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COUNTY
MEDICAL
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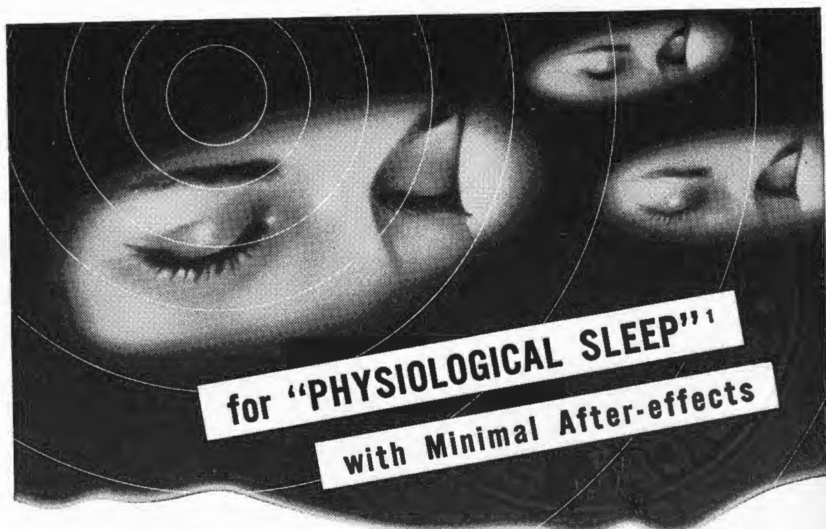

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[1]N.N.R., 1947, p.398.
[2]Goodman, L. & Gilman, A., The Pharmacological Basis of Therapeutics. MacMillan, 1944, pp. 177-8.

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Our President Speaks

In looking through past issues of our Bulletins and in the April, 1946 issue, Dr. Ed Reilly had this to say on the President's Page — "At our last meeting held March 19th, one of our members asked the question, 'What, if anything, is the Society doing about the matter of a full time Health Commissioner for the city of Youngstown?' ".

Many times, up to now, there are records of countless meetings which proved very encouraging. Dr. Skipp, and members of the Allied Professions Committee have spent months in getting petitions to those who can secure signatures, but we need many more names before the deadline, September? If each of us would take a few hours to get the necessary signature to fill these petitions, I am sure we could answer the question asked in 1946.

The Canfield Fair committee headed by Dr. Szucs has had several meetings and the enthusiasm and advance planning of these group should insure an exhibit which will do much to further health education for our community.

Dr. Steven Ondash takes over as program chairman in September and has a fine program planned.

Your society has a well functioning Mediation Committee, the purpose of which is to maintain good Doctor-Patient relationships.

V. L. Goodwin, M.D.

BULLETIN of the Mahoning County Medical Society

Published Monthly at Youngstown, Ohio Annual Subscription, $2.00

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

H. J. Reese
3720 Market Street

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EDITORIAL

"I BELIEVE"

In this month of July we think of firecrackers, vacations, uncomfortable offices, and next Thursday's golf. In the midst of all of this we are apt to forget that more than one hundred seventy-five years ago the Virginian, Thomas Jefferson, on a Fourth of July, produced the final draft of that statement of the basic rights of Man, which we call the Declaration of Independence. From that came the various Continental Congresses, the Bill of Rights, and the Constitution of our United States.

This latter document has become the most commonly understood explanation of that which we call Democracy, and which guarantees to us certain rights and privileges which we take for granted and which we sometimes fail to apply in our daily lives. Most of us forget that along with these positive benefits there are also certain obligations. If we do not fulfill the obligations, there ultimately will be no rights and privileges.

In this vein your Editor wishes to reprint at this time those immortal words of William Tyler Page entitled, "The American's Creed:"

"I believe in the United States of America as a government of the people, by the people, for the people; whose just powers are derived from the consent of the governed; a democracy in a Republic; a soverign Nation of many sovereign States; a perfect Union, one and inseparable; established upon those principles of freedom, equality, justice and humanity for which American patriots sacrificed their lives and fortunes.

I therefore believe it is my duty to my Country to love it; to support its Constitution; to obey its laws; to respect its flag; and to defend it against all enemies."

It will pay each of us to occasionally re-read the above paragraphs. It's nice to be an American, but it's just as nice to do those things which will guarantee that we will remain free Americans.

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1. Steinbrocker, O.; Berkowitz, S.; Ehrlich, M.; Elkind, M., and Carp, S.: Paper read before the Annual Meeting of the American Rheumatism Association, Chicago, Ill., June 6, 1952.
2. Kuzell, W. C.; Schaffarzick, R. W.; Brown, B., and Mankle, E. A.: J.A.M.A. *149*:729 (June 21) 1952.
3. Smith, C. H., and Kunz, H. G.: J. M. Soc. New Jersey *49*:306, 1952.

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AMERICAN MEDICINE'S REPORT TO THE NATION

Inaugural Address by

EDWARD J. McCORMICK, *M.D.*

President of the A.M.A., 102nd Annual Session, New York City

In reaching the successive milestone of life, men reckon their progress in different ways. Some put ahead of everything else their achievements in business or professional activities. Others value most the blessings of home and family. Still others weigh strongest their accomplishments in terms of benefit to mankind. But no matter how the reckoning is done, it is my belief that humbleness and abiding faith in God should be the common denominators. It is in this spirit that I approach the position of honor assigned me by my colleagues in the medical profession.

High office, whether it be in government or in private life, carries with it certain basic obligations. These obligations are not only to those who elect you. The exercise of official duty should extend beyond the narrow confines of selfish interest and should be dedicated to the public good. In serving the American Medical Association as president for the coming year, I shall be representing an organization that has a long and honorable history of service in the public interest.

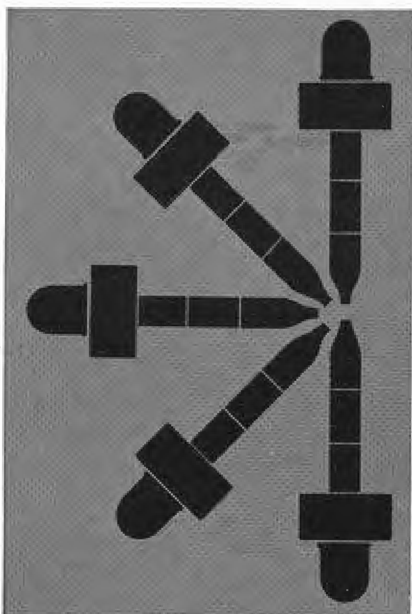
In taking the solemn oath of office tonight, I pledged myself to carry on this tradition of public service. To succeed I will need your wholehearted cooperation and the divine guidance of God, for which I pray.

This evening I should like to present American Medicine's Report to the Nation. In a golden era of tremendous medical advances, which has already brought the elimination or control of many deadly diseases and the development of surgical techniques that once were undreamed of, the past year stands out as one of exceptional progress in medical science.

What parent did not thrill at the news that trials involving 55,000 children in polio-plagued communities showed gamma globulin from human blood could at least temporarily prevent the onset of the dreaded paralytic type of polio? And soon after came the electrifying announcement that doctors were in the process of developing a successful vaccine against all three of the known polio viruses. Many months of cautious and painstaking experimentation are still required before the vaccine can be made available for general distribution, but the reports published are most heartening. Because of production difficulties gamma globulin will be given limited distribution through the Office of Defense Mobilization for some time to come. However, it will be made available whereever drastic, emergency preventive measures are indicated.

A moment ago I made passing mention of great strides in surgical techniques. This fact was brought home in dramatic fashion last December at the University of Illinois medical school in Chicago. With literally the attention of the world focussed on the surgical amphitheater at the University, a highly-skilled team separated the 15-month-old Brodie Siamese twins who had been joined at the head. Only twice before in medical history had separation of Siamese twins of the cranium been attempted, and in both cases the twins died before the separation was completed. Today one of the Brodie twins is alive and apparently destined to lead a relatively normal life.

Operations upon the heart, the brain, the lungs and stomach and other vital organs, impossible 25 years ago, are now being accomplished with



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safety and success. Advances in orthopedic surgery have brought happiness and independence to many who were crippled and the light of hope is seen in the darkness of cerebral palsy. Patients walk about the wards of our great hospitals the day of major surgery and are discharged in a week. Surgery and radiology are producing an increasing number of cures in cancer cases.

More men and women will live and work long after 65 years of life in the immediate future. Today we find it necessary to review our estimates and definitions of old age and human usefulness.

The horizons of medicine are unlimited! Research workers are making magnificent progress in all fields. Spectacular devices such as the mechanical heart and lung and the mechanical kidney demonstrate man's ability to ferret out the long hidden secrets of the human body. I can predict with confidence that the doctor of the future will do much of his work in the field of disease prevention.

Unfortunately there is one disease for which we can never hope to develop a vaccine, and that is preventable accidents. Last year alone, according to the National Safety Council, 96,000 Americans died as the result of accidents of all types. In the same period, one out of every 16 persons in the United States suffered a disabling injury, or a total of 9,700,000—roughly the combined population of metropolitan New York. A population approximately the size of Atlanta, Georgia—350,000 persons—was left permanently disabled by injuries.

Aside from the pain and mental anguish, the cost of these accidents amounted to $8,300,000,000 in medical expense, overhead costs of insurance, property damage and lost wages. The accident problem must be solved, for accidents—preventable accidents—are a waste of money, time and medical talent which could be more effectively utilized in the prevention and elimination of disease.

Much of the progress of medical science in this country coincides with the growth of organized medicine. One hundred and six years ago, scattered medical societies throughout the nation joined hands to form the American Medical Association, thereby setting up a democractic procedure for elevating the standards of the medical profession on a uniform basis. Today the Association is composed of 140,000 doctors who express the medical needs of their respective communities through the representatives they elect to the A. M. A.'s House of Delegates. They spend $10,000,000 each year studying and working in the fields of rural health, industrial health, the availability of physicians, medical care for the armed forces, civil defense, medical education, hospitals, nursing, mental diseases, health education, exposing quacks and fakers and searching for ways to help the chronically ill and those who have trouble paying for medical care. These are only a few of the A. M. A. activities.

We have encouraged the development of voluntary prepaid health insurance plans to assist the individual and family in meeting the unexpected costs of sickness. Such plans are being constantly improved to include protection against long-term, disabling illness or injury and to provide coverage without regard to age. The growth of prepaid medical and hospital expense coverage is unparalleled by comparison with any of the spectacular advances made in the history of insurance. There are more than 90,000,000 Americans now carrying hospital, surgical and medical insurance. Add to this total the people covered by industrial insurance, veterans' benefits and local,

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state and federal custodial programs as well as those cared for in the great charity hospitals throughout the country and we are justified in questioning the motives of those who would place all of our sick under government dictation.

Recent figures gathered for the Federal Reserve Board by the Survey Research Center of the University of Michigan indicate that 80 per cent of American families have no medical debt at all. Seventeen per cent have medical debts of one dollar to $200, an amount that could normally be met without too much difficulty. Only three per cent had medical obligations in excess of $200.

Doctors have been criticized by many. We make no claim to sainthood. We have in our midst a certain number, perhaps three to five per cent, who are not worthy members of an honorable profession. We have established mediation committees in all forty-eight states to hear patient complaints and try to work out a solution. Here and now I call upon all county medical societies to continue to expel from our ranks those who are unethical, dishonest and unfair. We cannot protect or condone the few who bring disgrace upon us. We owe to the American people protection from the small number of greedy and godless physicians who flagrantly violate the noble traditions of the medical profession. But let us do this job in an orderly fashion, making speedy, effective use of the disciplinary machinery already available in our medical societies. By eliminating the wrongdoers in this way we will restore the public faith in the 95 per cent of ethical practitioners whose reputations have been tarnished by irresponsible, generalized accusations.

We are making great progress in the expansion and building of medical schools, which is steadily increasing the supply of physicians. Since 1929 the supply of doctors has been increasing consistently faster than the growth of our national population. In the past 10 years the number of graduates from medical schools increased more than 19 per cent. There is every indication that there will be an additional increase of 25 per cent in the number of medical graduates during the next 10 years.

Plans are now well underway for the establishment of several new medical schools. In only the last three years, nearly $242,000,000 was spent for new construction to expand medical school facilities in the United States. The American Medical Association always has, and will continue to encourage sound expansion of medical schools and their education programs. Last year more than $3,000,000 was given by 37,000 doctors in direct support of medical education. If contributions to building funds and for other special purposes were included these figures would be even larger. A substantial portion was raised through the American Medical Education Foundation and the National Fund for Medical Education. I appeal to all doctors and business and industry to support these two fund-raising organizations as a means of eliminating federal subsidy of medical education with its potential threat of ultimate socialization. The trend is away from centralized government domination. As Americans, let us keep it that way by supporting and promoting all voluntary, private activities at the national, state and local levels.

Today with one doctor for every 730 persons, the United States has more physicians than any other country in the world. Those who have carefully studied complaints of physician shortages have come to the con-

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clusion that shortages are caused not by a nationwide lack of doctors, but primarily by faulty distribution due to professional factors related to their practice. They feel they cannot practice the kind of medicine they want to without modern equipment. Since they cannot finance such equipment in their early years of practice, they tend to settle in metropolitan areas where up-to-date facilities are readily available. To help resolve this serious problem, physician placement services have been put in operation by medical societies in most states. Strongly supported by the American Medical Association, these placement services are helping to assure an equitable distribution of doctors throughout the nation. Under this plan, many rural communities are building offices or small hospitals and equipping them with modern medical apparatus as inducements for young doctors. In Kansas, for example, this procedure attracted 67 new doctors to communities of 2,500 or less persons in a period of only two years. Many of these communities had not had a doctor for years.

We have been and will continue to be concerned when patients tell us they have difficulty in reaching a doctor in an emergency or during night hours. In 1948 there were only 60 night and emergency telephone centers sponsored by county medical societies. Last year this total had grown to 650. And these centers are continuing to increase. Every medical society in the country should initiate and finance this type of service.

Likewise, every family should select for itself a family physician in whom it has confidence and whose advice will be followed in emergencies and when seeking the services of specialists. In establishing this family-physician relationship there should be no hesitancy in discussing fees. Every individual should feel perfectly justified in requesting a frank discussion of fees with his doctor. Mutual understanding of the economics of medical care is most important, and I would like to encourage both patient and physician to develop such an understanding.

I have told you tonight of some of our activities in public service to the nation and of the great progress made in American medicine. Time will not permit a more detailed description of our activities, but these are a matter of record available for the perusal of all.

We shall continue to support all programs for the good of the public health, as we have done over the years. With but one exception there has been no major federal health law enacted that was not sponsored or supported by the American Medical Association. And the one exception turned out to be such a failure that Congress refused to renew the act when it expired.

We shall fight with all of our strength matters that are not in the public interest. The American Medical Association throughout its history has been a champion of sound progress in medicine. It has had to fight many battles against quackery, against political interference and against slipshod medical training and practice. An organization cannot be a strong, fearless leader without creating bitter enemies and staunch supporters. We have both today.

If anyone can present a plan of medical care or a way of life that is an improvement on the American way, we shall listen with attentive ear. But we will not compromise American freedom and ideals. Nor are we disposed to support anything but the best in medicine. In our care is the health of the American people. Its improvement is our sole and constant goal. We shall be true to this trust.

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Vitamin B_{12}	2 mcg.	Manganese sulfate	4 mg.
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GERIPLEX Kapseals are supplied in bottles of 100 and 500.

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KEEPING UP WITH A.M.A.

By W. M. Skipp, M.D.

AMA Secretary George F. Lull appeared before the Senate Committee on Government Operations S. 106 and S. 1514. He gave the AMA views on S. *106* which would set up a Commission known as the "Commission on Organzation of the Executive Branch of Government." He advised that the AMA is in favor of a survey to determine, if possible, and to eliminate overlapping of activities and waste of funds. On S. *1514* which would make a study of all activities in which federal aid is extended to state and local governments, with particular reference to health, education and welfare — the AMA over the years has been vitally concerned with these problems because of repeated attempts at government encroachment in the field of health.

The Association feels such a survey is necessary to determine whether or not there is justification for federal aid in fields that have been extended over the past years, whether such activities should be limited and to what extent, to permit an overall appraisal to determine the ability of the federal government to finance activities of this nature.

Both of these bills have been endorsed by the Association.

Dr. George F. Lull ,AMA Secretary, appeared before the sub-committee on Indian Affairs in regard to **H. R. 303 and H. R. 1057** which requested the transfer of all Indian Health matters to the Public Health Service from the Dept. of Interior. The Association favors such a transfer.

The Secretary requested of the House Committee on Interstate and Foreign Commerce that the Federal Food, Drug and Cosmetic Act be amended to read that factories be inspected without first obtaining permission of the owner. That this be reported favorable.

Re **H. R. 4495** — Before the House Committee on Armed Services appeared for the **Association, Dr. Edwin S. Hamilton** of the Board of Trustees. He reviewed the record of events within the AMA having a relationship to the procurement of medical officers for the Armed Forces and the attitude of the Association concerning the need for this compulsory legislation. — Shortly after the close of World War II the Association made a survey of the 55,000 physicians called to military service and the effects of their withdrawal upon the civilian economy. — The Cooper Committee, for a time advisory to the Secretary of Defense, and the original Medical Advisory Committee to the National Security Resources Board were in part, at least, the result of the efforts of the Association — The Committee of the same personnel advisory to the Office of Selective Service, all reflected the evolution of the concept that the health of the nation demands a careful correlation of military and civilian medicine.

The result of these efforts has been a growing awareness of the need for the most effective utilization of physicians in uniform.

The first overt attempt at special draft legislation to procure physicians for the military was in the Second Session of the 80th Congress. This legislation, which was opposed by the AMA, was followed by the "moral suasion" program. The failure of that program coupled with the extra demands precipitated by the Korean incident, resulted in the "Doctor Draft Law" of 1950.

In August of that year the Association supported such legislation, notwithstanding its discriminatory character. The urgent need for additional medical officers at that particular time allowed only two choices: 1. the

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HOTEL RESERVATIONS:

The Neil House, Columbus, has reserved a block of rooms for physicians attending this course. Write directly to the hotel for your reservation by September 10.

ANNUAL GOLF MEET

THURSDAY, AUGUST 13, 1953

Youngstown Country Club

MAHONING COUNTY MEDICAL SOCIETY
CORYDON PALMER DENTAL SOCIETY
MEDICAL-DENTAL BUREAU

GOLF	12:00 Noon
DINNER	7:00 P. M.

NO dinner tickets sold at Club
NO dinners served without reservations

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and must be in by August 7

Dinner Tickets $5.00

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recall of Reserve officers who had active military service during World War II; or 2. the adoption of legislative provisions for the call-up of physicians who had been deferred during WW II or who, under a Navy V-12 or an Army Specialized Training Program, had received assistance from the federal government to complete or continue their medical education.

Our testimony recommended changes in the priority system and urged that medical manpower thus involuntarily acquired, be used only on assignments essential to the war effort. Singled out as excluded from such category was the provision of medical care for veterans, civilian employees of the government and dependents of service personnel in other than overseas areas or where civilian facilities were unavailable or inadequate.

The predicition by representatives of the Dept. of Defense that compulsory draft legislation may be necessary for five more years, is giving the medical profession cause for serious concern. While prevailing circumstances may necessitate a temporary continuation of the "Doctor Draft Law" in order to insure the best medical care for our nation's fighting men, we are not content to remain permanently "saddled" with discriminatory legislation of this type — There should also be increased utilization of civilian contract physicians in performing the medical duties of the Armed Services.

The Association is also concerned with the continual increase of dependent medical care, as a matter of convenience, when adequate civilian health personnel and facilities are available.

The AMA has since the passage of Public Law 779, 81st Congress, worked closely with the three Surgeon Generals, the Selective Service System and its national and local medical advisory committees, and the Dept. of Defense in an attempt to, 1. facilitate and increase the efficiency of the administration of the "Doctor Draft Law," 2. effect a timely and orderly system of recall and rotation of medical reservists, 3. prevent a repetition of the medical overstaffing which occurred in certain areas during World War II, and 4. curtail the utilization of medical personnel on non-professional assignments. These activities were responsible, in part, for the decrease in the ration of physicians to troop strength from 6.0 to 3.7 per 1,000, and the possible further decrease of the ration to 3.0 per 1000 in the near future.

H. R. 4495 would reenact the language of Public Law 779, and extend the effective date of that law until July 1, 1955. The bill would thus retain the four priority classifications contained in existing law, and continue to subject the entire medical profession to double liability for involuntary military service.

The **"Doctor Draft Law"** should be limited to one year. It is obvious that available physicians in priorities 1, 2 and 3, will exceed the medical manpower requirements of the Armed Services for one, two, or even three years. There is no apparent reason therefore for continuing to subject approximately 60,000 physicians in priority 4 to the discriminatory provisions of the law. — It was the recommendation of the Association that present priorities 2 and 3 be reversed. Our recommendations were not adopted.

The Association is recommending that the period of duty required of medical registrants or reservists who are recalled to military service be limited to 12 months if they had 12 or more months of service since Sept. 16, 1940. It is the recommendation that all accrued or terminal leave, as well as travel time allowed at the time of separation from service be included in computing total active duty or active service. — With respect to the

call-up of priority 3 physicians, the Association is recommending that those men who have just completed their internship should be called first and that any deficit be met by calling men in equal percentage in age groups below 40 and above 40. — The Association is in agreement with the retention of the present maximum age of 51, and with the reenactment of the present provisions of law which permit the deferment of those individuals who are essential to the national health, safety and interest. — The National Advisory Committee to the Selective Service System, and its counterparts at the state and local level, now have the responsibility of advising the Selective Service System on questions of essentiality.

The bill would:

A. Give credit for service between Sept. 16, 1940 and Sept. 2, 1945 in the Armed Services of any country allied with the U. S. during World War II.

It is recommended that the call-up of priority 3 physicians with co-belligerent service during World War II be deferred. In as much as this regulation was not mandatory on local Selective Service draft boards, some physicians in this situation now in priority 3 will probably be called into service before July 1, 1953.

B. Exclude from liability for registration and for further service physicians with 12 or more months of service since June 25, 1950.

C. Authorized the appointment or commissioning of medical officers in grades "commensurate with professional education, experience or ability."

D. Terminate automatically upon completion of 24 months of service the reserve commissions of all physicians taken into the service by operation of the law.

We believe that if physicians are to be taken into the Armed Forces involuntarily they should, on completion of military service, be given the option of retaining or resigning their reserve commissions.

The AMA is recommending that any continuation of the law be limited to one year. We are extremely anxious to terminate discriminatory legislation of this type and feel that a two year extension is unnecessary.

In conclusion, there is one extremely important matter — that is the additional pay of $100 per month currently payable to physicians and dentists in the Armed Forces. We are considerably disturbed by the report of the so-called "Strauss Committee," submitted last month which recommended, in part, that such pay be limited to those physicians who volunteer for active duty in excess of 24 months.

We have in the past, and will continue to advocate this additional pay. It is the believe of the AMA that not only is the payment of the additional $100 per month to physicians and dentists in service justified to equalize and adjust their compensation and alleviate, in a measure, the discriminatory features of this medical draft legislation.

"It is the belief of the Commission that this pay should be limited to those doctors or dentists willing to serve on a career basis or for periods of military service longer than those required of citizens generally." Apparently the Commission is either not aware of, or has chosen to ignore, the fact that physicians are subject to double draft liability and as such are liable for periods of military service "longer than those required of citizens generally."

The Doctor Draft Law, H. R. 4495, was recommended for passage by the House Armed Services Committee. It would continue the four priorities, it

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also would set aside one special group that could not be called and another that could be called for only 17 months. Length of Required Service — 24 months, except that, A. men with at least 21 months' service since Sept. 16, 1940, could not be recalled, and B. those with 12 months' service could be recalled for only 17 months. Definition of Prior Service: Priority 2 men with 18 months of prior duty would move to Priority 4; Retroactivity: All men on active duty who would not have been called had this bill been law, would be released within 90 days from July 1, 1953.

Other provisions — Law extended two years — men not obligated under the regular draft permitted to resign commissions on completion of Doctor Draft obligation — credit given for cobelligerent service, special $100 pay to be handled by separate legislation — commissions to be commensurate with professional education, experience or ability.

The Civil Service Commission has removed policy-making positions from civil service coverage.

Unless Congress rejects a reorganization plan now before it, the Defense Dept. will create the position of Assist. Sec'y. for Health and Medical matters, to be filled by presidential nomination. AMA had urged such a post be set up, "in an effort to insure a more equitable utilization of medical manpower by the armed services." On April 30, President Eisenhower presented Reorganization Plan No. 6 to Congress. It proposes appointment of six Assistant Secretaries, but does not specify their duties. Subsequently, Secretary Wilson said that one would be assigned to health and medical fields.

DEPENDENT MEDICAL CARE: The AMA will testify on how it feels on dependent medical care to the Armed Forces and will object to such care unless in isolated places and where civilian medical care is lacking, or in emergency cases. This problem was introducted into the House of Delegates from all sections of the country by 20 resolutions at the N. Y. House of Delegates Meeting. The AMA does not support the military services in utilizing expanding program of "free" medical care for civilians in military facilities.

The American Legions says it is just a few selfish minded individuals who are fighting against this expanded program and feels this program should be carried on regardless of whether the individual has a service connected disability or not. It is the duty of the government to care for all veterans regardless of status. The House of Delegates heard the National Commander of the Legion but the House still voted against this practice because it felt it was a step toward socialization.

H. R. 5017 To appoint Osteopaths in the Medical Corps of the Army, Navy, and Air Force. Would amend present law to permit appointment as medical officers in the medical corps of the armed services of "doctors of osteopathy" as well as "civilian doctors of medicine." A doctor of osteopathy would have to be a "graduate of a college of osteopathy whose graduates are eligible for licensure to practice medicine or surgery in a majority of the States, and be licensed to practice medicine, surgery, or osteopathy in one of the States or Territories of the U. S., or in the District of Columbia."

Working *WITH LABOR:* Two medical associations have found, with due explanation and regard for the other fellow, they have been able to work and understand why and what labor is asking for more and better medical service. Lycoming County, Penna. Medical Society and the Tennessee State Medical Assn. have held meetings with AF of L and CIO

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officials and found when all understand what is needed, the Medical Service plans work better. — Nelson Cruickshank, of AF of L said of the Williamsport, Penna. debate: "You had the most reasoned approach of any I have ever heard on the side opposed to our position." (Note: Their position is for more medical service at less cost, even to opening free dispensaries.) — Dr. L. M. Hoffman, chairman of the Lycoming County Public Relations Committee writes: "Labor is our main consumer. They have pretty much arrived. We should get to know them and they to know us better. We have much in common."

PANEL TELLS DOCTORS "WHAT'S WRONG?" — Dona Ana County, New Mexico.

What's wrong with doctors. What are the complaints of the public about the medical profession. — "The public needs education on the problems of the doctor just as badly as the doctor needs education on the problems of the patient." — The public says doctors don't tell patients in simple, understandable language what is wrong; doctors refuse to make night calls, doctors often are guilty of mis-diagnosis; doctors are careless in writing prescriptions; doctors fail to report contagious and communicable diseases to the health department.

PHYSICIAN AND COMMUNITY ACTIVITY: We all claim we are too busy to take part in any activity in our respective community but if we would just think we are citizens and our advice is needed in many ways. Dr. Morris Nielsen of Blair, Neb., was not too awfully busy, he received the Kiwanis' Distinguished Service Medal for his work outside of his professional duties. He has taken a leading part in almost every civic project brought before the people of his town. He was largely responsible for Blair getting milk inspection, paving and a sewage disposal plants. He is a charter member and was first president of the Blair Rotary Club and is a former president of the Chamber of Commerce. He has a keen interest in education and for many years has been a member of the school board. It has been said in Blair that Dr. Nielsen's support of any worthy civic program assures its success. Dr. Nielsen has been equally active in medical circles, locally and at the state and national levels. — We can all take an interest in all civic affairs, not just close the door and say we are so busy. We understand that the more you do the more you are expected to do, but is it not worth it?

HOUSE PASSED THE DOCTOR DRAFT EXTENSION BILL BY UNANIMOUS VOTE.

Abstract of the AMA testimony on this bill is given in this report, also testimony before Senate Committee.

The military was accused of wasting manpower by House members but Rep. Paul J. Kilday, D. Tex. replied that the present ration is 4.7 doctors per 1000. It has been cut, to 3.5 and there is an agreement with the Army it will be cut to 3 per 1000.

You have noticed in each article on *"KEEPING UP WITH AMA"* that there are many bills presented both to the House and Senate. Many of these bills have some phase of medical practice included, or the whole bill deals with the practice of medicine. In all cases the AMA approves or disapproves, the results that will be obtained either to the professions benefit or will be a detriment to our practice. To keep the profession a breast of these actions the Association maintains a National Legislative Committee,

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composed of physicians from all sections of the country. This committee review all such legislation, either approves or disapproves, and if hearings are held by Committees of Congress, some member or several members of the Association will appear giving the views as set up by the Legislative Committee.

S. 932 Hunt & Hendrickson, Similar Bills H. R. 2724 Kilday, H. R. 3160 Cunningham: would permit the commissioning of veterinarians as 1st rather than 2nd Lieutenants, the practice followed from 1935-1949; and higher commissions for veterinarians are now justified. Active supported by AMA.

S. 370 Murray would authorize 16,000 additional beds to Veterans Hospitals. AMA opposed because if abuses are corrected there would be no need. Similar to H. R. 28, Rogers, H. R. 261, Elliott, H. R. 2001 Rhodes.

There are a great number of other bills the Association is watching and is actively opposed to such as assuming after 3 years separation from service, chronic or tropical diseases to establish regardless of time active TB, psychosis, or multiple sclerosis, aggravated disability for malignant tumors becoming manifested two years after service separation.

H. R. 54 Rogers, to appoint chiropractors to the Dept. of medicine and surgery of the Veterans Administration. Active opposition.

FEDERAL AID TO EDUCATION: The Association has taken a definite stand opposing all types of federal aid to education, medical, dental, public health, and other types of higher education. The Association is still opposing many bills that have been introduced regarding health insurance deductions, including our old friend compulsory health insurance. Also many bills to establish an independent federal agency for the handicapped.

DOCTORS PRAISED FOR HEROIC WORK IN TEXAS: Dr. R. F. Barnes, medical director of the midwestern area of the American National Red Cross told this story; concerning the physicians of Waco, Texas, during the recent tornado disaster: "The offices of several physicians were completely destroyed and at least one doctor was painfully injured. The injured doctor's office was so badly damaged during the storm that it went into the rubble and was bulldozed into the city dump along with other mountain-high debris. — The doctors worked throughout the first night, setting up first aid stations, giving emergency treatment and plasma at the scene of the rescue efforts. Many doctors worked in the operating rooms all night. No names of patients were taken by the doctors and no thought was given to remuneration for services rendered. — Three days after the tornado hit, the local medical society held a meeting in a staff room of one of the hospitals. A motion was passed unanimously that no physician of the Waco Medical Society would charge any tornado victim for medical treatment.

MRS. HOBBY SUPPORTS PRIVATE MEDICAL AID: In an interview with the New York Times recently, Mrs. Oveta Culp Hobby, secretary of health education and welfare, said it was her "personal philosophy" that adequate medical care for all Americans could be achieved by "expanding and perfecting voluntary, non-profit, privately operated health insurance." — She was opposed to socialized medicine, adding that her views were in "full agreement with those of President Eisenhower."

CIO STILL FIGHTS FOR SOCIALIZED MEDICINE: The CIO News of May 11 carried this headline: "Stunted Lives Are the Price of AMA Scare

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Drive." The CIO Education and Research Dept. strongly condemned the AMA for its high pressure campaign against health insurance as "socialized medicine" observing: "After the smoke of the AMA propaganda clears away, the basic health problems that cry for positive remedies still remain." — "A national social insurance system in the field of health, along the lines labor has been demanding, remains the sound approach in spite of political difficulties."

ST. ELIZABETH'S HOSPITAL EX-INTERNE ASSOCIATION ANNUAL MEETING — JUNE 25, 1953

The meeting was opened at 10:30 A. M. by Dr. R. V. Clifford, President of the St. Elizabeth's Hospital Ex-Interne Association. Dr. Hugh Hussey, Associate Professor of Medicine, Georgetown University School of Medicine, addressed the Association on the subject, "Cardiac Pain." He discussed pain in the chest due to non-cardiac conditions as well as those caused by heart or circulatory abnormalities. Following his paper, Dr. Hussey answered many questions.

Following the formal presentation, a business session of the Ex-Interne Association was held. Dr. Clifford announced the election of the following officers for the year 1953-1954:

Dr. S. W. Ondash, President

Dr. C. E. Pichette, Vice-President

Dr. H. J. Reese, Sec'y.-Treasurer.

After a luncheon tendered by Sister M. Adelaide, Superintendent of St. Elizabeth Hospital, the doctors continued the day's activities at the Tippecanoe Country Club with golf. Dr. William Breesman proved to be the best golfer. An excellent banquet concluded the day's activities.

H. J. REESE, Secretary

YOUNGSTOWN HOSPITAL ASSOCIATION EX-INTERNES OUTING

The Ex-Interne Association of the Youngstown Hospital held its Annual Reunion on Thursday, June 25.

The program started with a conducted tour of the new addition to the South Unit, with a noon luncheon in the new cafeteria. One hundred twenty-five guests enjoyed the luncheon, all courtesy of the Youngstown Hospital Association.

The afternoon activities were at Coalburg Lake and were climaxed by a steak dinner.

Dr. F. G. Schlecht was chairman and J. A. Rogers, chairman of the Scientific Program. Dr. R. W. Rummell was liaison co-ordinator. There was a little confusion as to just what his duties were, under that title, but he seemed to "co-ordinate" beautifully. Dr. J. L. Fisher was chairman of entertainment. The music was "out of this world" especially the contributions by Dr. Fisher himself, which were confined to organ solos. Dr. DeCicco was co-chairman of the Entertainment Committee and he held the music for Dr. Fisher. Dr. J. D. Brown had charge of the prizes. There were beautiful prizes awarded, but the sports committee, Dr. J. D. Miller, chairman, surely did make us work for them.

Dr. H. E. Patrick was the retiring president and Dr. John Noll president-elect.

We had the privilege of welcoming many out-of-town guests.

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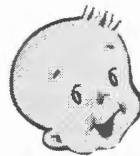

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WHAT KIND OF HEALTH AND ACCIDENT INSURANCE SHOULD PHYSICIAN OWN?

By Lloyd T. Stillson

In any health and accident policy the main consideration is the protection of one's earning power; with physicians this is the thought uppermost in their minds because most of them run a "one man business." As soon as one becomes disabled for any reason whatsoever, his income from his profession stops immediately. It is, therefore, of great importance to plan a health and accident program carefully.

When a physician is disabled for more than a week or so, two main problems immediately confront him:

1. His office overhead (rent, secretarial help, nurse, utilities, dues, etc.) continues, and must be met; otherwise he must close his office, and then when he is well begin all over again.
2. His family and personal expenses continue while he is disabled.

In either problem, expenses must be met from one of 3 sources:

a. Borrowed funds (which must be repaid).

b. Accumulated savings (earned the hard way after paying heavy income taxes.

c. Health and Accident insurance (tax free when received while disabled.

The first problem can best be solved today, by enrolling in your Society's locally approved group health and accident plan. This plan, held by approximately 85% of your local society membership, is what is known as "True group." That is to say, during any specific enrollment period, if 50% or more of the eligible physicians apply for coverage, the insurance company must issue each physician his coverage, free of restrictions, regardless of current or past physical condition. Today it is possible to obtain as much as $100.00 per week coverage, payable for 5 years for any one accident-and two years for any one non-confining illness, (plus three years if house confined) through your local plan.

Your local society plan is locally solicited and administered, a fact which materially contributes to the soundness of the plan. Through local control, the group is kept "up to strength" and is at all times "healthy." We mention this fact because in recent years some insurance companies have obtained endorsements of their plans from national or state officers of societies representing specialized branches of medicine and surgery. You are then approached on a mail order basis and advised that you can purchase this additional group coverage by mailing in your application.

Records prove that solicitation of these professional groups by mail rarely produces more than a fifteen to twenty percent response. Therefore, these do not usually become "true group coverages." This means that the insurance company has a right to, and usually does, offer limited coverage by way of imposing "riders" on the policies issued to impaired physicians. In many cases an outright rejection is made. This leads to confusion, misunderstanding and justifiable anger on the physician's part. Of course, the insurance company accepts and issues policies to the "good clean" risks. If restricted policies or rejections are given, the company's reason is that fifty percent of the eligible membership was not enrolled. The writer has evidence

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Elizabeth McLaughry, M. D. **Elizabeth Veach, M. D.**

that in one specialized group in medicine, enrolled on a national mail order basis, over 3000 physicians were rejected or given restricted policies. This is called "skimming the cream."

In "true group" coverage, such as has been in existence in your society since 1947, individual physicians cannot be cancelled except for the following reasons:

a. Non-payment of premium by insured,

b. Insured reaches age 70,

c. Insured is no longer a member of local Medical Society,

d. Insured retires from practice of medicine.

It is a fact that in group coverages, "true" or otherwise, the company can cancel a whole group on a renewal date. This has happened. However, we are happy to state that the insurance company which underwrites your society's group health and accident plan has been the insurer of over 1000 professional groups throughout the United States in the 25 years, (a large majority of all professional group) and has never cancelled a professional group.

Group health and accident insurance is considerably cheaper than coverage for a similar amount of indemnity and period of time, issued in an individual non-cancellable policy. However, as stated previously, our opinion is that group coverage was originally and basically designed so that a physician in event of his disability could successfully solve problem I outlined at the beginning of this article. We do not believe group insurance adequately solves problem II, though it might in part because circumstances differ with individuals.

Today, with group coverage available for a maximum of $100.00 per week, payable for 2 years on any one non-confining illness (in your local group) we truly believe that the protection afforded will underwrite, to a great degree, your office overhead, for the usual period of time necessary in event of your disability. Your needs may be more or less. We offer the above as a guide for you, when you are planning your health and accident program.

In a later article, we will discuss a solution to Problem II.

THE AMERICAN CONGRESS OF PHYSICAL MEDICINE AND REHABILITATION

The 31st annual scientific and clinical session of the American Congress of Physical Medicine and Rehabilitation will be held on August 31, September 1, 2, 3 and 4, 1953 inclusive, at the Palmer House, Chicago, Ill.

Scientific and clinical sessions will be given on the days of August 31 and September 1, 2 and 3. All sessions will be open to members of the medical profession in good standing with the American Medical Association.

In addition to the scientific sessions, annual instruction seminars will be held. These lectures will be open to physicians as well as to therapists, who are registered with the American Registry of Physical Therapists or the American Occupational Therapy Association.

Full information may be obtained by writing to the executive offices, American Congress of Physical Medicine and Rehabilitation, 30 North Michigan Avenue, Chicago 2, Illinois.

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DR. MILTON E. HAYES PASSED AWAY JUNE 26 WAS COUNTY CORONER 14 YEARS

Dr. Milton E. Hayes, aged 85, one of the city's oldest practicing physicians and Mahoning County coroner for 14 years from 1920 to 1935, died in South Side Hospital at 8:25 a. m., June 26.

Dr. Hayes had been in the hospital for about 10 days. His physician said death was due to complications that had been developing since Dr. Hayes underwent an operation two years ago.

Dr. Hayes had been in failing health for some time, although he continued a limited practice and played golf once or twice a week.

Through his long service as county coroner and his extensive practice here, Dr. Hayes was one of the best known of district physicians.

Despite his years, he maintained a youthful point of view, took an active interest in community affairs and dressed as nattily as a young haberdashery salesman.

Dr. Hayes left the coroner's office Jan 1, 1935, after one of the longest periods of service as coroner in the county's history. He sought the office again in 1940 and 1944, and although winning the Republican nomination, he was unsuccessful in the general elections. He was last defeated by Dr. David Belinky, the present coroner, in 1944.

For a time after leaving the coroner's office in 1935, he served as city jail physician and in recent years he had been assistant chief of the city veneral disease clinic.

During his 14 years as coroner, Dr. Hayes officiated in investigations of many of the county's memorable murders, violent death cases and accidents.

Because of his generosity, warm personal manner, kindly spirit, active participation in community affairs, Dr. Hayes was highly regarded.

He was honored by the Mahoning County Medical Society in 1948 after completing 53 years as a practicing physician. He also was honored when he retired as president of the Lions Club in 1932.

"Be Good to Everyone"

Dr. Hayes exemplified his own philosophy that friendliness is one of the most important virtues.

"Be good to everyone, make all the friends you have here on this earth, for your personality carries on in the other world," he once said. "The more considerate you are of the other fellow, the happier you are. It's your pay, and the thing that makes it easy for you to close your eyes here and awaken in the sunlight of a new day and a new world over there."

Dr. Hayes was born on a farm in Middlesex Township, Butler County, Pa., Sept. 3, 1867, the son of a carpenter. His middle name, Emerson, came from his mother's family.

When the young Dr. Hayes was aged nine, his family moved to Allegheny, Pa., and there he attended public school. Later he attended Smart Academy, a preparatory school, then worked for a time in the oil fields of Pennsylvania and West Virginia.

Graduated in 1895

He evidenced an early interest in a medical career, but at the age of 16 decided "medicine was too dry." Later, he changed his mind and attended Western University, now the University of Pittsburgh, from which he graduated with a medical degree in 1895.

Dr. Hayes's choice of medicine for a career was not in line with his family's wishes. His parents had hoped he would become a minister, and nine of Dr. Hayes's cousins followed the ministry. His father, with nine others, was founder of the First Spiritualist Church on Sixth Ave. in Pittsburgh and Dr. Hayes credited his strong religious background with forming the foundation of his philosophy of life.

Dr. Hayes practiced in Pittsburgh for five years after graduating from medical school, then came to Youngstown at the turn of the century to begin practice.

Dr. Hayes's activities took him into many of the fraternal organizations of the city, and he was considered one of the district's most prominent masons.

Founded DeMolay

He was founder and "dad" of the Youngstown chapter of DeMolay, a Masonic youth organization.

Dr. Hayes was a 50-year member and past master of Western Star Lodge No. 21, F. & A. M.; a past high priest of Youngstown chapter No. 93, R. & A. M.; a member of Buechner Council No. 107, R. & S. M.; a member of St. John's Commandery, Knights Templar; a life member of Hiram Lodge of Perfection; a member of Youngstown council, Princes of Jerusalem; a member of Youngstown chapter of Knights of Rose Croix; a member of Lake Erie Consistory, Aut-Mori Grotto, and Al Koran Shrine in Cleveland. He also was an Elk.

He was a former vice president and director of Tippecanoe Country Club and one of the oldest members of the Mahoning County Medical Society.

His favorite sport was golf, and in his younger years he was considered a better-than-average golfer who usually shot in the low "80's."

Dr. Hayes was a widower and for many years had lived alone at 26 LaBelle Ave. He leaves two sisters, Mrs. Ida Bunyard of Coral Gables, Fla., and Mrs. Charlotte Alexander of Jackson Heights, N. Y.

MAHONING COUNTY ACADEMY OF GENERAL PRACTICE

The last regular meeting of the Mahoning County Academy of General Practice was held in the South Side Nurses Home, Tuesday, June 9, 1953. Dr. Louis Bloomberg spoke on "Eye Diseases in General Practice."

There will be no regular meetings of the chapter until September.

WORLD MEDICAL CONFERENCE

Physicians from virtually all of the 72 approved medical schools in the United States will be among the 600 doctors from all over the world who will attend the First World Conference on Medical Education to be held at the British Medical Association House in London, August 22-29.

After two years of planning by the World Medical Association, which includes a membership of national medical associations from 43 countries, the conference is destined to be one of the biggest and most important events in the history of medicine.

NEW DOCTOR DRAFT LAW

All physicians, dentists and veterinarians not members of an armed service reserve component and under 50 years of age must be registered with their local draft board. They remain liable for induction up to age 51. Men on graduating from medical school have 10 days to register and ask for deferment for a year to complete interships. A physician must register under the doctor draft even though he has previously registered for the regular draft.

Maximum service under the doctor draft is 24 months, which is required of all physicians who have had less than nine months of prior active duty. Graduated periods of service are provided for others as follows: 21 months if prior duty ranges between nine and 12 months, 18 months if prior duty ranges between 12 and 15 months, and 15 months if prior duty totals 15 or more months. The foregoing is applicable to reservists as well as registrants under the act.

In addition, priority 2 doctors with 17 or more months' service prior to entry on current duty are classified in priority 4, and no doctor with 21 months' prior service can be called during the life of the present act, except in time of war or national emergency declared by Congress. The law also requires release within 90 days of all men on active duty who would not have been called had the new law been in effect, but they must apply for release.

The new law continues the four priorities, but effects two changes of importance: (A) It lowers from 21 to 17 months the amount of active duty required to move a man from priority 2 to priority 4. (B) It credits all active duty of any nature subsequent to September 16, 1940, except as noted in next question (the old law credited only service performed subsequent to receipt of profession degree).

(Priorty 1 doctors are those who either received all or part of their professional education at government expense or received educational deferments in World War II, and who served less than 90 days on active duty. Priority 2 are those similarly educated or deferred, but who served between 90 days and 17 months — 21 months under the old law. Priority 3 are men with no military service. All others make up priority 4. Priorities 1, 2, and 3 will be called before priority 4.)

The law defines active duty as time spent either as enlisted man or officer since September 16, 1940, on (1) active duty in Army, Navy, Air Force, Marine Corps, Coast Guard, and U. S. Public Health Service, (2) non-military duty prescribed for conscientious objectors, (3) wartime military service with any World War II ally of the United States, and (4) service with the Panama Canal Health Department during World War II.

Not counted as active duty is time spent under military auspices in (1) ASTP, V-12 or similar training programs, (2) intern, residency or other postgraduate training, (3) senior student programs prior to receipt of the appropriate degree, (4) active service performed for sole purpose of undergoing a physical examination, and (5) active duty for training entered into subsequent to enactment of the law.

Local boards, advised by state or local medical advisory committees to Selective Service, may defer doctors for (1) essentiality to the community,

(2) extreme personal hardship, (3) certain teaching posts in medical schools and (4) essential laboratory and clinical research.

The $100-a-month equalization pay is continued for all commissioned physicians and dentists (except interns) while on active duty and is extended to veterinarians.

Physicians obligated only under the doctor draft are discharged from their commissions on completion of active duty performed in carrying out doctor draft obligations, retroactive to cover all who have served a year or more since September 9, 1950 (enactment of original doctor draft law). Reservists who would be liable for doctor draft except for their membership in a reserve component may resign their commissions upon completion of the period of obligated service. However, permissive resignation is not extended to those who are obligated by law or contract to serve on active military duty or in training in a reserve component.

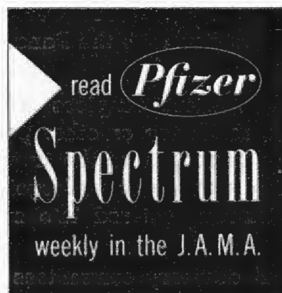
A registrant under doctor draft no longer is held ineligible for appointment as an officer on sole ground he is not a citizen of the U. S. or has not made a declaration of intent to become a citizen.

Full credit is given for service in the commissioned corps of U. S. Public Health Service. PHS, unlike the military, may not hold a man against his will. Consequently, under the old law it would be possible for a doctor to serve in PHS for a few days, then resign and give up his commission, and move to priority 4. To forestall this, the new law requires that the Surgeon General of PHS approve termination of a commission if the time served is to be credited under the doctor draft law.

OTHER POINTS

Since the doctor draft law is part of the Selective Service Act, men covered by the law are subject to the Selective Service System up to the time they accept commissions . . . The law, as it affects doctors in service, is administered under regulations laid down by the three armed forces, within the limitations of the law . . . Selective Service has nothing to do with determining the commission or promotion to which a doctor is entitled; this is the province of the three services, which are required by law to grant commissions "commensurate with professoinal education, experience or ability" . . . Time spent in PHS internships and residency training programs, like military programs, is not credited as active duty.

A.M.A. Special Report, No. 7



Be sure to read these features in JULY issues of *Spectrum,* appearing in the first section of the

Journal of the American Medical Association

Kidney Physiology ● *Deceptive ECG's*
Bence Jones Proteins ● *Celiac Disease*
Sialography ● *Myasthenia Gravis*

plus news and views of current medical meetings, reports, photo stories and other material of interest.

PROCEEDINGS OF COUNCIL

The regular monthly meeting of the Council of the Mahoning County Medical Society was held at the office of the Society, 202 Schween-Wagner Bldg., on Monday, June 15, 1953.

Present: Doctors V. L. Goodwin, President, presiding; S. W. Ondash, W. M. Skipp, G. G. Nelson, A. K. Phillips, H. J. Reese, J. D. Brown, C. A. Gustafson, I. C. Smith, A. Randell, and G. E. DeCicco, comprising the Council; also A. E. Rappoport, R. R. Miller, W. O. Mermis, J. A. Altdoerffer, and J. J. Sofranec.
Result of Balloting: Dr. G. E. DeCicco reported on the tabulation of the Canfield Fair ballots. There will be 26 organizations invited to participate in displays.

Blood Bank: Dr. Rappoport reported on the Blood Bank program for distribution and use of gamma globulin during the impending polio season. All immune globulin is being pooled and distributed through the U. S. Office of Defense Mobilization. The Ohio Department of Health has been designated as the agency through which Ohio's allotment will be distributed. The state committee will continue to function in an advisory capacity to the Department of Health and will deal with policy as the distribution and allocation program progresses. Dr. Rappoport will report further progress to Council.

Dr. J. J. Sofranec, chairman of Medico-Legal Committee, reported progress of his committee to date.

Dr. R. R. Miller reported the activities of the Maternal Health Clinic. The Clinic is not a Red Feather agency, but is supported by private funds. He felt that the program was very helpful to public health and quite a relief to social agencies.

Dr. Randell discussed the telephone service of the Medical-Dental Bureau, stating that some doctors felt they asked too many questions in order to get information for the doctor and that patients resented it. The Executive Secretary was instructed to work out some plan, to contact the members, explain the situation and see if they wouldn't settle for less information.

Dr. Randell moved that the house staffs of both hospitals be invited guests, at the expense of the society, to all social functions such as Dinner Dance, Golf Meet and Annual Banquet. Dr. Randell's motion was amended to read, "That a postcard be enclosed in the June News Letter, asking our members to vote on the issue of entertaining Residents and Internes at the expense of the Society at all social functions such as Dinner Dance, Golf Meet and Annual Banquet."

Dr. Goodwin asked Council to approve the following committee or suggest replacements. Council approved the following:

Committee For Supervision of Publicity

Dr. E. J. Wenaas, Chairman; Dr. J. M. Ranz, Dr. J. L. Fisher, Dr. J. C. Vance, and Dr. G. M. McKelvey.

Dr. Altdoerffer discussed meeting at Youngstown College this fall.

It was moved, seconded and duly passed, to appoint a committee to investigate the possibilities of the College and report to Council in September. Dr. Ondash and Dr. Detesco were appointed. We have a commitment at the Elks Club and it was suggested that we start with the February meeting.

Dr. Goodwin suggested that the Grievance Committee be changed to be known as the Mediation Board.

The following application was presented by the Censors:

FOR ACTIVE MEMBERSHIP

Dr. Robert Allen Brown, 2218 Market St., Youngstown, Ohio

Unless objection is filed in writing with the secretary within 15 days, the above applicant will become a member of the Society.

G. E. DeCICCO, M.D.
Secretary

"Does it matter who fills the prescription?"
"Ah Doctor, does it matter who writes the prescription?"

LAERI APOTHECARY

Home Savings & Loan Bldg.—2nd Floor RIverside 7-9636

SUPERIOR VITAMIN A ABSORPTION

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Water-dispersible polyvitamin drops

Each 0.6 cc. (as marked on dropper) provides the folowing vitamins in a clear aqueous dispersion: A 5000 U.S.P. units, D 1200 U.S.P. units, C 60 mg., B_1 1.8 mg., B_2 0.4 mg., niacinamide 3 mg., B_6 0.3 mg., calcium pantothenate 1.2 mg. Supplied in 15 and 30 cc. dropper bottles.
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The conference is being sponsored by the World Medical Association in cooperation with the World Health Organization, a government agency; the Council of International Organization of Medical Sciences, and the International Association of Universities. It will be under the patronage of the Secretary of State of Scotland, the ministers of education and health for England and Wales, and the Chancellor of the University of London.

Many of the physicians from the United States who will attend the conference also are planning, while in Europe, to attend the Seventh General Assembly of the World Medical Association in The Hague, August 31 through September 7.

Dr. Louis H. Bauer, past president of the American Medical Association and secretary-general of the World Medical Association, termed the London conference on medical education "a major step in the international improvement of medical teaching."

"All phases of medicine have their foundation in medical education," he said. "A conference such as this never before has been sponsored on a global basis."

Dr. Bauer said he believed the conference would be most worthwhile for the sake of humanity because, in his opinion, "medical education is long overdue for a reassessment.

"This conference will give the practicing physician from nearly every country in the world an opportunity to state how medical education has met or failed his needs."

The conference will include plenary and section sessions. Plenary sessions will be held on August 24 and August 28-29; section sessions will be held on August 25, 26 and 27.

Topics for the plenary sessions will include: The Challenge to Medical Education in the Second Half of the 20th Century; What is Education?; The History of Medical Education; Medicine — a Technology or a profession?; Has Medical Education Kept Pace with the Rapid Development of Medical Science?

Among the subjects to be discussed at the section sessions will be: requirements for entrance into medical schools and the selection of students, aims and content of the medical curriculum, techniques and methods of medical education, and preventive and social medicine.

More than 60 papers will be offered at the section sessions. Besides prepared papers, there will be discussions by selected participants and general discussion from the floor.

A free exchange of ideas will be encouraged throughout the conference. An attempt will be made to reveal present trends in medical education and to formulate principles that will be valuable to those responsible for medical education in any country. No attempt will be made to adopt resolutions, but a summary of aims is anticipated when the conference ends.

—*Secretary's Letter, AMA, Letter No. 260*

SIX OF 12,527 PHYSICIANS DENIED COMMISSIONS ON LOYALTY GROUNDS

A compliation by the Army Surgeon General's office shows that of the 12,527 physicians coming into the three military services since start of the Korean war, only six have been denied commissions on grounds of questionably loyalty. The ratio for dentists is about the same, three out of 5,409.

Although 42 physicians and dentists have been inducted as privates during the period, 31 were subsequently commissioned or discharged for physical disability. Some of the 31, the Army said, simply waited too long to apply for a commission, and others were misinformed about the facts in their particular cases prior to induction. Several are known to have neglected to ask for a commission in the mistaken belief that they were not physically acceptable. Later, after induction, they qualified under the new lower standards for medical officers.

The tabulation:

Physicians	Army	Navy	Air Force
Total number drafted as enlisted men	16	0	8
Commissioned after induction	12	0	6
Not commissioned because of loyalty factor	4	0	2
Dentists			
Total number drafted as enlisted men	13	3	2
Commissioned after induction	9	2	2
Discharged for physical disability	2	0	0
Not commissioned because of loyalty factor	2	1	0

AMA Washington Letter, No. 16

Health Department Bulletin

CITY OF YOUNGSTOWN

REPORT FOR MAY, 1953

	1953	Male	Female	1952	Male	Female
Deaths Recorded	194	113	81	185	104	81
Births Recorded	625	331	314	606	330	276

CONTAGIOUS DISEASES	1953 Cases	Deaths	1952 Cases	Deaths
Chicken Pox	6	0	25	0
Measles	36	0	16	0
Mumps	41	0	1	0
Ep. Meningitis	0	0	1	0
Scarlet Fever	1	0	1	0
Whooping Cough	2	0	5	0
Infectious Hepatitis	6	0	0	0
Tuberculosis	11	2	8	2
Typhoid	2	0	0	0
Gonorrhea	17	0	38	0
Syphilis	24	0	23	0

VENERAL DISEASES

New Cases	Male	Female
Syphilis	2	9
Gonorrhea	13	9

Total Patients 28

Total Visits (Patients) to Clinic 225

THE MEDICAL CARE OF PATIENTS WITH CONGENITAL HEART DISEASE

The responsibility of the pediatrician and the internist for patients with congenital heart disease has become increasingly great within the past decade. Before the advent of cardiac surgery these patients were studied with interest by a few experts for the purpose of classifying them according to one or the other of the many elaborate pathological or embryological systems, but they were regarded by most practitioners as hopeless medical curiosities. Today physicians enthusiastically use all the therapeutic and diagnostic means at their disposal to keep these patients alive and to determine the feasibility and optimal timing of surgical intervention.

The general management of patients with congenital heart disease should be aimed at insuring them a level of existence as nearly normal as possible. Untold psychological and physical damage is done by unnecessary restrictions placed on patients with real or imaginary heart disease. It is our experience — shared by most observers — that these patients usually will limit their own activities if necessary. The only exception to this rule is the need to curb children with cardiac enlargement from competitive sports, during the pursuit of which they may not heed the warning signals of fatigue.

The importance of a well-balanced diet can hardly be over-stated. An adequate fluid intake is of paramount importance in patients with cyanosis, especially during the hot summer months. Dehydration in these patients with high hematocrit values may lead to dangerous hemoconcentration and cerebral thrombosis. Oral hygiene is very important as is a carefully planned immunization program. For purposes of surgery general and local anesthesia is usally well tolerated if an adequate supply of oxygen is insured at all times.

Encouraged by the rapid advances in cardiac surgery the physician, when dealing with a condition inoperable at present, may assume an attitude of guarded optimism. It should be stressed that sudden deaths are quite rare beyond the first few months of life. The patient's parents usually find great comfort in this knowledge, and their attitude toward the child will consequently become more relaxed.

Infections represents a real hazard to patients with congenital heart disease. The great need of preventing the occurrence of subacute bacterial endocarditis by means of chemoprophylaxis and chemotherapy has been repeatedly stated. It is generally believed that patients with congenital heart disease should receive chemotherapy for even minor febrile illnesses. We also recommend the routine use of 300,000 units of procaine penicillin intermuscularly wherever possible, for twenty-four hours before and at least forty-eight hours after even minor surgical procedures, including dental extractions.

We find that year round chemoprophylaxis with sulfadiazine or a broad-spectrum antibiotic can be used very successfully in the care of the many patients who are prone to develop severe pulmonary infections.

Brain abscess is among the more common complications confronting

patients with cynaotic congenital heart disease. Alertness to this possibility, if the patient presents signs and symptoms referable to the central nervous system, should prompt the physician to call for the advice of a competent neurosurgeon. Within the past year or two early diagnosis has resulted in successful evacuation of the abscess in several patients.

Anoxi spells, consisting of deep cyanosis, dyspnea, loss of consciousness, and convulsions, represents real emergencies in the life of the patient with cyanotic heart disease. The physician may lessen their impact on the parents by warning them ahead of time of the possibility of their occurrence. When the attacks occur, their duration and intensity may be lessened by placing the child in the knee-chest position and by the administration of morphine (1 mg. per 5 kg. body weight) hypodermically or by suppositories. Oxygen is of limited use only.

Often an observant mother will discover the prodromal signs of an attack (increased irritability, continuous crying) and will be able to prevent its full-scale development by adminitsration of a sedative and by placing the patient in the knee-chest position.

Cardiac failure in patients with congenital heart disease usually first manifests itself as systemic congestion. Distention of the neck veins, enlargement of the liver, and peripheral edema are found much more commonly than signs of pulmonary congestion. Although the treatment of congestive failure in these patients is only rarely completely successful, it may bring about considerable improvement for a long period of time, especially in the patients without cyanosis. Digitalis, diuretics, oxygen, and a low-salt diet, all have their place in the treatment of these individuals.

The hematological status of syanotic children deserves very careful consideration. The correction with iron therapy of a "relative hypochromic anemia," characterized by polycythemia with normal or slightly lower than normal hemoglobin values, may strikingly improve the exercise tolerance and general condition of these patients. Equally striking are the benefits to be derived from venesection in patients whose hematocrits are 80 per cent or higher.

The accurate diagnosis of operable congenital malformations of the heart is possible in the majority of instances by means of a careful history, physical examination, x-ray and fluoroscopy, and unipolar electrocardiography.

Cardiac catheterization and angiocardiography — procedures with a slight but definite hazard — are necessary only to diagnose some of the more unusual malformations or to provide essential information about conditions already diagnosed clinically.

In the present era of surgical skill any patient five years old or older with known congenital heart disease is entitled to a careful clinical evaluation by a competent cardiologist. On the basis of this examination most of the commonly operable conditions (patent ductus arteriosus, coarctation of the aorta, tetralogy of Fallot, tricuspid atresia) are easily recognized. Surgery can be recommended at the appropriate time on the basis of this evaluation.

Adequate clinical examination will also identify in most instances the congenital cardiac lesions for which no surgery is yet available (ventricular septal defect, Eisenmenger's complex, transposition of the great vessels, two- or three-chambered hearts, etc.)

Finally, this same screening process if performed carefully will identify those patients for whom physiological studies, i.e., catheterization and/or angiograms, are indicated. These patients, by and large, fall into one of two categories — those whose lesions cannot with certainty be clinically classified in regard to operability and those in whom the severity of the lesion cannot properly be assayed on clinical grounds alone (isolated pulmonic stenosis, atrial septal defect) although an operable form of congenital heart disease has been diagnosed.

The accurate diagnosis of congenital heart disease in patients under five years of age is rather difficult and should not be attempted unless the parents particularly press for it or unless there is evidence that the presence of heart disease is causing the child serious difficulties such as congestive failure, severe cyanosis, poor exercise tolerance, or retarded growth. The presence of any of these conditions ought to prompt the physician to seek the establishment of accurate diagnosis at the earliest possible time. The optimal moment for surgical intervention may be lost by procrastination.

The surgically correctible lesions, the optimal time for elective surgery, and the mortality rates of the individual procedures in skilled hands are summarized in the table below. It should be emphasized, however, that surgery in all these conditions is possible, if indicated, at ages other than the optimal ones.

Lesion	*Optimal Age for Operation (Years)*	*Operative Mortality*
Patent ductus arteriosus	5 to 12	Less than 1%
Coarctation of the aorta	12 to 20	Less than 5%
Tetralogy of Fallot	3 to 12	Less than 8%
Isolated pulmonic stenosis	When indicated	Approx. 10%
Atrial septal defect	When indicated	?

Alexander S. Nadas, M.D.
Boston, Mass.

REFERENCES

1) Taussig, H. B., Congenital Malformations of the Heart, The Commonwealth Fund, New York, 1947.

2) Brown, J. W., Congenital Heat Disease, Staple Press, London, 1950.

The opinions and conclusion expressed herein are those of the author and do not necessarly represent the official views of the Scientific Council of the American Heart Association.

Modern Concepts of Cardiovascular Disease
American Heart Association, Vol. XXII, No. 6

SOME DOINGS OF HOUSE OF DELEGATES— NEW YORK MEETING

William M. Skipp, M.D.

Please read; this is short.

A. Eight resolutions dealing with non-service connected disabilities of Veterans. The House gave unanimous approval of recommendations of Reference Committee on insurance and medical service.

1. House adopted policy that such treatment should be discontinued in Veterans Hospitals with the exception of TBC, psychiatric, and neurological disorders.
2. The same action was taken in December at Denver and reaffirmed in June in New York.
3. All medical and hospitalization for non-service connected disabilities be discontinued and revert to the individual or community where it rightfully belongs.
4. All service connected disabilities be continued as at present.
5. The medical profession is not interested in the "chiseler" nor with the efficiency of the administration, but is interested, should the federal government continue to engage in the gigantic medical care program in competition with private medical institutions — which is increasing in cost, this burden being imposed on the taxpayers.

B. Publicity regarding unethical conduct of physicians.

1. Eleven resolutions dealing with this program were presented in regard to recent newspaper and magazine articles reporting statements attributed to official spokesmen of allied medical organizations.
   The Committee recommended, and it was adopted by the House, that no action be taken, but reaffirmed the supremacy of the AMA in all such matters.
   The principles of medical ethics as formulated, interpreted, and applied must be the ethical policy of the entire profession; the views of any special group, without official sanction, cannot be accepted by the AMA. Great harm can be and was done to the public and the profession by current articles which lower the confidence of patients in their doctors and cannot be objectively evaluated. This confidence of the public in the profession is often placed in great jeopardy. The House of Delegates believes in the right of free speech. Statements on generalizations, all advised and poorly prepared, that often do not convey what is intended, are to be deplored. The AMA will continue to inform its members and the public on its stand on matters pertaining to abuses and evils in the practice of medicine.

C. The Committee for the study of relations between Osteopaths and Medicine.

The House debated this issue for two hours and the majority report of the reference Committee was adopted, postponing action until June, 1954.

1. That so little of the original concept of osteopathy remains, that it does not classify as medicine, as currently taught in schools of osteopathy as the teaching of "cultist" healing.

2. That pursuant to the objectives and responsibilities which are to improve the health and medical care of the American people, it is the policy of the Association to encourage improvement in the undergraduate and postgraduate education of doctors of osteopathy.

3. That the relationship of doctors of medicine to doctors of osteopathy is a matter for determination by the state medical associations of the several states and that the state associations be requested to accept this responsibility.

4. That the Committee for the Study of Relations Between Osteopathy and Medicine or a similar committee be established as a continuing body.

A minority report of the reference committee urged approval and adoption of those recommendations at once. The majority report, which ultimately won out, included the following recommendations by the Board of Trustees:

Because of the length of the report and the controversial nature of the subject,, the Board feels that the House should have adequate time for its study and that the state associations should have opportunity to express their opinions.

Action on the report be deferred until the June, 1954.
At that time the house be prepared to answer the following questions:

1. Should modern osteopathy be classified as "cultist"—healing?

2. Since the objectives of the AMA include improvement in undergraduate and postgraduate education, should doctors of medicine teach in osteopathic schools?

3. Should the relationship of doctors of medicine to doctors of osteopathy be a matter for determination by the several state associa-tions?

The House reaffirmed its endorsement of the principles embodied in Senate Joint Resolution No. 1 concerning international treaties or agreements which interfere with domestic laws or rights. The House approved a resolution deploring a derogatory article about the AMA which appeared recently in the Home Life Magazine. The latter resolution was referred to the board of Trustees for implementation.

Dr. Bauer, referring to charges of unethical practices among some doctors, declared that all members of the medical professoin "should not be tarred with the same stick."

Mrs. Hobby told the delegates that the present administration in Washington is looking with confidence to the nation's physicians for leadership in meeting the challenge of modern medical care problems. She is opposed to all types of socialism particularly that called socialized medicine.

COMMITTEES FOR 1953

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ARTHRITIS—M. M. Szucs, Chairman; M. Sunday, J. Dulick, T. Golden, A. Marinelli, F. Lamprich.

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PRE-SCHOOL HEALTH—H. B. Hutt, Chairman; C. Stertzbach, S. Myers, M. Raupple, C. Lowendorf.

PROGRAM—July 1952-June 1953—F S. Coombs, Chairman; R. Donley, W. Bunn, C. Lowendorf, J. Vance, S. Ondash, P. Kaufman, M. Rosenblum, J. Brown, J. Herald, R. Kiskaddon.

PROGRAM—July 1953-June 1954—S. W. Ondash, Chairman; A. Cukerbaum, G. DeCicco, R. Kiskaddon, J. Harvey, E. Thomas, P. Kaufman, M. Rosenblum, C. Wales, A. Scheetz, B. Brown, R. Resch.

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SOCIAL—R. R. Goldcamp, Chairman; S. Davidow, E. Thomas, J. Goldcamp, R. Hall.

VETERANS—S. Franklin, Chairman; P. Giber, M. Goldstein, J. Goldcamp, W. Sovik, J. Keyes, F. Schellhase.

There are additional committees now under study that will be published later.

FROM THE BULLETIN

J. L. Fisher, M.D.

TWENTY YEARS AGO — JULY, 1933

The course of lectures on Neurology being given by Dr. Karnosh of Cleveland were so well attended that they were moved to the auditorium of Youngstown College. The members were very enthusiastic about the course and another was planned to start in the fall.

The last general meeting in June was a dinner held jointly with the Mahoning County Bar Association with more than a hundred attorneys and physicians attending. Addresses were given by F. Rollin Hahn for the lawyers and by Dr. Edwin A. Hamilton of Ohio State University for the doctors.

The annual outing was announced, to be held at the Squaw Creek Country Club July 20th. The entire cost including greens fees and chicken dinner to be one dollar.

Dr. H. E. Chalker became a member of the Society. Dr. H. E. Hathhorn gave a report of results of diphtheria immunization in the public schools, using the Schick test and toxin-antitoxin for positive reactors. Eighty percent of the children had been given the test or the treatment or both.

In the advertisements, doctors were urged to use Agarlatum for constipation, Antiphlogistine poultices for congestion, Gambir Corrective Mixture for diarrhea and Kaomul for calcium deficiencies. Many old time pharmaceutical preparations which are unheard of now did yeoman service in their day when antibiotics, antihistamines and anticholinergics were unheard of.

TEN YEARS AGO — JULY, 1943

Dr. George M. Curtis of Ohio State University addressed the Society in June on "The Nature of Blast Injuries." A very comprehensive report appeared in the *Bulletin* written by Editor George Madtes of the Youngstown Vindicator. He mentioned the good attendance at the meeting at a time when the doctors were being worked to death.

The President's page was written by Dr. W. H. Evans and sent in from somewhere in the Pacific. His promotion to Commander was announced in the *Bulletin* before he heard of it through official channels. Major John E. L. Keyes wrote from Bushnell General Hospital advising caution in the use of Penicillin. Capt. Harry Chalker was in Seattle on his way out of the country. Capt. Sidney Davidow was given a course in Tropical Medicine and then sent to a climate where he couldn't use it.

Dr. Wm. Skipp was re-elected President of the Medical-Dental Bureau, Joe Hall was Vice President, E. J. Reilly, Secretary, and Leon Osborne Treasurer. Members of the Board were Frank Simmerly, Claude Norris, H. E. Patrick and A. J. Brandt.

Dr. Joseph F. Nagle died June 13th, a casualty in service on the home front. He was loved and respected by all who knew him and was often warned that he was working beyond his endurance.

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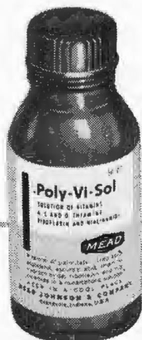

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