

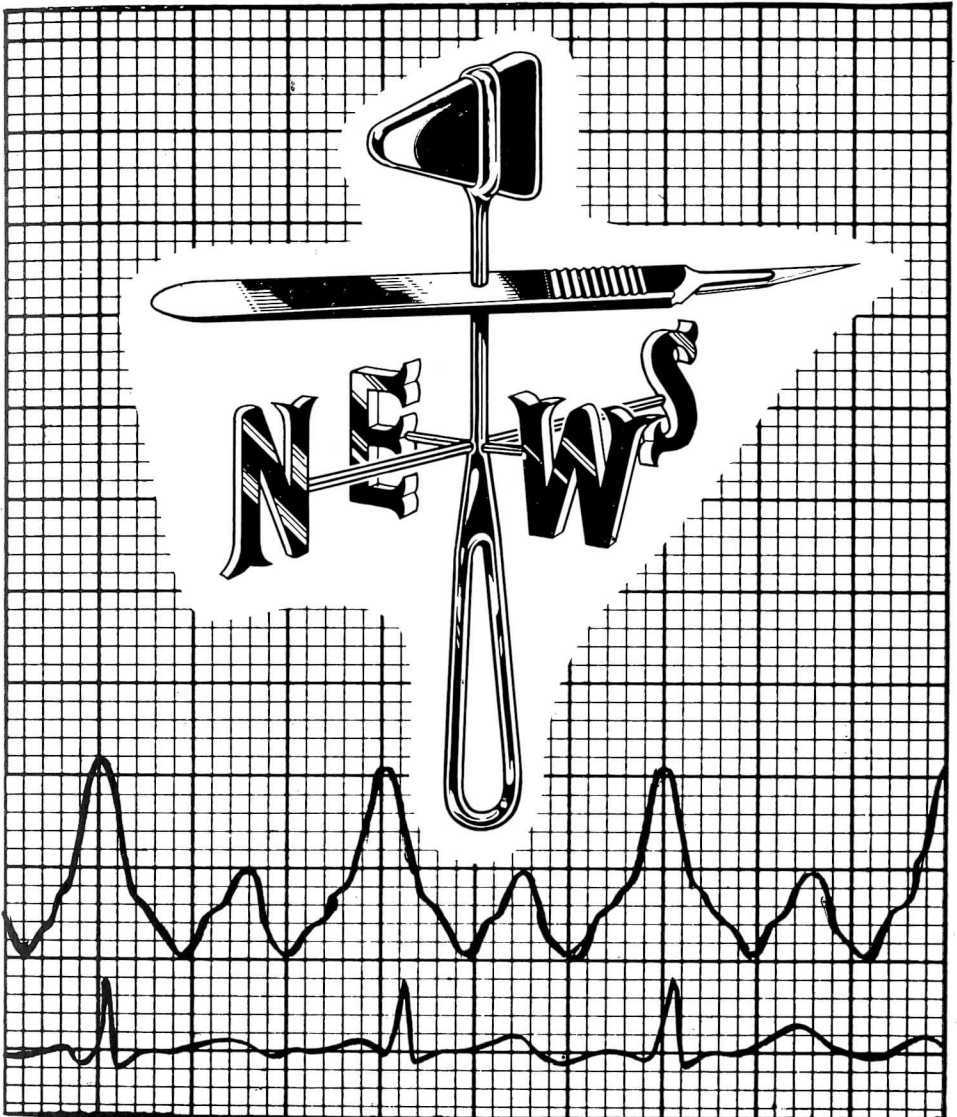
# BULLETIN

*of the*  
**MAHONING COUNTY  
MEDICAL SOCIETY**

Volume XXXV

Number Seven

JULY, 1965



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## *From the Desk of the President*

### COMMUNITY HOSPITALS — A TOTAL COMMUNITY RESPONSIBILITY

In the coming months the residents of the Youngstown area will dig deep to pay for new and desperately needed hospital facilities. Our community is growing and our hospital requirements have accompanied this development. The doctors will, I am sure, give generously of their money and of their time, as they have in the past, to help put over the forthcoming hospital drive. However, many of the area physicians believe that building new facilities is definitely not enough. Infinitely more important is the wise and judicious use of the facilities we now have as well as those to be constructed in the near future. I submit that there are four specific areas from which leadership must come.

From the doctors point of responsibility complete and proper utilization of a hospital is proving to be a very rugged assignment. There has been constant and continuing pressure by medical staffs to make certain that every patient entering the hospital needs to be there. Utilization committees have been at work for years and while they have not been completely ineffectual, they have not done nearly enough—WHY? Why have physician utilization committees frequently failed? I asked this question pointedly of ten of my physician associates. Their answers, to a man, were that the committees assigned to utilization had no "teeth" and therefore could not curtail repeated abuses by relatively few men. Admission to the hospital by way of the emergency room is the most flagrant abuse. Pressure must grow more specific and intense to close this and other loopholes.

And what about the hospitalization insurance carrier responsibility? Today, for example, a substantial number of Blue Cross contracts require that a patient be in the hospital in order that x-rays and diagnostic studies be performed. This puts a heavy drain on the use of hospital beds, and causes a backlog for weeks and months of many patients who should be in the hospital. Blue Cross is aware of this, but feels as a primary hospital insurance carrier, it is not in a position to pay for x-rays and diagnostic studies on an outpatient basis and, at the same time, underwrite the cost of this same hospital bed that would be filled in any event. But this position does not meet the need of the patient and is doomed to failure. It would seem far better community-wise to increase the cost of a health insurance contract to cover outpatient x-rays and diagnostic studies rather than build and underwrite additional beds at \$50,000 a crack to keep patients in the hospital who are often completely well and need only a diagnostic workup. Last year, over sixty doctors signed a petition to Blue Cross asking that they cover x-rays and diagnostic studies on an outpatient basis to alleviate the critical bed shortage. This has not been possible—not up to this point, anyway. On the positive side, an increasing number of private insurance carriers will now underwrite the cost of x-ray and a diagnostic work-up in or out of the hospital. This has been a great help.

Hospital administrations are not without fault in the area of proper hospital utilization. Understandably, they want every bed filled to meet spiralling hospital operating costs—breaking even is made easier or less difficult with every bed filled. On the other hand, a hospital administration is in the best possible position public relationwise, to acquaint and educate the hospital patient. While the patient is hospitalized, he can be told in many ways about the priceless value of a hospital bed, what it costs to maintain a bed in a hospital, how costs have risen, how much a new bed will cost, how important it is to make proper and early arrangements to leave, and when the doctor advises discharge from the hospital. Discreetly placed signs,

*Continued on page 194*

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The opinions and conclusions expressed herein do not necessarily represent the views of the Editorial staff or the official views of the Mahoning County Medical Society.

Volume XXXV

July, 1965

Number 7

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

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**—EDITORIAL—**

At this writing it is abundantly clear that the battle against Medicare is over. After years of struggle and controversy, expensive advertising drives, rallies, and political action campaigns, our crusade has ended in total failure. Now it becomes necessary to stand back and attempt an objective analysis of the events that led to our defeat. For our task is not over. American Medicine has not met with irrevocable disaster. We still have patients to treat, over and under 65. And we have lost only the first battle in what appears to be the start of medical socialization of the United States; we have not lost the war.

The issues and factors that have led to the development of the Medicare law are of course multiple and complex. All factions agreed some time ago that some sort of legislation to assist in the health care of the elderly was needed. The scope, the details, the administration and implementation of such legislation have been at issue from the start. Once these issues started to be discussed, various groups and individuals, in the fields of politics, labor, hospital administration, social welfare and so forth, entered the skirmish. They presented their views and tried to gain acceptance for their philosophies and interests. It appeared that everyone's self-interest allied them against American Medicine.

Even in our own ranks, there were factions, chiefly educators and academicians, who more or less openly disagreed with the point of view of organized medicine. It appeared that physicians had no friends left anywhere, and everyone was willing to sell us down the river, take away our prestige and income, reduce our status, and make us government employees. Worst of all, everyone was perfectly willing to make health and medical decisions without consulting us.

What was the basic underlying reason for this sequence of events? Does everyone hate physicians and organized medicine? Was Medicare created only to serve the self-interest of numerous powerful factions, and at our expense? No, the answer is simpler and more fundamental. There existed a definite medical, social need which went unrecognized by the group best equipped to deal with it. In other words, our failure to adequately recognize the need for health legislation for the elderly, and our failure to provide plans to meet these needs allowed non-medical groups to enter

*Continued on page 194*

## FROM THE DESK OF THE PRESIDENT

*Continued from page 192*

brochures, letters to the patient, reminders, would all help to impress upon the patient the value of a hospital bed. A vigorous program in this area would educate many and shame others, but overall would help the critical bed shortage.

Hospital Administrations must tackle progressive hospital care. As the patient improves during a hospital stay, it should be possible to move him to less costly quarters, where fewer nursing services are required and where often, I am sure, the patient could minister to most of his needs and profit by the increased activity.

Hospital administrations should bring the doctors into their advisory or trustee committees, or at least set up a joint board where the physician and laymen could work together in the very best interests of the community hospital. As it is now, there really is no opportunity, no common ground for the physician or hospital trustee to profit from the knowledge and experience of each other. This is a serious loss to the entire community.

While voluntary cooperation and contribution to any cause often leaves much to be desired, the general public must be brought into the hospital bed problem and made a responsible party to it. Patients should not demand admission to a hospital except when it is definitely needed, and then only on the specific recommendation of the doctor. Moreover, the patient should be willing and ready to leave the hospital as soon as the doctor says that he or she is able to go home. Patients should not want to go into a hospital for diagnostic studies if the same workup can be had as an outpatient and the bill paid. Somehow, the seriousness of the hospital bed occupancy problem evades the general public, and is brought to their attention only when they or their family must use the hospital. At that time, the situation is played by ear, and months or years may go by before another trip to the hospital is required. Possibly, those who use the hospital prudently, should have a reduction in their hospitalization rates, and those who over-use should be penalized.

There are abuses in every area—the doctors, hospital administrations, insurance carriers, and the public—all are guilty. Improvement in all of these areas is possible and better service to our entire community would be the reward.

—John J. McDonough, M.D.  
President

## EDITORIAL

*Continued from page 193*

the void and make personal capital from the situation. As Dr. John G. Freymann of Worcester, Mass., stated: "The greatest danger lies in the failure of the medical profession to unite and guide the public. If it fails to do so, it will allow overwhelming political and economic forces to split up its prostrate body." And this is what has happened.

What about the future? What can we do to prevent further losses both for ourselves and our patients? We can no longer be content to practice good medicine alone. We must, in addition, develop a keen awareness of the social and public health needs of our population. We must anticipate general health problems and devise and initiate plans for their solution. Michael J. O'Neill of *Medical World News* stated that "state and local welfare departments are taking over very large medical care programs under government legislation, largely because . . . medical groups did not take the lead in developing medically oriented solutions." It would be wise to develop medical specialists in this field who could work in conjunction with medical administrators, organized medicine and government, locally and nationally. These specialists could work under the auspices or as employees of organized medicine. I think we would find both public and government eager to listen and cooperate. It is only when we fail to recognize and deal with the problems which we are most qualified to handle, that others will usurp our prerogative to the detriment of all.

—Kurt Wegner, M.D.

Editor



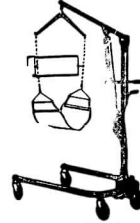
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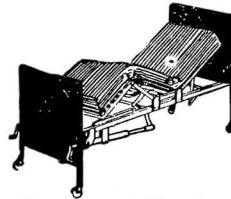
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## ADVISE FROM SASKATCHEWAN: BE UNITED

Is there a lesson for American doctors in what happened in Saskatchewan?

Irwin W. Bean, M.D. of Regina, Saskatchewan, speaker at the June meeting, said the "small beginning" of government entrance into the medical care field that is being experienced in the United States has little resemblance to the "large dose" that Saskatchewan has had. However, he made it clear that Americans can learn from the "inexorable progression of government's role in medical care."

"When one is negotiating with a governmental agency, remember that one is negotiating with professionals," he warned. He urged reliance on competent professional advice in the fields of law, economics, sociology and public relations.

"The lawyer particularly must know all about the commas and the little things in fine print, which can kill you later if neglected now," he said.

"Liberty can be preserved only by the united and vigilant," he insisted. He urged doctors to maintain professional solidarity against all odds and he warned against letting intraprofessional conflicts interfere with vigilance.

"Society has granted us the right of professional self government and the profession must do everything in its power to honor this trust," he said, adding: "The profession must make sure that it has enough tools to govern its members honestly and with strength, because weakness in this area invites government interference."

He explained that government interference in Saskatchewan started with a natural desire in rural areas for co-operative action to provide roads, education, telephones and essential health services. It grew through "municipal doctors plans," an anti-tuberculosis league and an anti-cancer program until the day when a Labor government succeeded in gaining full control.

"This," he said, "placed a third party in the economic relationship between doctor and patient and opened the door for the profession to be responsible to the third party rather than the patient."

He said that during the 23 days of the "withdrawal of services" in Saskatchewan in 1962, citizens supported doctors and helped "buoy us up in a situation we all abhorred but had felt driven to create." He denied the many tales of malpractice which were distributed by Canadian Press and picked up in U.S. newspapers.

He urged that doctors always maintain a positive attitude in leading the way to insure that good medical care is available to everyone. He said, "this requires accepting that government does have a legitimate role in helping the needy."

Dr. Bean spoke for an hour and then answered questions for more than an hour.

"There are a variety of medical care plans in existence in the world today," he said, "I do not hold that they can be transplanted from country to country, but principles, on the other hand, are basic and do not change from one location to another."

## CANFIELD FAIR VOLUNTEERS WANTED

With the Canfield Fair less than two months away, the Canfield Fair Committee of the Medical Society is hard at work on plans. The committee is currently soliciting volunteers to work at the Red Cross First Aid Station at the Fairgrounds during the five days of the Fair.

Ten shifts are necessary to cover the Fair, two each day. The early shift is from 11:00 a.m. to 5:00 p.m., and the late shift is 5:00 p.m. until 11:00 p.m. Payment is made by the Canfield Fair Board.

The dates of the Fair are Thursday, Sept. 2 through Monday, Sept. 6, Labor Day. Anyone wishing to sign up for a shift should call the Medical Society office, RI 6-8431.





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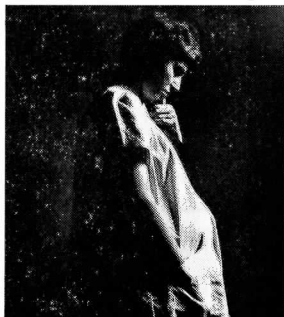
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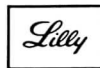
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tinued. Side-effects and contraindications of Anhydron apply to Anhydron K and Anhydron KR. There have been reports of small-bowel lesions associated with administration of enteric-coated potassium in combination with thiazide diuretics. The incidence of these lesions is low, and a causal relationship has not been definitely established. Nevertheless, such products should be administered only when indicated and should be discontinued immediately if abdominal pain, distention, nausea, vomiting, or gastrointestinal bleeding occurs. Side-effects of reserpine include mental depression, nasal stuffiness, lassitude, laxative effect, sense of fullness in the abdomen, nightmares, and reduction in libido and potency. Reserpine should be used cautiously in patients with a history of mental depression, peptic ulcer, or ulcerative colitis.

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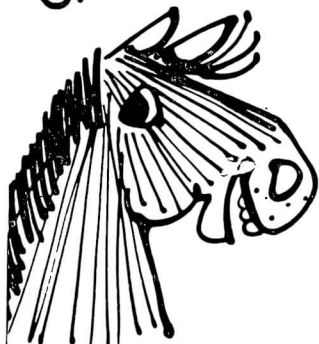
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## ON THE USE OF ESTROGENS

In current medical and lay literature, a number of authors have expressed opinions on the necessity for continuous estrogen treatment in women. Some believe that for physiologic and cosmetic reasons every woman should receive routine estrogen therapy throughout life and not only at menopause or when clinically indicated. Plans were made for adequate estrogen therapy from "puberty to grave" and plans were described for administration of these drugs (1). Hormones were to be administered to all aging women in a cyclic manner so that withdrawal bleeding occurred regularly. The menopause would thus be eliminated and femininity preserved.

On the heel of these publications a prominent pharmaceutical company responded with an energetic sales promotion to acquaint physicians with their hormone products. Working regimens were outlined for cyclic replacement therapy (2). Dosage level of estrogens to be given was to be guided by the type of exfoliated cells contained in the vaginal smears. To facilitate the wide use of this plan and for the convenience of busy clinicians, printed labels were distributed for the purpose of requesting such cytologic evaluations from the Cytology Laboratory.

This approach should be viewed with concern by every one who has a part in the practice of clinical cytology.

The program of hormonal treatment recommended by the pharmaceutical company is as follows: Women in each age group should have a "desired maturation count." The "desired maturation count," as represented by the number of superficial type of squamous cells present in the vaginal smear, should range from 70-85% of all the squamous epithelial cells present. This is the reference standard. The objective of therapy is to administer estrogens until the patient's vaginal cytology reaches and is maintained at the desired level of "maturation count."

There are many objections to this practice. The standards quoted above are much higher than those normally found in clinical cytology. It is well known to all cytologists that in many normally cycling women, the luteal phase cannot be identified easily from the proliferative phase of the menstrual cycle on the basis of cellular composition of the smears. In these cases there is simply a lack of substantial increase or decrease of superficial cells in the smears at different phases of the cycle. In fact, many normal young women may have only a small number of superficial cells in their smears throughout the menstrual cycle. In "An Introduction to Gynecological Exfoliative Cytology," tabulated presentation of the number of superficial cells in the vaginal smears of normal women can be found according to age groups. Only 14-20% of all premenopausal women have more than 60% of superficial cells in their smears. On the average, 26-30% of superficial cells are found in premenopausal women. These observations were based on the examinations of many thousands of normal individuals. Therefore, the reference standards described in the promotional literature for hormone replacement therapy of aging women are entirely too high. Such high levels of superficial cell counts may not even be attainable unless a very large segment of the female population are to receive substantial doses of estrogenic drugs over a long period of time.

Secondly, the degree of vaginal epithelial proliferation is not, mathematically, in direct proportion to the estrogen level in the body. Doubling the dosage of the drug does not necessarily increase the superficial cell count two fold. In addition, many other factors such as individual differences,

target organ responsiveness, local infection as well as systemic factors other than hormonal may influence the type of cells exfoliated in the vaginal smears. Since the cytologic assessment is made by estimating the proportion of the superficial squamous cells present in the smears, this method of evaluating hormonal status is an approximate at its very best. In an editorial of a recent issue of *ACTA Cytologica*, it was stated that the cytologic indices are very limited in their objective meaning.

Thirdly, the proportional numbers of various types of exfoliated cells found in a vaginal smear is determined by an interplay between the estrogenic hormones and other hormones in the body. This needs no elaboration if only one would consider the example of pregnancy. Although very high estrogen concentrations exist in normal gestation, due to the relatively high levels of progesterational and gonadotrophic hormones, the net balance is rather a low "estrogen effect" in the vaginal smears with a minimal number of superficial cells present. Therefore, exfoliative cytology is not a dependable measure of the *absolute* level of estrogenic hormones in the body. This is especially true when evaluations are based on single examinations. Hormonal cytology is of value only when groups of smears of a considerable number of individuals are evaluated for comparison. These may be comparable smears from different groups of patients or serial smears from the same groups of patients but at different times.

Other objections to the present day aggressive plan of hormonal therapy are: Irregular uterine bleeding which may follow the therapy, necessitating dilatation and curettage for histological examinations of tissue to rule out malignancy; breast growth and discomfort which may or may not have permanent adverse effect; retention of salt and water in the body which may tip the electrolyte balance, particularly in elderly women in whom renal and cardiac diseases are common.

It must be emphasized that no objection is raised regarding the use of estrogens in the presence of medical indications such as atherosclerosis, coronary diseases, myocardial infarction, osteoporosis and other metabolic defects. In fact, hormone therapy should not be withheld in many gynecologic and other complaints related to aging in which estrogen therapy may have a salutary effect. Undoubtedly, the estrogen taboo held for the past decades should be lifted. Physicians should take a more vigorous interest in the care of aging women and watch for the potential need of estrogen replacement. My concern here refers only to the proper perspective of hormone therapy and the understanding within the profession of the role of cytology in the administration of these drugs.

—Winifred Liu, M.D.

- (1) Wilson, R. A. and Wilson, T. A.: The Fate of the Nontreated Postmenopausal Woman: A Plea for the Maintenance of Adequate Estrogen from Puberty to the Grave. *J. Am. Geriat. Soc.* 9:347-32, 1963.
- (2) Ayerst Laboratories, New York, N.Y.

## ◆

### FORTY LISTED FOR EMERGENCY CALLS

As the result of a recent questionnaire, sent to every member, forty doctors are now listed on an "any doctor" call list to be used as the backbone of the emergency call system operated by the Medical-Dental Bureau.

While some of the physicians on the list have extremely limited specialties, and some others have limited their calls to out-lying areas, still there is a good number available to take emergency calls within the city.

Any doctor desiring to have his name added to the list may do so by phoning the medical society office, RI 6-8431.

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## NEW ACTIVE MEMBERS



Dr. Demetrio M. Josef, a General Surgeon, was born in the Philippines, in the town of Marikina, on January 22, 1919. He attended Rizal High School at Pasig. He was graduated from the University of Sto. Tomas, Manila with a degree of A.A. in 1939, and received his M.D. at the same University in 1944.

He interned at St. Paul Hospital, and UST Hospital in Manila, and at St. Catherine Hospital in East Chicago. He was Special Assistant, OB-Surgery, 1954-1956 at Youngstown Hospital Association, and Surgical Resident at the same hospital, 1956-1960. He opened his office at 510 Gypsy Lane in February, 1964. He is a member of the American Society of Abdominal Surgeons.

Dr. Josef is a member of St. Edward Church. His wife is the former Marian McVean, whom he married in 1959, and they have two children, Demmy Frederich, aged 5, and Alisa Marian, age 3. They live at 1848 Selma Ave. Dr. Josef's hobbies include hunting, fishing, bowling, photography, and sports cars. He is a member of Porsche Car Club.

\* \* \* \* \*

Dr. Kenneth M. Lloyd, a Dermatologist, was born in Youngstown on Feb. 4, 1934. He attended Boardman High School and the University of Michigan, from which he obtained his M.D. degree in 1959. Following his internship at Youngstown Hospital, he took a residency in Dermatology at Henry Ford Hospital, 1960-1961.

He was a resident in Internal Medicine at Youngstown Hospital, 1961-1962, and at Henry Ford Hospital, 1962-1963, and a resident in Dermatology at Duke University, 1963-1964. Concurrently with the latter appointment, he held an N.I.H. Fellowship in Biochemistry. In July, 1964 he opened his office at 420 Oak Hill Ave.



Dr. Lloyd is a member of the American Board of Dermatology, The Scientific Research Society of America and the Victor Vaughn Society. For the past year he has been a Clinical Teaching Fellow in Medicine at Youngstown Hospital. He is a member of Sigma Alpha Epsilon, and Phi Rho Sigma.

He has published the following papers: "Bacterial Endocarditis Due to Pseudomonas Aeruginosa," and "Cowden's Disease, a Possible New Symptom Complex with Multiple System Involvement," in *Annals of Internal Medicine*; "Two Clinical Variations in Epidermophyton Infections" in *Archives of Dermatology*; and "An American Student's Impression of Medical Education and Practice in England" in the *University of Michigan Medical Bulletin*.

Dr. Lloyd is a member of First Christian Church. His wife is the former Mary Ellen Jones, whom he married in 1959, and they have two children, Jenifer Rae and Jessica Ann. They live at 516 W. Midlothian Blvd. Dr. Lloyd's hobbies are golf and bowling.

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## 15 ATTEND SK & F SPEECH COURSE



Practice sessions played an important part in the Speech Training Course. In the lower photo, Dr. John Guju gives a practice talk to his colleagues at the Cascades Room of the Pick-Ohio Hotel.

A two-day Speech Training Course, administered by Smith Kline and French Laboratories, drew praise from all participants at its conclusion on May 29.

A team of experts from Smith Kline and French, headed by Dr. Harold L. Hayes, and Henry W. Flood, put fifteen Mahoning County physicians through an intensive training and drill program. Except for short coffee-breaks and a lunch period, the program ran non-stop from 9:00 a.m. til 5:00 p.m. on both Friday and Saturday, May 28-29.

Within the first hour of instruction, Dr. Hayes had everyone on his feet making a talk. At that time, most of the "pupils" were hesitant, but by the end of the course, everyone was eager to stand and make himself heard.

Those taking the course were: Drs. G. L. Altman, S. W. Chiasson, F. D'Amato, A. Goudsmit, J. G. Guju, R. J. Hritz, C. B. Klodell, V. D. Lepore, W. E. Maine, L. H. Scharf, D. Shapira, C. K. Walter, W. P. Young, and Howard Rempes and Phil Tear.

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## MCMS APPROVES NEW FEE PLAN

In a recent poll, members were asked to vote on a proposal that the Bureau of Workmen's Compensation (Ohio) adopt a "usual and customary" fee plan, which would replace the current system of a fixed fee schedule.

Results of the poll showed that, out of 144 ballots returned, 137 voted to approve the new plan, and 7 voted to reject it. The Ohio State Medical Association has been advised that the Mahoning County Medical Society has approved the proposal.

## CONSTITUTIONAL AMENDMENT

Two new amendments to the Constitution of the Mahoning County Medical Society have been approved by the Ohio State Medical Association and are now officially a part of the constitution. The first is the "delegate voting" amendment, which permits all those sitting on council to exercise a vote.

The amendment is printed in the following form so that it may be clipped and pasted into each member's individual copy of the constitution:

CLIP AND PASTE  
at bottom of  
page 6 in your  
constitution.

### ARTICLE V

#### Board of Trustees—Officers—Council Delegates—Censors

(As Amended Feb. 18, 1964)

The officers of the Society shall consist of the President, the President-Elect, the Secretary, the Treasurer and the Immediate Past President. The above mentioned officers, together with the Editor of the Bulletin, the Director of Public Relations, the Delegates and the Alter-

6

CLIP AND PASTE  
At top of page 7

nate Delegates to the Ohio State Medical Association, and an additional number of elected Members of Council-at-large equal to the total number of Delegates and Alternate Delegates, shall constitute the corporate Board of Trustees and may hereafter be referred to as the Council of the Society.

The President, the President-Elect and the Immediate Past President shall constitute the Board of Censors.



CLIP AND TIP ON  
(paste just the top  
half-inch) at the  
top of page 19

**(As Amended Feb. 18, 1964)**

The term of Alternate Delegate shall be for two years. At the first election following the adoption of this amendment, half the Alternate Delegates shall be elected for a one year term, and the remaining half shall be elected for a two year term. In the future, should there be an odd number of Alternate Delegates to be elected, their elections shall be so staggered that approximately one-half shall be elected each year; the odd number nearest one-half of these Alternate Delegates to be elected in the odd numbered years, and the even number nearest one-half in the even numbered years. The terms of all elected officers shall begin on Jan. 1, following their election.

Section 3. The Board of Trustees, also named and referred to herein as the Council, shall consist of the President, the President-elect, the Immediate Past President, the Secretary, the Treasurer, the Editor of the Bulletin, the Director of Public Relations, the Delegates and Alternate Delegates, and an additional number of Council Members-at-large equal to the total number of Delegates and Alternates, elected for a period of two years each, whose terms of office shall be so adjusted that one-half of them will be elected on alternate years.

Section 4. Eligibility of Officers for Re-Election. A retiring President shall not be eligible for election as President-elect. No Treasurer or Secretary shall serve for more than two consecutive terms. No Alternate Delegate or Member of Council-at-large shall serve in either office for a combination of more than three consecutive terms. Any member who has been elected or appointed for less than two years to an office which carries a two year term shall not be regarded as having served a term.

## MEDICAL ASSISTANTS' SOCIETY

The May meeting for members of the Medical Assistants' Society of Mahoning County was held on Tuesday, the 25th, at 8:00 p.m. at St. Elizabeth Hospital School of Nursing "Ivy Hall." President Dorothy Klein presided at the business meeting.

Our Guest Speaker was Dr. D. A. Belinky, Coroner, whose subject was "Dead Men Do Tell Tales." Various interesting slides were viewed and discussed. Members were most appreciative to Dr. Belinky for his informative talk.

Enlightening Convention reports were given by our Delegates, Dorothy Klein, Mary Semyan and Jo Sammartino. It was reported that eleven of our members attended the State Convention in Canton, May 20-23rd. The reports that were given were most impressive, and those of us who were not able to attend certainly regretted missing this particular convention.

The "Birthday Girls" selected at our May meeting were Mildred Butcher for the month of May and Carrie Bledsoe for June, and both girls were presented their appropriate "Birthday Angels."

A social hour followed the business meeting and convention reports.

Installation of new officers was held on Thursday evening, June 10, 1965, at a beautifully arranged dinner meeting in the Jade Room of the Mural Building. Installed as new president was Josephine Sammartino; Candace Shufflebarger, president elect; Nena LaBarbera, recording secretary; Alice Larson, corresponding secretary; and Julia Gura, Treasurer. Councilors for the next year will be Mildred Butcher, Dorothy Pyatch, Carrie Bledsoe, Joan Schuchler, Aurelia Sheridan, and Laura Marinelli.

The invocation was given by Mrs. Joseph Tandatnick, and Miss Dorothy Klein, out-going president, welcomed members and special guests who included Doctors Samuel D. Goldberg, David B. Brown, Louis J. Gasser, and Armin V. Banez, who are the Society's Advisors.

Entertainment was provided by "The Keynoters" who sang a medley of melodic love songs, appropriate for the month of June. The group was accompanied on the piano by Lillian Butcher Stambaugh.

Guest Speaker for the evening was Mrs. William H. Evans, who spoke on "My Year as National President of the Auxiliary to the American Medical Association." Mrs. Evans also installed the new officers and presented each with a lovely red rose.

Mildred Butcher, Membership Chairman, installed the following new members: Miss Eleanor Dial, Mrs. Dorothy Pollnow, Miss Eleanor Kuzma, Miss Joan D'Orazio, Miss Mary Catherine Adams and Miss Sandra Potoray.

It was indeed a lovely evening and most enjoyable for all who attended.

Our out-going President, Dorothy Klein, is to be congratulated upon her successful year in office. She and her fellow officers have worked diligently to make the past year a favorable one for the society.

Congratulations are also in order to our new president, Jo Sammartino, and her staff, with all of the members' best wishes for a good year.

The annual picnic for members and their guests will be held in July at Dr. A. C. Marinelli's farm.

As a personal note, I would like to say that it has indeed been a pleasure for me reporting to the Bulletin of the Mahoning County Medical Society, for the Medical Assistants during the past year.

—Laura Marinelli,  
Reporter.

◆

Tobacco is a filthy weed,  
'Tis the devil plants the seed.  
It dulls the senses, scents the clothes  
And makes a chimney of your nose.

—Anonymous

## OHIO PHYSICIAN IS AMA PRESIDENT-ELECT

An Ohio internist, Dr. Charles L. Hudson of Cleveland, was elected to the office of president-elect of the American Medical Association at the recent annual meeting in New York City.

Dr. Hudson is an associate professor at Western Reserve University and past-president of the Ohio State Medical Association. He has been a member of the Board of Trustees of the AMA.

Dr. Hudson has long been prominent in Ohio medicine and continues to take an active part in the Ohio State Medical Association. His candidacy was announced prior to the recent annual meeting of the OSMA. His name was incorrectly printed in the last issue of the Bulletin as Dr. J. Robert Hudson.

Dr. Hudson won the election on the third ballot, after defeating Dr. Durwar Hall and Dr. Walter Judd. Dr. Hudson has pledged his administration to an emphasis on science.

## MEDICAL ASSISTANTS DONATE TO HOSPITALS

The Medical Assistants' Society of Mahoning County have recently made donations to two local hospitals totaling \$1500.00. The Youngstown Hospital Association and St. Elizabeth Hospital have each received a check for \$750.00 which is to be used in whatever way the hospitals deem necessary and most fitting. Our hospitals have been the recipients of the proceeds of our yearly project since the organization's inception. The money represents the hard work and effort which went into the annual fund raising card party and style show which was held last fall.

Since the Society members are all employed by members of the Mahoning County Medical Society who are associated with these hospitals, and where they work a good part of each day, it was felt that in this way we would also be serving our very own doctors.

The Society is quite proud of the success of their last fund raising event and hope that all of our future projects will be just as prosperous. We are now looking forward with much anticipation to our next style show this fall.

—Laura Marinelli,  
Reporter.

July 17

E. J. Wencas

July 18

J. L. Finley

G. H. Dietz

July 20

M. L. Porter

July 23

B. S. Brown

July 24

C. C. Chen

July 25

P. J. Mahar

J. L. Scarnecchia

July 27

N. D. Belinky

M. M. Yarmy

July 28

W. B. Hardin

July 29

S. M. Zervos

July 30

F. L. Schellhase

J. H. Fuls

August 3

I. Werbner

August 4

W. K. Allsop

August 6

R. S. Boniface

August 8

J. N. Gordon

August 9

R. B. McConnell

August 14

D. A. Belinky

J. L. Fisher



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## PROCEEDINGS OF COUNCIL

June 8, 1965

The regular meeting of the council of the Mahoning County Medical Society was held on Tuesday, June 8, 1965, at the Mural Room, Youngstown, Ohio.

The following physicians were present: John J. McDonough, president, presiding, H. N. Bennett, B. C. Berg, L. P. Caccamo, G. E. Decicco, F. A. Friedrich, L. J. Gasser, Frank Gelbman, A. W. Geordan, R. L. Jenkins, Bertram Katz, C. E. Pichette, H. J. Reese, F. A. Resch, R. J. Scheetz, Jack Schreiber, C. W. Stertzbach, J. F. Stotler, C. K. Walter, and Kurt Wegner. Also present were Drs. W. E. Sovik, W. D. Loeser, and K. C. Kunin. Absent were: Drs. S. W. Chiasson, S. F. Gaylord, and J. V. Newsome.

The meeting was called to order at 6:45 p.m. The minutes of the previous meeting were read and approved.

Bills were read. The motion was made, seconded and duly passed that each bill be paid.

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

### ACTIVE MEMBERSHIP

Dr. Demetrio M. Josef, 510 Gypsy Lane

Dr. Kenneth M. Lloyd, 420 Oak Hill Ave.

### ASSOCIATE MEMBERSHIP

Dr. Earl Richard Ebie, 803 Home Savings and Loan Bldg.

Dr. Clayton A. Hixson, St. Elizabeth Hospital

Dr. George T. Szaboky, 21 North Wickliffe Circle

### INTERN-RESIDENT MEMBERSHIP

Dr. Charles H. McGowen, Youngstown Hospital Assn.

Dr. Gelbman made a report on the annual meeting of the Medical Dental Bureau. He stated that the Bureau does not have a list of physicians to take "any doctor" calls. These calls average 12 a month who can afford to pay, and 3 a month who cannot afford to pay.

In connection with the above report, a letter from the Medical Dental Bureau was read, in which the Bureau asked the Medical Society for a list of doctors who would accept "any doctor" calls.

Dr. Loeser gave a description of a therapeutic pool to be built in the new building for the Society for Crippled Children and Adults. He requested a letter from the Medical Society endorsing the pool. The motion was made, seconded and duly passed that a letter be sent to Dr. Loeser endorsing the pool.

Dr. Kunin introduced discussion concerning the AMA attitude and the recent OSMA resolutions concerning child spacing and contraceptive methods. He asked for a resolution from the Mahoning County Medical Society supporting the Ohio State Medical Association resolution and calling it to the attention of the Welfare Department. Following discussion, Dr. Pichette asked that he might obtain some information from the Catholic clergy and moved that the discussion be tabled. Motion was seconded and passed.

A letter was read from the AMA Department of Medical Ethics which advised that the Health Insurance Brochure might be better than a personal letter from a physician, but that disseminating such information to the public is ethical as long as no individual insurance carrier is recommended.

A letter was read from the Youngstown Department of Law which stated the salaries of the city physicians but explained that there were no city laws nor ordinances prescribing their duties. Following discussion, the motion was made, seconded and duly passed that a letter be sent to the Board of Health asking about the duties of the city physicians.

A letter was read from Dr. Robert B. McConnell suggesting a poll of physicians be taken to get the opinion of the medical profession concerning

the wisdom of building a new hospital on the South Side. Following discussion, it was suggested that we go along with the current building plans, but to advise the hospital executive boards that doctors will state their opinions in the future. It was recommended that Dr. McConnell's letter be sent to the Area-wide Hospital Planning Committee, and that Dr. McConnell be notified.

A letter was read from the Ohio State Medical Association concerning the proposal that the Bureau of Workmen's Compensation adopt a "usual and customary" fee plan to replace the present fixed fee schedule. Following discussion, the motion was made, seconded and duly passed that the Medical Society be polled before approval be sent to the Ohio State Medical Association.

A letter was read from Dr. S. F. Gaylord announcing his resignation as delegate. Following discussion, the motion was made, seconded and duly passed that the resignation be accepted with regret and that Dr. Gaylord be so informed.

A letter was read from Mr. Vincent Bellanca asking approval to dispense information concerning the Myasthenia Gravis Foundation, Inc. Western Pennsylvania Chapter at Pittsburgh. Following discussion, the motion was made, seconded and duly passed that both the AMA and the local Chamber of Commerce be checked for a full report and that permission be granted if the report was satisfactory.

A letter was read from Dr. Saadi concerning the validity of a match test used in pulmonary physiology, which was published in the Journal of the American Medical Association. He suggested that the council opinion expressed a year ago concerning the test was impulsive. Following discussion, the secretary was asked to write a letter explaining that council had not rejected the test, but had thought it was not a proper test to be used at the Canfield Fairgrounds.

A letter was read from the Commercial Shearing and Stamping Co., signed by C. B. Cushwa, Jr., President, thanking the Medical Society for the letter of appreciation for the Company's gift to the National Fund for Medical Education.

Note was taken of an offer from Encyclopaedia Britannica to give a discount to a group such as the Medical Society if a letter announcing it would be sent out by the Society. During discussion, the Medical Society policy was restated that the mailing list not be used for commercial purposes.

Mr. Rempes made a report on a grass roots meeting of county medical societies that was held in St. Louis on Sunday, May 30th, and which he attended. He stated the purpose of the group was to make some attempt to make some changes in the Medicare Bill. He read the "Patients Bill of Rights," adopted at the St. Louis Meeting, and announced that the Los Angeles County Medical Society, sponsors of the meeting, requested that petitions containing the Bill of Rights be signed and returned to that Society.

Following discussion, meeting was adjourned.

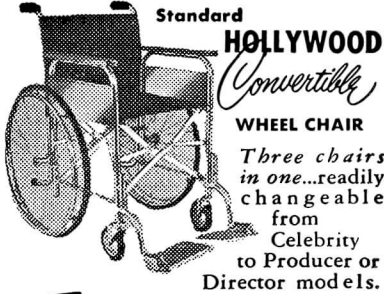
—Howard Rempes  
Executive Secretary

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## THE CAIRN

Not all our strength of will, nor all the force  
Which we command; nor joy, nor our remorse,  
Nor all the towering piles of inert stones  
That mark the sites of crumbling, nameless bones  
Have changed one whit a planet in its course.

From "*Leaves of Life*"  
By Warren DeWeese Coy, M.D.



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**THIRTY YEARS AGO—JULY 1935**

The Society voted to endorse the following report of the Public Relations Committee: 1. We recommend the use of the Municipal Hospital on Indianola Avenue for a Psychopathic Hospital. 2. We recommend the employment of a well trained psychiatrist who shall not engage in the private practice of medicine except by consultation and on demand of a physician. 3. We recommend the patient and his family have the right to employ their own physician if they so desire.

There were five articles in this issue on the pros and cons of medical relief. During the depression our Economics Committee had done considerable pioneering in setting up a system of medical care for the indigent sick. They had insisted on the right of free choice of physician, they had channelled relief cases from the dispensaries and the city physician to the doctor's offices. They had obtained a fee schedule which many physicians considered acceptable. But there was never enough money to pay the bills. Money was appropriated by the State on the basis of \$1.00 per month per family on relief. When the money was insufficient, the doctor's bills were pro-rated so that if the medical expense (including drugs) was twice the amount of funds available, the bills were cut by half. Pro-ration for June was 59%.

The doctors were up in arms and in Trumbull and Columbiana Counties they went on strike. The articles showed a wide divergence of opinion. Some were in favor of sending the indigents to the hospital dispensaries, some advocated having no system at all but just taking care of people whether they could pay or not.

The difficult thing to remember thirty years later is that many of our doctors were distressed during the depression and their patients were nearly all on relief. The amount they got from the State was an important item to them. Our committee was fighting to see that they got it, while other members of the Society who were well enough fixed to feel individualistic were trying to chuck the whole thing.

The solution of the dilemma came with business recovery and improvement in employment. We have retained much of the system evolved then. Instead of the Emergency Relief we have the Mahoning County Welfare Department where indigent patients present themselves for slips authorizing them to see the physician of their choice. Fees still lag behind the minimum schedule but there is no pro-ration and the controversy has simmered down.

**TWENTY YEARS AGO—JULY 1945**

News was received of the death of Dr. Walter F. Bartz while a prisoner of the Japanese. Dr. Nate Belinky was a prisoner, somewhere in Japan.

There was a long article on the "Rehabilitation of the Returning Medical Officer." Excerpts: "The returning medical officer needs a home and a place to practice. Some . . . will return literally homeless, officeless and

penniless. According to a questionnaire about 80% were eager to obtain additional medical training. It is the duty of the medical profession to assist such physicians to reach these goals."

W. M. Skipp was elected President of the Medical-Dental Bureau. Medical Economics published an article from our Bulletin on "Hospital Visitors."

Majors Wm. Neidus and Sam Tamarkin were home on leave. Major Sam Goldberg was heard from in Germany. Tims was spending a couple of weeks on the Riviera. This writer was heard from in the Philippines. It was a hot summer.

### TEN YEARS AGO—JULY 1955

Editor Tornello urged the doctors to support the campaign for \$250,000 to build the new community theatre.

Frank Kravec submitted a review of the new chemotherapy of pulmonary tuberculosis with Isoniazid, Streptomycin and Para-aminosalicylic acid.

James L. Finley of Petersburg became a member of the Society. Sidney Franklin addressed the American Board of Legal Medicine at Atlantic City.

Council resolved that the Society would sponsor internes and residents at social functions but they would in turn be expected to attend at least five meetings during a year.

The founder of the Anti-Vivisection Society was arrested and charged with embezzling \$8,000 dollars. He said the charge was ridiculous, they spent more than that on postage in a year.

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### LETTER

Mr. John J. McDonough, M.D., President  
Mahoning County Medical Society

Dear Dr. McDonough:

Thank you very much for your letter of May 10th with reference to our Company Foundation contribution to the National Fund for Medical Education. We have contributed to this fund for a number of years.

It will be pleasing, I know, to the Trustees of The Commercial Shearing and Stamping Foundation to know that the Mahoning County Medical Society is aware of the gift and, through you, has registered approval and thanks.

Sincerely,  
C. B. Cushwa, Jr.  
President

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### BULLETIN BOARD

Dr. Sidney Franklin was a principal speaker at the annual meeting of the American College of Legal Medicine, held in conjunction with the American Medical Association meeting, Sunday, June 20, in New York. Dr. Franklin addressed the College on "What Should Be in a Malpractice Insurance Policy."

Dr. William J. Flynn recently spoke on "Concepts in the Management of Recurrences and Metastases from the Nasopharynx," at an international workshop on cancer of the head and neck, held in New York.

Dr. Craig Wales was installed commander of the Youngstown Power Squadron. The Squadron has completed 10 years of teaching safe boating to the public and advanced courses to its members.

Dr. Robert L. Tornello was elected to his third term as president of the Youngstown Players board of directors.

Drs. William Loeser, Curtis Fisher and Gust Boulis are co-authors of a recent article in the AMA Journal. Based on 43 cases in the past four years, the article deals with work done with the artificial kidney and peritoneal dialysis.

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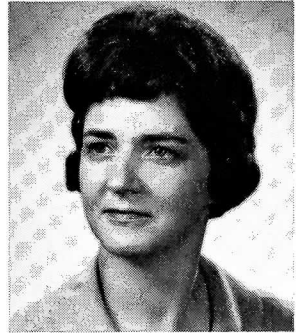
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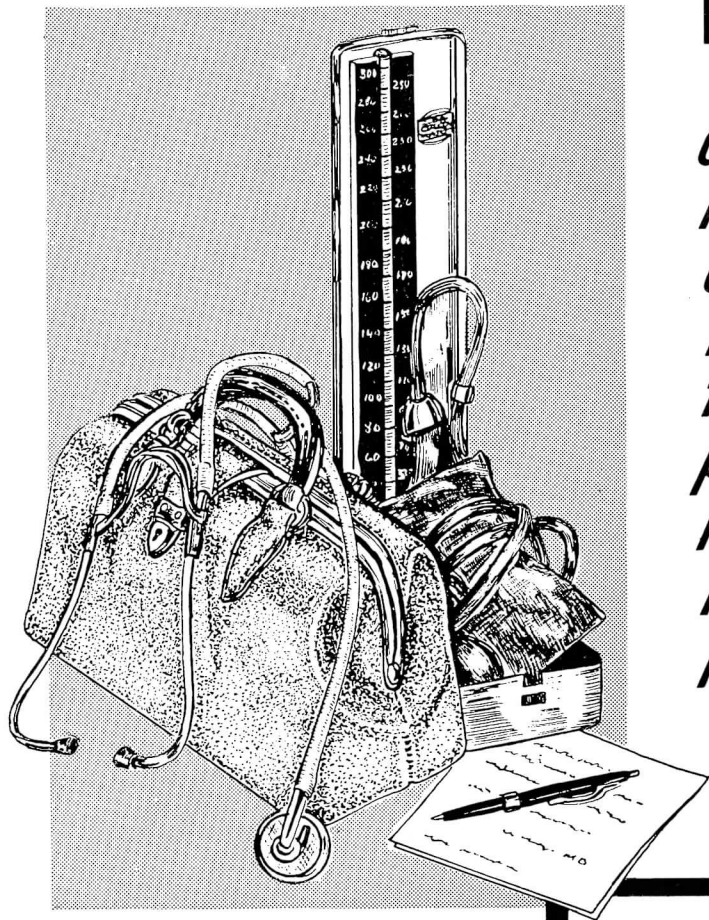
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