

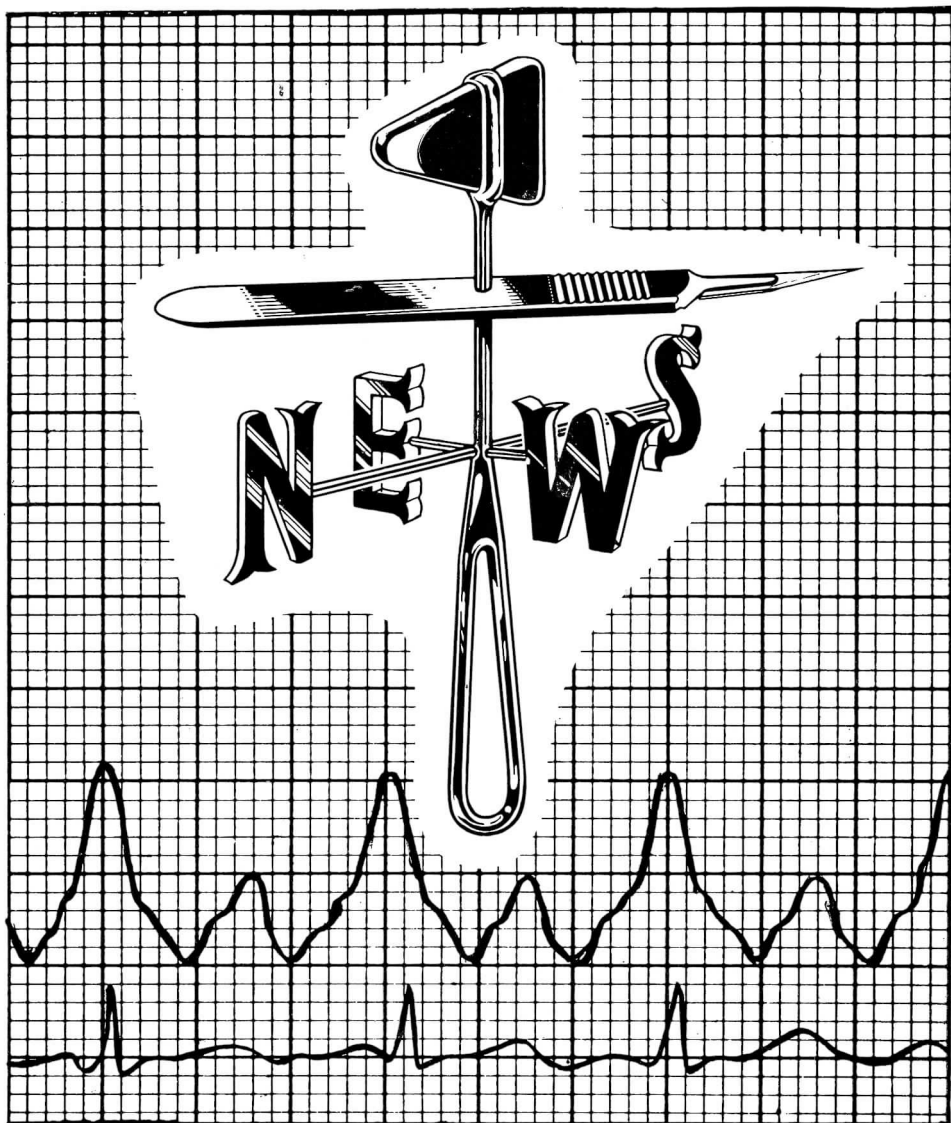
# BULLETIN

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

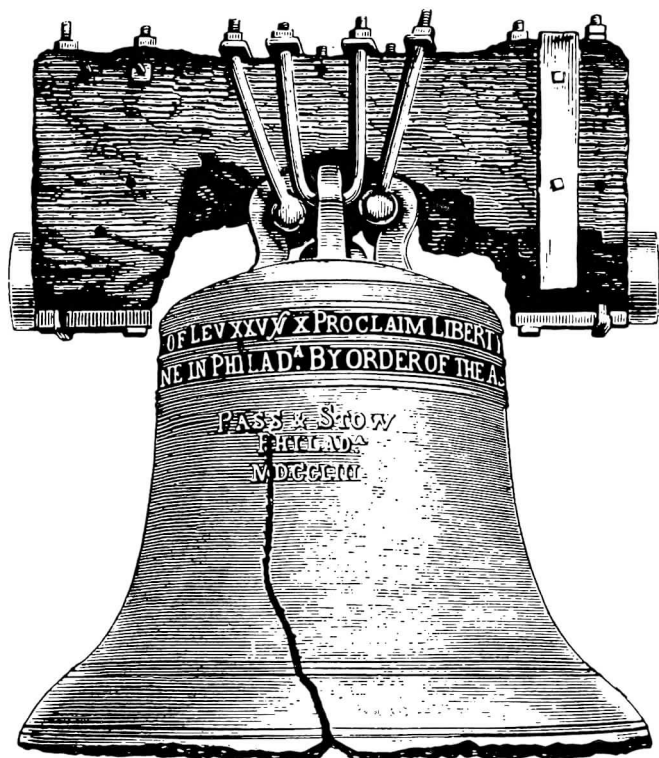
*Volume XXXV*

*Number Eleven*

NOVEMBER, 1965



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# NOVEMBER MEETING

Tuesday, November 16, 1965

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**Business Meeting**



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6:30 p.m. Buffet Dinner (\$3.50)

7:30 p.m. Meeting

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Mahoning County Medical Society

1005 Belmont Avenue

Youngstown, Ohio 44504

---

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Thursday, November 11, 9:30 a.m. — 5:00 p.m.

MURAL ROOM

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November 14-20

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## MEDICAL ASSISTANTS DINNER

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**Election of Officers**

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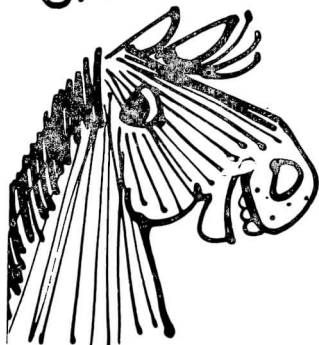
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## *From the Desk of the President*

### **A COMMUNITY GRADUATE MEDICAL EDUCATION PROGRAM**

In September the Council of the Mahoning County Medical Society established an ad hoc committee under the chairmanship of Leonard Caccamo to study the long term advisability and availability of a community-wide graduate medical education program.

The objective would be full utilization, development, and mobilization of existing medical facilities into a medical complex that would offer an enlarging breadth of medical education for interns and residents who wish to train in this area. At present, for example, the fields of psychiatry, tuberculosis treatment and control, and public health, to name a few, are here but not utilized or programmed into graduate physician training.

Further, such a community program could conceivably open the Youngstown general hospitals for mutual or combined training in the fast growing medical-surgical specialties. It would seem clear to all that adequate clinical material for specialty teaching might be available in one hospital division, but insufficient if it were divided among several disassociated institutions.

To spell this out let's suppose, for example, that the physicians of the Mahoning County Medical Society believed that a Hyperbaric oxygen chamber was necessary in our area for the treatment of gas gangrene infections, primary atypical pneumonias, or for oxygen supersaturation to correct surgically congenital heart defects. This is life saving equipment often of greatest value when used as an emergency measure, yet it might cost up to \$750,000! Surely this type of sophisticated apparatus must not be duplicated, yet be available to treat all for miles around. Graduate medical students who wish to study this method of treatment, and possibly even find greater uses for it, should be exposed to it.

It also seems to be only a matter of time until our fast-growing Youngstown University is brought closer to the medical teaching picture. Even now, this institution could probably provide the two years of preclinical medical education, with the possible exception of gross anatomy. Then the area-wide graduate medical education program could complete the student physician training. The medical teaching talent in the community is of excellent quality, ample in supply, but not as of now, so organized or orientated to medical school teaching. But it could be.

We need more physicians and the facilities to train them. A good hard look at our own institutions of medicine might reveal that the means is at hand.

To accomplish the above would be a herculean task but possible. Provincialism would be the great stumbling block.

This may be all for the future. But didn't someone say, the future is now?

— John J. McDonough, M.D.

President

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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

November, 1965

Number 11

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

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James L. Fisher, M.D.

Sidney Franklin, M.D.

A. William Geordan, M.D.

John G. Guju, M.D.

Harold J. Reese, M.D.

**TOMORROW'S PRACTICE**

It is not news, I am sure, when it is stated that the practice of modern medicine is ever changing, up-dating and modernizing. The introduction of specific chemo-therapeutics, antibiotics, prophylactic vaccines and hormonal agents has radically altered all fields of medicine. Advances in physics, biochemistry and other basic sciences have triggered unprecedented progress in diagnostics and surgery. Nevertheless, the fundamentals of medical practice have not changed markedly. The physician still obtains the medical history, follows this with the physical examination, orders indicated laboratory procedures, and then begins treatment. This order of things has been as basic as Koch's postulates; yet there are indications now that even this may not remain forever sacred.

New and even more revolutionary changes are undoubtedly on their way. The underlying reason is a rapidly expanding population clamoring for top-notch medical care, contrasted by a relatively small body of physicians available to render such care. Several avenues of approach present themselves as solutions to this dilemma, and I should like to explore two of these: 1. increasing physician efficiency; and 2. delegation of part of the medical care program to trained medical technicians under the supervision of physicians.

Physician efficiency could be increased in many ways. History taking might be made quicker and more effective by devising carefully planned questionnaires to be filled out by the patient prior to his examination. These can be scanned rapidly by the physician who then obtains additional details in problem areas. Such questionnaires can, in addition, prevent the accidental omission of some important questions from the routine history. Of course the questionnaires will be different in each specialty, and must be expertly devised to evoke maximal information. Another step toward increased efficiency is to omit unnecessary procedures. We all learn to do a thorough physical examination, following a certain plan and order devised to overlook nothing. Yet no physician can perform every maneuver of physical examination on every patient, and our examinations are per force selective. Computers could easily analyze the individual parts of the examination and reveal to us how effective and rewarding each really is. For example, in the absence of respiratory complaints, how often does auscultation of the lungs reveal any abnormalities? If the incidence of discovery of

pathological findings in such situations is extremely low, perhaps the procedure can be safely abandoned. Analysis of other parts of the examination can be similarly performed and lead to streamlining of our procedures.

The delegation of part of the medical examination and care to medical technicians under physician supervision will increase the doctor's effectiveness. Much of this is already being done: for example, visual and auditory screening, blood pressure taking, height and weight recording and other procedures are performed by office aides in many practices. In conjunction with this, it may be important to establish an effective set of screening procedures, physical as well as laboratory, which can be performed by technicians. We already use blood counts, urinalyses, serologic tests for syphilis and chest X-rays almost routinely as screens. Additional screening tests, such as the diaper test for phenylketonuria, simplified audiometry, psychologic questionnaires and others are rapidly becoming available. Such tests must be evaluated by experts, and, if found effective and profitable, be made a part of the practitioner's daily routine.

Advances such as these will streamline the medical practice of the future. But will the physician's increased efficiency and effectiveness make him more scientist and less able to sustain the traditional warm physician-patient relationship? Will his decisions now be based purely on the accumulated scientific data of each case? I think not. Decisions will still have to be based on reason and thoughtful judgment. But now more information, perhaps even more time, will be available to form such judgments. The margin of error will ever decrease, but physicians will continue to be humans, not automatons, engaged in the struggle for health.

— Kurt J. Wegner, M.D.  
Editor

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● **NOMINATIONS ON NOV. 16 — PLAN TO ATTEND** ●

---

**November 16**

F. J. Kocub

**November 17**

J. J. Turner

**November 18**

H. N. Bennett

F. R. D'Amato

**November 19**

M. I. Berkson

**November 20**

E. C. Baker

**November 22**

G. D. Fry

A. C. Marinelli

**November 23**

B. M. Schneider

**November 24**

C. S. Lowendorf

**November 25**

P. J. McOwen

V. Holonko

**November 26**

S. V. Squicquero



**Get Your Annual Check-up**

**November 27**

R. V. Bruchs

**November 28**

C. H. Weidenmier

**November 30**

S. E. Tochtenhagen

**December 1**

D. R. Bernat

**December 2**

C. A. McReynolds

**December 3**

C. F. Wagner

**December 4**

H. J. W. Marcella

C. A. Hixson

**December 10**

H. L. Shorr

B. M. Bowman

**December 12**

W. R. Johnson

**December 13**

D. Nesbit

E. A. Shorten

**December 14**

D. M. Rothrock

**December 15**

F. G. Kravec

S. G. Adornato

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## MALE PRIDE AND THE ALCOHOLIC WIFE

Male pride is a very powerful emotion and can be a very destructive one if the male happens to have an alcoholic wife. One reason it was long thought that male alcoholics outnumbered females by five to one was because the husband's pride wouldn't permit the wife's condition to become known outside the family. Not too many years ago female alcoholics were treated like lepers and relegated to the attic with a daily ration of whiskey while a housekeeper took over down below until death finally released the husband from his "burden."

Today many a husband of an alcoholic still says "Why should this happen to me?" He is bitterly resentful that the woman he has selected for a mate should thus "let him down." His male pride has taken a terrific beating—his household has fallen apart, he is afraid to bring his friends home, he has been embarrassed in public—perhaps openly reviled and mistreated.

When the situation becomes unbearable—for *him*—he may grit his teeth, take his wife to a treatment center, shove her inside and say to the staff "Here she is—cure her!" The patient recovers—temporarily, but the doctor knows she hasn't a prayer of permanent recovery until the husband's attitude changes or she can get up the courage to leave him.

Or he may attempt to treat her himself in private. This is often done by physicians whose wives are alcoholics. Unfortunately only a small percentage of the practicing physicians in the United States today understand the illness of alcoholism or how to treat it. Some of them give their wives tranquilizers and/or barbiturates and succeed only in adding another addiction to the original addiction to alcohol.

Injured male pride also may take the form of an angry, domineering attempt to manage every aspect of the alcoholic wife's life. This usually leads to renewal of drinking and an early death if some third party doesn't step in.

When his pride is too deeply hurt the husband of an alcoholic may reject her completely by withdrawing into himself and having no communication with her, or even by packing his bag and leaving. Another form of rejection sometimes used is to throw the wife out of the house, usually without funds. Obviously, if she is to live, she will have to find help elsewhere.

The fortunate wife today is the one whose husband asks, not "Why should this happen to me?", but "Why should this happen to *her*?" and then proceeds to *find out why*. He finds that she is the victim of an incurable disease, which, if not arrested, can lead only to death or insanity. He learns to accept the fact that his wife is a sick woman—not a demon sent to torment him,—that she has a treatable illness and that, with help, she can in time recover. He learns that her illness is three-fold, physical, mental and emotional. He seeks help and guidance for himself while carefully steering her in the direction of treatment. He consults competent doctors, clergymen and those most fitted by experience to help him, the members of the Alanon Family Group, an auxiliary of Alcoholics Anonymous composed of the wives and husbands of alcoholics.

He learns that there is much he must do to *change himself* if he is to return to a normal life and help her to recover. Old attitudes, mental and emotional, must be scrapped and replaced with new, constructive, positive ones.

The old male pride caused him to put innumerable roadblocks in the way of his wife's recovery, but a change of attitude, lots of patience and some real effort on his part will eventually produce a genuine feeling of pride in her recovery—and his own.

—Mary F. Baker, Dir.  
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## MEDICARE GUIDELINES

Summary of AMA policy determined at the special meeting of the House of Delegates, October 2nd and 3rd, 1965.

1. *Physician-Patient Relationship.* Legal council for the American Medical Association has stated that "an individual physician acting independently and not in concert with others can lawfully refuse to accept any person as a patient who is a beneficiary under the Medicare program or he may elect to treat such persons".

This means that as individuals, physicians can refuse to participate under the Medicare program. It is generally accepted, however, that most physicians, even though they are *ethically* free to select their patients, should render emergency care when requested and should give advance notice to their patients if they will not participate in the Medicare program. In summary then, it is legal and ethical for a physician to participate or not to participate according to his own conscience.

2. *Certification by Physicians:* The Medicare Act requires certification and recertification by physicians for patients receiving medical care under the provisions of this Act. It is official AMA policy that "practices and customary procedures with respect to certification for hospital admission and care shall be continued under the public law 89-97".

This would mean that in our local hospitals a telephone call giving the patient's name and diagnosis, as is currently done with all patients, should be sufficient information to obtain a hospital bed.

3. *Fiscal Intermediary:* The Medicare Law establishes that there shall be a fiscal intermediary acting as a carrier and as a buffer between the medical profession and the Federal Government. AMA left to the separate states the expression of preference for selection of a carrier. It is presumed that in Ohio, Blue Shield or OMI may be designated.

4. *Reasonable Fees:* "In the event of a dispute between physicians and carriers with reasonable, customary or usual fees, such dispute shall be resolved with the participation of the appropriate local Medical Society.

5. *Utilization Review Committees:* "Hospital Utilization Review Committees shall be composed of practicing physicians." It was further emphasized that individual physicians currently serving on Utilization Review Committees or contemplating membership on such committees can do so ethically, provided they are directly responsible to the medical staff of the hospital rather than to the Fiscal Intermediary or the Federal Government.

6. *Separation of Professional Fees and Hospital Charges:* "Hospital based medical specialists are engaged in the practice of medicine. The fees for the services of such specialists should not be merged with hospital charges. The charges for the services of such specialists should be established, billed and collected by the medical specialists in the same manner as are the fees of other physicians."

This means that AMA heartily endorses the action of Pathologists, Radiologists, Anesthesiologists, and Psychiatrists, not to be employees of the hospital.

7. At the conclusion of the meeting it was stated "the reference committee wishes to emphasize that none of its recommendations should be construed as approval of the Medicare Law, or in any way an acceptance of its philosophy."

Every attempt will be made to keep the membership of the Mahoning County Medical Society apprised of changes in the Medicare Law as they develop.

— Jack Schreiber, M.D.

## NO NON-DISCRIMINATION PLEDGE

The non-discrimination pledge, originally requested by the Department of Health, Education and Welfare is no longer required. Physicians who wish to rescind their non-discrimination pledge may do so by informing the Ohio Department of Public Welfare in writing that they "hereby rescind the non-discrimination pledge." The Ohio Department of Public Welfare address is 408 E. Town St., Columbus, Ohio 43215.

In place of the signed pledge, a statement which does not require the physician's signature has been approved. This statement is supposed to be on each bill submitted to the Ohio Department of Public Welfare. The Mahoning County Welfare Department has a stamp of this statement at the local office, and will cooperate by affixing the statement for Mahoning County physicians.

### MAIL "ALIAS SANTA" CHECK TODAY!

Mail your check today for the Esther Hamilton Alias Santa Claus Fund! This is a worth-while cause and a true charity. The Mahoning County Medical Society has given its official backing to this drive for many years.

Please make your contribution through the Medical Society so that the medical profession will receive full credit for giving. The Medical Society asks that every doctor contribute and suggests that each member give at least \$10.

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Mail it today to: Mahoning County Medical Society  
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### NOMINATIONS ON NOV. 16 — PLAN TO ATTEND

## MEDICAL ASSISTANTS SOCIETY OF MAHONING COUNTY

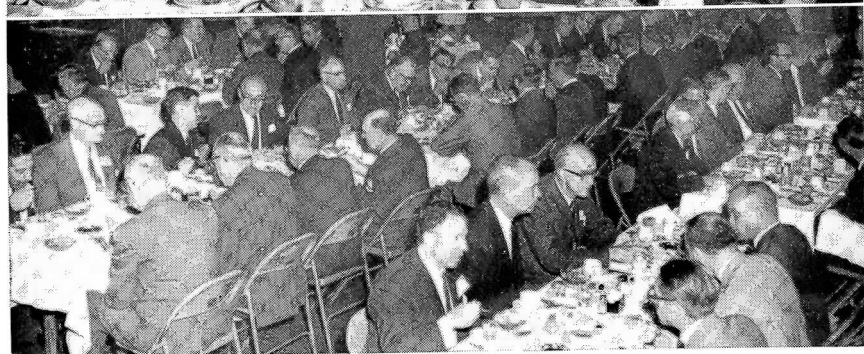
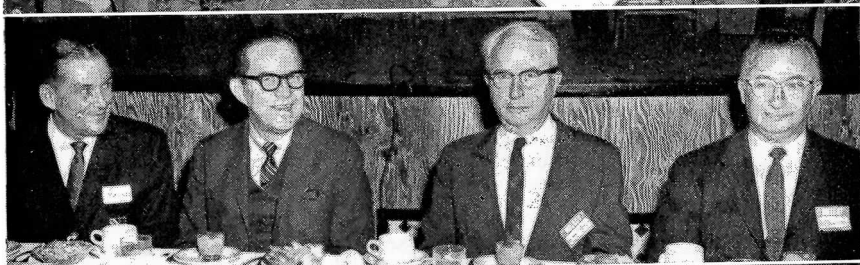
On Tuesday, October 5th, The Medical Assistants of Mahoning County met at 8:00 P.M. in the Coffee Shop at the North Side Unit of The Youngstown Hospital Association with Mrs. Jo Sammartino presiding.

Mrs. Candy Shufflebarger introduced Miss Eleanor Taylor, Chief Dietitian of the Youngstown Hospital who was our speaker and conducted us on a tour of the Dietary Department. She first told us how the food is selected and how the color card system for the varied diets for the patients are made up; in addition she explained their centralized system of serving. By this system of conveyors the hospital is able to serve approximately 420 patients within 40 minutes. Their department also serves the hospital personnel and guests and the cafeteria is open 24 hours. The tour began with the storage area, then through the varied kitchen areas where the food is prepared and then made up on the trays. We had a coffee break, so to speak, before the regular meeting began. A tea table was set up with cookies, coffee and tea with Mrs. Jeanne McHenry pouring.

After the reports were given by the officers, the remainder of the meeting was devoted to the November 4th Card Party and Style Show. This year the Style Show will be narrated by June Rosenquist; the sport and casual clothes will be by Arlene's, and the afternoon and evening clothes by Evelyn's. An added attraction this year will be that the models will have their hair styled by Cavalier of Canfield. There will be door prizes and each ticket holder will receive a "tote bag".

Our next meeting will be held on Tuesday, November 2nd, at Ivy Hall.  
— June Kyle, Reporter

## DENTISTS, PHYSICIANS AT OCTOBER MEETING



Social hour entertainment was provided by the "Dixieland Docs," consisting of (l. to r.) Ed Beynon, Jim Fulks, Lew Heyer, Tony Altiero, Paxton Jones, Bob Kiskaddon, and Al Mangie.

Pictured at the speakers' table are: (l. to r.) Dr. Mangie, president of the Corydon Palmer Dental Society; Dr. McDonough, president of the Mahoning County Medical Society; Dr. William T. Heron, speaker; and Dr. J. W. Tandtack, Program Chairman for the Medical Society.

Three dentists and a physician found themselves in an "hypnotic state" at the first annual meeting of the Mahoning County Medical Society and the Corydon Palmer Dental Society, held Tuesday, Oct. 19 at the Mural Room. The occasion was a demonstration of hypnosis by Dr. William T. Heron, who spoke on the "Uses and Abuses of Hypnosis in Dentistry and Medicine."

The demonstration was the climax of Dr. Heron's address before a crowd of 150 members of the combined Societies.

Dr. Heron was introduced by Dr. Tandatnick, program chairman. Dr. McDonough presided for the physicians and Dr. Al Mangie, president, presided for the dentists. The social hour was enlivened by music of the "Dixieland Docs."

• **NOMINATIONS ON NOV. 16 — PLAN TO ATTEND** •

## HOSPITAL PLANNING IN OHIO

In recent months, a fifth hospital planning agency has been added to Ohio's four planning areas. This is the Regional Hospital Planning Board (Northeast Ohio) located in Cleveland, which includes eleven counties and takes in the cities of Cleveland and Akron, and borders on the immediate vicinity of Mahoning County.



**Current Geographic Boundaries of Voluntary  
Areawide Health Facilities Planning Agencies**

The other planning agencies of Ohio, as indicated by the numbers on the map, are: (1) Hospital Planning Council of the Greater Miami Valley, located in Dayton, (2) Greater Cincinnati Hospital Council, (3) Columbus Hospital Federation, and (4) Hospital Planning Association of Greater Toledo.

Hospital planning for the Mahoning County area will come up for discussion at the Nov. 11th Community Health Care Symposium, sponsored by the Mahoning County Medical Society. This is an all-day meeting, beginning at 9:30 a.m., at the Mural Room. All physicians and their wives who are interested in hospital planning are urged to attend. Luncheon reservations may be made at the Medical Society office. No reservation is needed in order to attend the panel discussions.



## NOMINATIONS AT NOVEMBER MEETING

At the November 16 meeting, medical society members will hold nominations for the following offices:

<i>Office</i>	<i>Incumbent</i>	<i>Eligible for re-election</i>
President-elect	Resch	no
Secretary (2 year term)	Scheetz	yes
1968 Delegate (3 year term)	(vacant)	--
1969 Delegate (4 year term)	DeCicco (1965)	yes
Alternate Delegates (Two to elect. 2 year term)	Gasser Chiasson	yes yes
Council (Four to elect. 2 year term)	Friedrich Geordan Katz Pichette	yes yes yes yes

The following offices will not require nominations due to the terms not having expired.

<i>Office</i>	<i>Incumbent</i>
Treasurer	Reese
1966 Delegate	Newsome
1967 Delegate	Stertzbach
Alternate Delegate	Bennett
Alternate Delegate	Caccamo
Council	Berg
Council	Gelbman
Council	Jenkins
Council	Walter

## NOMINATING COMMITTEE REPORT

Acting under a new constitutional amendment, an official nominating committee will make the following recommendations at the Nov. 16 meeting of the Mahoning County Medical Society:

President-elect	Dr. H. J. Reese
Treasurer	Dr. M. C. Raupple
Secretary	Dr. C. K. Walter
1968 Delegate	Dr. L. P. Caccamo
1969 Delegate	Dr. Jack Schreiber
Alt. Delegate (2 yr.)	Dr. L. J. Gasser
Alt. Delegate (2 yr.)	Dr. F. A. Friedrich
Alt. Delegate (1 yr.)	Dr. J. W. Tandatnick
Council member (2 yr.)	Dr. J. A. Hyland
Council member (2 yr.)	Dr. C. E. Pichette
Council member (2 yr.)	Dr. R. D. Murray
Council member (2 yr.)	Dr. F. L. Schellhase
Council member (1 yr.)	Dr. S. V. Squicquero

Members of the nominating committee were: Dr. L. O. Gregg, Dr. S. W. Ondash, Dr. John J. McDonough, Dr. John Noll, Dr. J. L. Fisher, and Dr. Jack Schreiber.

Additional nominations will be made from the floor at the November meeting. Final election of officers will take place at the Dec. 21 meeting.

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carisoprodol 200 mg.,  
phenacetin 160 mg., caffeine 32 mg.

**Indications:** 'Soma' Compound and 'Soma' Compound with Codeine (*Warning: Codeine may be habit-forming*) are useful for relief of pain and stiffness in traumatic, rheumatic and other conditions affecting muscles and joints.

**Contraindications:** Allergic or idiosyncratic reactions to carisoprodol, phenacetin, or codeine phosphate.

**Precautions:** *Phenacetin*—With long-term use, give cautiously to patients with anemia and cardiac, pulmonary, renal or hepatic disease. May damage the kidneys when used in large amounts or for long periods. *Caffeine*—Not recommended for persons extremely sensitive to its CNS stimulating action. *Codeine phosphate*—Use with caution in addiction-prone individuals. *Carisoprodol*—Carisoprodol, like other central nervous system depressants, should be used with caution in patients with known propensity for taking excessive quantities of drugs and in patients with known sensitivity to compounds of similar chemical structure, e.g. meprobamate.

**Side effects:** Drowsiness, lightheadedness, dizziness, and gastric complaints have been reported infrequently for either or both of these preparations. *Phenacetin*—Side effects are extremely rare with short-term use of recommended doses. Prolonged ingestion of overdoses may produce dyspnea, cyanosis, hemolytic anemia, skin rash, anorexia, subnormal temperature, insomnia, headache, mental disturbances, and tolerance. *Caffeine*—Side effects are almost always the result of overdosage. Average doses may rarely cause nausea, nervousness, insomnia, and diuresis. Excessive dosage may produce, in addition, restlessness, nervousness, tolerance, tinnitus, tremors, scintillating scotomata, tachycardia, and cardiac arrhythmias. *Codeine phosphate*—Possible side effects are nausea, vomiting, constipation, and miosis. *Carisoprodol*—The only side effect reported with any frequency is sleepiness, usually on higher than recommended doses. An occasional patient may not tolerate carisoprodol because of an individual reaction, such as a sensation of weakness. Other rarely observed reactions have included dizziness, ataxia, tremor, agitation, irritability, headache, increase in eosinophil count, flushing of face, and gastrointestinal symptoms. One instance each of pancytopenia and leukopenia, occurring when carisoprodol was administered with other drugs, has been reported as has an instance of fixed drug eruption with carisoprodol and subsequent cross-reaction to meprobamate. Rare allergic reactions, usually mild, have included one case each of anaphylactoid reaction with mild shock and angioneurotic edema with respiratory difficulty, both reversed with appropriate therapy. In cases of allergic or hypersensitivity reaction, carisoprodol should be discontinued and appropriate therapy initiated. Suicidal attempts may produce coma and/or mild shock and respiratory depression.

**Dosage:** Usual adult dosage of 'Soma' Compound or 'Soma' Compound with Codeine is one or two tablets three times daily and at bedtime.

**Supplied:** 'Soma' Compound, orange tablets, each containing carisoprodol 200 mg., phenacetin 160 mg., and caffeine 32 mg. 'Soma' Compound with Codeine, white capsule-shaped tablets, each containing carisoprodol 200 mg., phenacetin 160 mg., caffeine 32 mg., and codeine phosphate 16 mg. Narcotic order form required.

Before prescribing, consult package circular.

CSO-5713



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1. Conant, R. G.: Reduction of industrial time-loss: treatment with carisoprodol compound in musculo-skeletal disorders. *Industr. Med. Surg.* 33:25, Jan. 1964.

Also available with ¼ gr. codeine as 'Soma' Compound with Codeine: carisoprodol 200 mg., phenacetin 160 mg., caffeine 32 mg., codeine phosphate 16 mg. (Warning: may be habit-forming.)

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*In Memoriam*

**SAMUEL TAMARKIN, M.D.**

**1899 — 1965**

Periodically, a member of the Medical Society is asked to write an obituary on a friend and colleague. This is probably the most difficult assignment for a fellow doctor. Losing a loved one, from any cause, at any time, creates a void that is never filled. Putting down the right words of consolation is very hard. The poet, John Donne, said it well,

*"Any man's death diminishes me because I am involved in mankind."*

Sam Tamarkin was a family doctor in the truest sense of the word. I knew him intimately over a twenty year span, and his dedication, affection, and sincere interest in his patients was inspiring. I am always impressed when a doctor treating a patient does so with kindness, understanding, and forbearance. In the practice of medicine, this is the real hard core value in doctor-patient relationship. This is an opportunity in the service of God, and is the greatest treasure in the doctor's life. Sam Tamarkin understood this well.

Aside from his beloved family, he attained his richest reward in the daily opportunity to listen, guide expertly, and treat his patients. He never asked anything more of life.

It was a rewarding experience to know this sometimes inflexible, but brilliant, and rigidly honest doctor, who gave a full measure of service to his patients over a period of forty years. Even in recent months, he carried on with his practice when a lesser man would have given up. No man could give more, and he enjoyed every minute of it.

— John J. McDonough, M.D.

\* \* \* \* \*

**VINCENT G. HERMAN, M.D.**

**1906 — 1965**

Born Sept. 25, 1906 of pioneer, God fearing, hard working parents whose entire life was devoted to their church and family, Dr. Vincent Herman was the second son of five children of Stephen and Anna Frena Herman. His heritage was the tradition to attain a goal by dogged pursuit and persistence no matter how difficult the task and no matter how many obstacles were confronted in achieving the desire in an honorable way. He was raised in Slovak American atmosphere by a mother who probably assisted at as many deliveries as most nurses did in the early twentieth century. Here was his first introduction to medical atmosphere. This maternal influence was strong for the five children. Two of his sisters, Mrs. Louise Kandella and Mrs. Patricia Alek became graduate nurses and his brother, Colonel John B. Herman, a physician in the Army Medical Corp.

Dr. Herman struggled during the depression years of 1930-1936, dividing his time as a part owner of a gas station and a student at John Carroll, Youngstown University and Ohio State, obtaining his B.S. in 1937 from the latter. He was graduated from Creighton University School of Medicine in 1941 and, after serving an internship at St. Elizabeth Hospital, he was one of the first of the local doctors to enter the U. S. Medical Corp where he served for five years.

He returned to establish a private practice in Campbell in 1947, where he served his public faithfully and well. Though he was ill for two years,

he continued to see patients every day and, even the day before his demise, he still made his daily hospital rounds in his usual determined manner.

He died suddenly on Oct. 8th, leaving his wife, the former Elizabeth O'Connor whom he married 25 years ago, the aforementioned brother and sisters, a son, Thomas, who is a pre-medical student at Ohio State University, and three younger children.

He was a member of the Catholic Church, the American, Ohio State and Mahoning County Medical Societies, the Academy of General Practice and the staff of St. Elizabeth's Hospital.

He was completely dedicated, as he had been taught, to his family, his church and his practice. He had a quiet affable personality and we who were fortunate to be his closer friends will forever miss his humorous philosophy.

— William E. Sovik, M.D.

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●      **NOMINATIONS ON NOV. 16 — PLAN TO ATTEND**      ●

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## PROCEEDINGS OF COUNCIL

### OCTOBER 12, 1965

The regular meeting of the council of the Mahoning County Medical Society was held on Tuesday, Oct. 12, 1965, at the Mural Room, Youngstown, Ohio.

The following physicians were present: John J. McDonough, President, presiding, H. N. Bennett, L. P. Caccamo, F. A. Friedrich, L. J. Gasser, Frank Gelbman, R. L. Jenkins, J. V. Newsome, C. E. Pichette, H. J. Reese, F. A. Resch, R. J. Scheetz, Jack Schreiber, C. K. Walter and Kurt Wegner. Absent were: B. C. Berg, G. E. DeCicco, A. W. Geordan, Bertram Katz, C. W. Stertzbach, and S. V. Chiasson. Also present was Phil Tear.

The meeting was called to order at 7:30 p.m. The minutes of the previous meeting were read and approved.

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

#### ACTIVE MEMBERSHIP

Dr. John J. Buckley, 413 Dollar Bank Bldg.  
 Dr. D. J. Dallis, 1005 Belmont Ave.  
 Dr. Edward Kessler, St. Elizabeth Hospital  
 Dr. Milton J. Lenhart, 1005 Belmont Ave.  
 Dr. Vincent D. Lepore, 1005 Belmont Ave.

#### ASSOCIATE MEMBERSHIP

Dr. B. Patrick Brucoli, 4249 Mahoning Ave.  
 Dr. William Ray Johnson, 318 Fifth Ave.  
 Dr. Juan A. Ruiz, 2111 Belmont Ave.  
 Dr. Jose L. Solana, 3718 Market St.  
 Dr. C. Conner White, Jr., 4249 Mahoning Ave.

#### NON-RESIDENT MEMBERSHIP

Dr. Michael C. Galose, 214 N. State St., Girard, Ohio  
 Dr. William Moskalik, 512 N. State St., Girard, Ohio

Applications were approved. The above applicants will become members of the Mahoning County Medical Society within fifteen days after publication in the Bulletin, unless objection is filed in writing with the secretary during that time.

Dr. Schreiber made a comprehensive report on the Oct. 2-3 meeting of the AMA House of Delegates, which he attended as a representative of the Mahoning County Medical Society.

Dr. Caccamo announced the membership of the Ad Hoc Educational Committee, to which he had been appointed chairman. Members of the Committee are: Dr. H. N. Bennett, Dr. K. M. Lloyd, Dr. Edward Kessler, Dr. R. S. Richards, Dr. Charles Waltner, and Dr. H. H. Teitelbaum. Dr. Caccamo also read the charge to the committee.

Dr. Reese announced that the current value of the investment made by the Mahoning County Medical Society in 1961 is now \$34,122.47. A report to the general membership is to be made at the first of the year.

A letter was read from the Medical Dental Bureau concerning the status of the emergency call system. Following discussion, it was requested that the Bureau be asked to keep a record of any doctor calls and the disposition of them.

Dr. McDonough reported the inquiry from a member who had been requested to lecture to osteopathic interns. Following discussion, the motion was made, seconded and duly passed that the Medical Society go on record as approving an M.D. lecturing at an osteopathic hospital to osteopathic interns.

Dr. McDonough invited all members of council to attend the St. Elizabeth Hospital Charity Ball. He suggested that some time in the future, this might well be a combined hospital project to raise money for both intern programs.

Dr. McDonough asked for council help in promoting the Medical Society contributions to the Esther Hamilton Alias Santa Claus Fund. The suggestion was made that the Auxiliary members be asked to make telephone calls to physicians for contributions. It was suggested that a note be placed in the Bulletin urging physicians to credit their contributions to the Medical Society.

Phil Tear passed out a public relations report to members of council and discussed it. He suggested that it might be published in the Bulletin. Following his report, considerable discussion ensued concerning the public relations program as administered by the R. J. McCallister Co. Following the discussion, it was suggested that Mr. Tear come to the next meeting of council with a positive program for 1966 plus the balance of 1965. Dr. Resch requested that Mr. Tear make up a cost list for various advertising media.

Meeting was adjourned.

—Howard Rempes  
Executive Secretary

## BULLETIN BOARD

Dr. John C. Melnick has been elected to Honorary Membership in the Rocky Mountain Radiological Society. The honor was extended to him as a result of a paper that he presented at the 27th Mid Summer Radiological Conference of the Rocky Mountain Radiological Society on Aug. 20th in Denver, Colo. The title of the paper is: "An Undiagnosed Bone Dysplasia—a Two Family Study of Four Generations and Three Generations."

### LOST

Taken by mistake, a London Fog black raincoat with red lining, size 40 long, from St. Elizabeth Hospital staff room. Left in its place, a size 38 regular. Let's exchange. Phone: 747-5938

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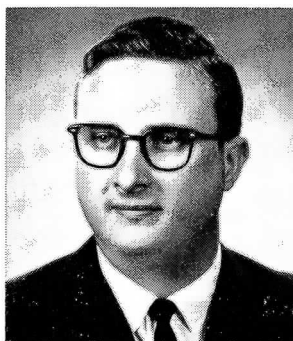
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# From the Bulletin



## THIRTY YEARS AGO — NOVEMBER 1935

We had two Post-Graduate Days that year: one of our own in April and one with the Sixth District in November. Two of our members, E. R. Thomas and C. R. Clark appeared on the program. H. L. Backus was here from Philadelphia to talk on "The Genesis Of Gallstones."

Earl Young and Charles McReynolds were new members.

C. D. Hauser, J. N. McCann, J. M. Ranz, Dean Nesbit, D. M. Rothrock, L. G. Coe and I. C. Smith went to Detroit to the Interstate Post-Graduate Meeting.

Society dues for 1936 were reduced from \$15.00 to \$12.00.

From a report of a staff meeting: "This being the night of the prize fight, very few members were present!"

## TWENTY YEARS AGO — NOVEMBER 1945

They were trickling back home from Military service by two's and three's. Oscar Axelson was back after a strenuous campaign in Normandy, Belgium and Germany. Morris Rosenblum and Bryan Hutt were out and taking refresher courses. Stephen Ondash stopped in Thomasville, Ga. and married Sabina Kozlowski. Mrs. Andrew Detesco went to Chicago to meet her husband on his way home from the Pacific. DeCicco was in Dr. J. D. Brown's office while Jim was at the University of Michigan for a course in gastric surgery.

President Bunn was urging the purchase of a permanent home for the Society. Some members were promoting the moving of the South Side Unit to the Midlothian Blvd. neighborhood. St. Elizabeth's Hospital established the first Cancer Diagnostic Clinic under the direction of Dr. A. J. Brandt. The Youngstown Hospital was planning an addition to the North Unit.

Dr. W. E. Ranz died in Texas. He was the inventor of the "Ranz" bed, the first of the modern beds which could be elevated for the "Fowler" position.

## TEN YEARS AGO — NOVEMBER 1955

More than 500 physicians attended the tenth annual Post-Graduate Day of the Sixth Councilor District at the new Packard Music Hall in Warren. There were twenty-two outstanding teachers on the program.

C. W. Stertzbach opened an office for the practice of ophthalmology at 3610 Market St.

E. J. Wenaas announced the association of George B. Pugh for the practice of ophthalmology in the Dollar Bank Bldg.

E. A. Shorten became a fellow of the International College of Surgeons.

New members were S. F. Gaylord, Robert McConnell, F. R. D'Amato, R. W. Perry and Ben Berg.

The newest thing for doctors' morale was a New Zealand suede jacket from Scott's at \$55.

— J. L. F.

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•      NOMINATIONS ON NOV. 16 — PLAN TO ATTEND      •

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## MEDICAL ASSISTANTS DINNER IN DECEMBER

It will be another "big night out for the girls" when the physicians play host to their medical assistants at the annual Medical Assistants Dinner, Thursday, Dec. 2, at the Mural Room.

Plans are being made to make this the best one yet, and one that the "boss" can be proud of, and his girls will enjoy. This year's entertainment will include a bit of variety. Each girl will receive a favor, and a lucky dozen will receive door prizes. A social hour will begin at 6:00 and dinner will be served at 6:45.

Dr. Henry Shorr, chairman, asks that every doctor send all of his girls. Cost per girl is \$7.50. Last year's attendance was over 160. More are expected this year.

## DIABETES WEEK NOV. 14-20

The Mahoning County Medical Society will conduct its annual diabetes detection drive during the week of Nov. 14-20.

Material for the campaign, including clinitest tablets, posters, pamphlets and instructions, has already been delivered to each physician's office by members of the Woman's Auxiliary. Publicity will include newspaper stories, and radio and television spots. Two programs on the Diagnosis series over WFMJ are being prepared by the Diabetes Committee, E. T. Saadi, chairman.

Each doctor's office is asked to keep track of the total number of diabetes tests given, and a number of the new positives recorded during the week. As usual, the tests will be made without charge whether made as routine examination on regular patients, or made for those coming into the office in response to the Diabetes Week publicity.

Campaign material is provided by the American Diabetes Association.

## HEALTH DEPARTMENT BULLETIN

### SEPTEMBER, 1965

	<i>Resident</i>		<i>Non-Resident</i>		<i>Total</i>
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
Births .....	100	84	122	120	426
Deaths .....	87	55	58	35	235
Infant Deaths .....	3	2	3	1	9

### SEPTEMBER, 1964

Births .....	117	107	145	136	505
Deaths .....	81	50	78	43	252
Infants Deaths .....	1	3	6	2	12

### COMMUNICABLE DISEASES

	1965		1964	
	<i>Cases</i>	<i>Deaths</i>	<i>Cases</i>	<i>Deaths</i>
Mumps .....	1	0	8	0
Scarlet Fever .....	0	0	1	0
Tuberculosis .....	5	0	2	0
Gonorrhoea .....	1	0	19	0
Syphilis .....	13	0	17	0
Infectious Hepatitis .....	2	0	2	0
Rheumatic Fever .....	0	0	2	0
Salmonella .....	0	0	2	0

### VENEREAL DISEASES

	<i>Male</i>	<i>Female</i>	
New Cases			
Syphilis .....	8	1	
Gonorrhoea .....	9	5	
Total patients .....			23
Total visits (patients) .....			167

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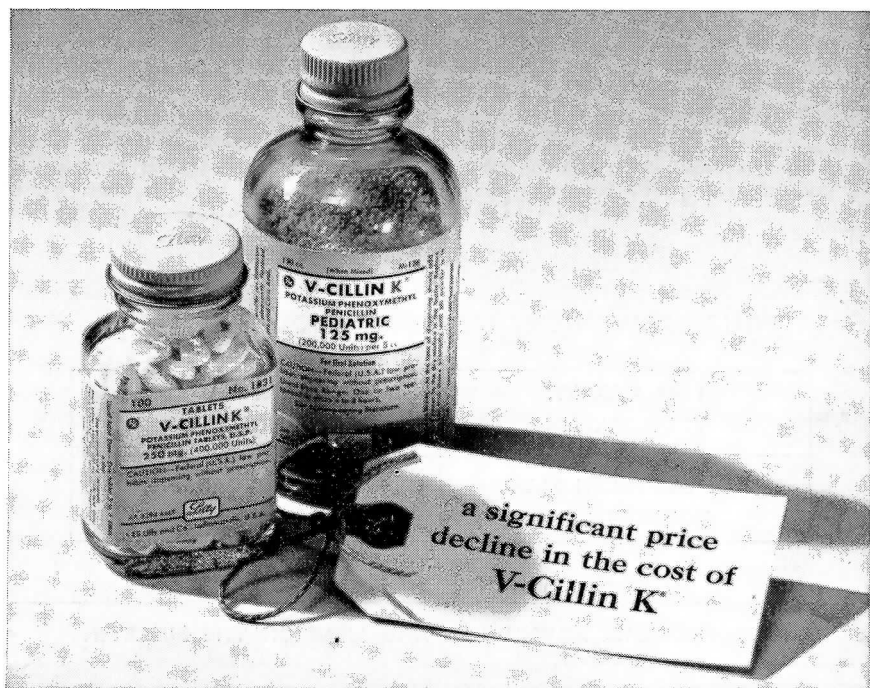
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**Indications:** V-Cillin K is an antibiotic useful in the treatment of streptococcus, pneumococcus, and gonococcus infections and infections caused by sensitive strains of staphylococci.

**Contraindications and Precautions:** Although sensitivity reactions are much less common after oral than after parenteral administration, V-Cillin K should not be administered to patients with a history of allergy to penicillin. As with any antibiotic, observation for overgrowth of nonsusceptible organisms during treatment is important.

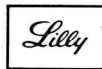
**Usual Dosage Range:** 125 mg. (200,000 units) three times a day to 250 mg. every four hours.

**How Supplied:** Tablets V-Cillin K, 125 or 250 mg., and V-Cillin K, Pediatric, 125 mg. per 5-cc. teaspoonful, in 40, 80, and 150-cc.-size packages.

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