASSOCIATION of NORTH AMERICA, Chicago, Ill., Sept. 29-Oct. 3.

U. S. SECTION, INTERNATIONAL COLLEGE of SURGEONS, Chicago, Ill., Karl Meyer, 1516 Lake Shore Drive, Chicago, Illinois, Sept. 9-12.

COLLEGE of AMERICAN PATHOLOGISTS, New Orleans, La., Sept. 29-Oct. 4. A. H. Dearing, Prudential Plaza, Suite 2115, Chicago 1, Illinois.

AMERICAN CONGRESS of PHYSICAL MEDICINE and REHABILITATION, 35th annual scientific and clinical session, Hotel Statler, Los Angeles, Sept. 8-13.

ST. LOUIS UNIVERSITY, course for General Practitioners on Diagnoses and Treatment of Cancer in the Oral Region, Francis Hospital, Washington, Mo., Sept. 10.

PENNSYLVANIA HEART ASSOCIATION, convention in Pittsburgh, Sept. 14-15.

AMERICAN FRACTURE ASSOCIATION, course on Treatment of Fractures, El Paso, Texas, Sept. 29.

CANADA ADOPTS NEW INCOME TAX ACT FOR SELF-EMPLOYED

A heartening note was received recently from Dr. A. D. Kelley, general secretary of the Canadian Medical Association.

He informed us that the Canadian parliament had adopted an amendment to the Income Tax Act comparable to the Jenkins-Keogh bill, which the A.M.A. and other professional organizations have been supporting. The Canadian limits of deferment are 10 per cent of earned income or \$2,500 per year, whichever is the lesser. Under the Jenkins-Keogh bill, the limits would be 10 per cent of earned income or \$5,000 instead of the \$2,500 in the Canadian law.

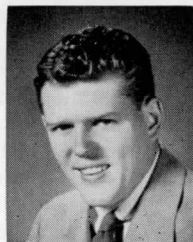
—Secy's Letter—June 1957



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MEMORANDUM

The recent withdrawal of the requirement for performing routine serological tests for syphilis on all hospital admissions in order to qualify for accreditation by the Joint Commission on Accreditation of Hospitals prompted the Association of State and Territorial Health Officers to study this situation. As a result of this study the Association adopted the following resolution:

"BE IT RESOLVED THAT the ASTHO encourage serologic testing for syphilis in all patients, and groups of patients, on admission to hospitals where recommended by the appropriate public health agency."

In keeping with the above recommendation, and in hopes of further clarifying the situation, the Ohio Department of Health surveyed selected hospitals throughout the state. These hospitals ranged in size from 8 to 1040 beds. They reported rates ranging from 0.35 to 23.39%. The table below gives representative data from some of the hospitals response to the survey.

NUMBER OF ADMISSIONS	SEROLOGICAL TESTS FOR SYPHILIS	PERCENT TESTED	NUMBER OF REACTORS	REACTOR RATE
2,446	2,446	100	115	4.70
3,461	3,461	100	26	0.75
26,015	24,065	92.5	1,988	8.26
13,000	13,000	100	3,041	23.39
504	504	100	68	13.49
18,861	18,861	100	453	2.40
9,594	9,594	100	237	2.47
5,360	5,360	100	367	6.85
8,232	8,232	100	217	2.64
13,720	13,720	100	48	0.35
10,459	6,742	64.5	650	9.64
24,000	3,274	13.6	254	7.76
10,887	4,950	45.5	192	3.88
146,539	114,209	77.9	7,656	6.7

Generally speaking, hospitals with high reactor rates are those having large service operations and large outpatient services. Our experience in Ohio has been that reactivity rates among low socio-economic groups are still high enough to warrant our serious attention. However, rural and higher socio-economic groups have been found to be less profitable.

Based upon this evidence and upon the local situation some hospitals will find it profitable to continue routine serological testing on all admissions. Some will not, however, and where the technique is not profitable as a routine procedure on admissions we recommend that the medical staffs give serious consideration to testing all service and outpatient admissions, as case finding among these groups is still productive. —Ohio Department of Health

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RESUSCITATION

Although safety education has reduced incidence of drowning by 50 per cent in the last 50 years, some 7,000 Americans will die by accidental drowning during the months of June through August this year.

But the number could be greatly reduced and "many of these persons could probably be saved by adequate resuscitative measures and aftercare," according to an article in the June issue of *Therapeutic Notes*, a monthly medical magazine published for physicians by Parke, Davis & Company.

"About 90 per cent of the ninety million persons who use swimming facilities each year swim very poorly or not at all. Only 10 per cent swim reasonably well or very well, and the percentage of swimmers who are able to assist others in distress is even smaller, a fact corroborated in that three of every four drownings occur within 60 feet of the shore."

Artificial respiration, the article emphasizes, must be "instituted immediately, even at risk of other injuries" since circulatory failure may occur in a matter of seconds.

The immediate problem of resuscitation is to drain as much liquid as possible from the respiratory system and to maintain an adequate airway. The patient should be placed in a prone position and lifted at the waist, so that water will drain out of the bronchial passages. Debris, mucus, dentures and other material should be removed from the mouth and throat.

"The 'push-pull' or 'arm lift-back pressure' is recommended for all persons except infants and very small children," the article states. "In infants and small children, this method carries the risk of rib fracture and lung puncture. For such patients, 'prone tilting-visceral shift' method is advised.

"Especially designed for children ranging in age from one week to two years and from seven to 28 pounds, and in length from 20 to 33 inches, this procedure involves digital maintenance of an airway, support of the head in midline position, and exertion of internal pressure, respiration being controlled by shifting of the abdominal viscera."

"Resuscitation must not be interrupted for any reason until the procedure has been performed for at least 15 minutes. There is some question as to how long artificial respiration should be continued if the patient shows signs of reviving. One doctor recommends a minimum of one hour. After the patient's respiration is established, artificial respiration should continue for some time."

Points to remember in aftercare:

- The patient should be kept warm and dry.
- He should be given a whiff of spirits of ammonia which may temporarily help him breathe deeper.
- If his condition is good, he may be placed on his side to ease breathing movements and prevent regurgitation.
- Patient should be removed to the hospital as soon as possible, but must be handled with great care to prevent development of secondary shock.

The doctors' advice and urgings still are valid, the article states. In fact the physician cannot emphasize enough the adages "wait one hour after meals before swimming, don't swim if tired or overheated," and "don't ignore muscle cramps."

When you use a progestational agent, consider what the Council on Drugs (formerly the Council on Pharmacy and Chemistry¹) says about

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1. J.A.M.A. 163:356 (Feb. 2) 1957.

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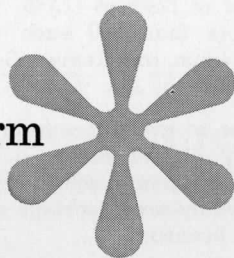


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3,804 NEW PHYSICIANS LICENSED IN U. S.

The physician population of the United States increased by 3,804 in 1956, according to the annual report on physician licensure by the American Medical Association's Council on Medical Education and Hospitals.

Actually 7,463 physicians received their first licenses to practice medicine and surgery in 1956. However, 3,659 physicians died during the year. Subtracting this number from the number licensed for the first time leaves a gain of 3,804 in the total American physician population.

The council's 55th annual report appears in the current (May 25) Journal of the A.M.A.

State and territorial boards issued 14,543 licenses during the year, but 7,080 went to doctors already holding licenses from another state or to men who took examinations in more than one state.

Of the total licenses given, 7,122 were by written examination and 7,421 by interstate reciprocity and other methods. Compared with 1955, a near-record year exceeded only by 1946 and 1954, there was a decrease of 297 in the total number of licenses issued.

Most candidates who received licenses by examination came from the 76 approved four-year medical schools in this country and 11 in Canada. The rest were from foreign schools, unapproved schools, schools of osteopathy, and schools no longer operating. Only 4.5 per cent of the 6,149 graduates of approved American schools failed to get licenses. Most failures occurred among graduates of foreign, unapproved or osteopathic schools.

The greatest number of licenses (1,745) was issued by California. New York issued 1,355. More than 500 each were given in Florida, Illinois, Michigan, Ohio, Pennsylvania, and Texas. South Dakota granted the smallest number—18.

The greatest number of graduates from any one school examined was 231 from the University of Tennessee, a state university. The greatest number examined from a private school was 175 from Tulane University School of Medicine. Twenty-seven schools each had more than 100 of their graduates examined for licensure.

Graduates of the new University of Miami School of Medicine, Coral Gables, Fla., and the University of Puerto Rico School of Medicine appeared before medical examining boards for the first time. All 26 of the University of Miami graduates passed.

Eight other schools also had no failures among their graduates. They are Albany Medical College, Albany, N. Y., Woman's Medical College of Pennsylvania, the Medical College of South Carolina, the University of California at Los Angeles and San Francisco, and the Universities of Southern California, Washington, and Wisconsin.

Foreign school graduates, including both American and foreign-born persons, took 1,783 examinations, with 1,012 passing. This is a slight decrease from the number who passed in 1955. There were 852 foreign-trained physicians who received their first American licenses. Of these, 834 received

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their licenses by examination and 18 by endorsement of credentials. These physicians represented medical schools in the Philippines, New Zealand, 16 South and Central American countries, 24 European countries, and 13 Asian countries.

The number of licenses issued on the basis of geographical areas were: New England, 407; Middle Atlantic, 1,532; East North Central, 1,437; West North Central, 824; South Atlantic, 1,210; East South Central, 469; West South Central, 624; Mountain, 175; Pacific, 720, and territories and possessions, 65.

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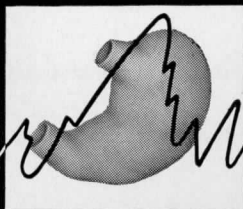
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NEWS LETTER NO. 404 JUNE 3, 1957
THINGS TO COME!

LABOR HITS PHYSICIANS' FEE SYSTEM. Nelson H. Cruikshank, director of the AFL-CIO social security department, who had many a run-in with the A.M.A. when he served as an active member of the board of directors of the Committee for the Nation's Health, shouted out recently against the practice of medicine on a fee-for-service basis.

Writing in the May 18 issue of the AFL-CIO News, Mr. Cruikshank said that physicians' attempts to maintain solo practice on a fee-for-service basis as the only proper relationship with their patients is pure "escapism." The story was based on a speech which he delivered before the Massachusetts Hospital Association.

He was quoted as saying:

"It will not work. Our problem is not as simple as how to maintain solo practice on a fee-for-service basis or even as simple as how to destroy it.

"Our problem is how to develop arrangements under which the personal and social values which were associated with it can be preserved in the practice of 20th century medicine."

In discussing labor's interest in medical care, he said:

"The organizational and collective bargaining process must be extended into a new dimension through negotiations, agreements and arrangements with third parties—the providers of medical services and facilities. Only in this way can the job of translating health and welfare funds into better medical care be effectively accomplished."

—A.M.A. Newsletter, June 1957



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