



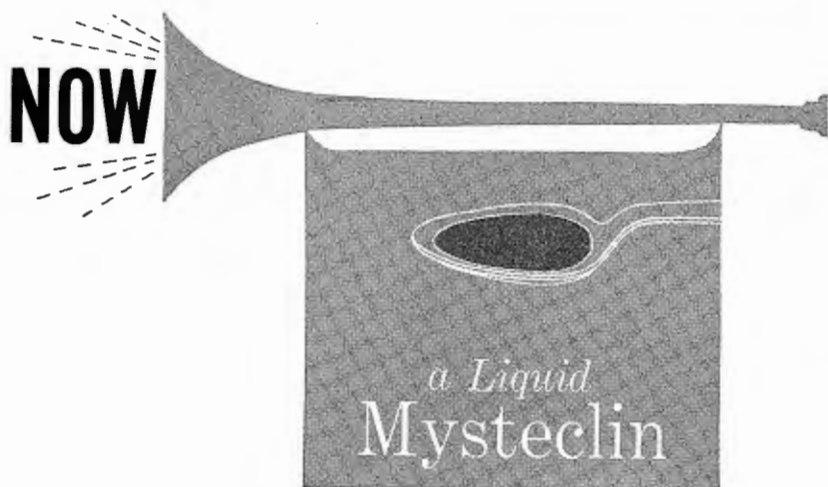
*Postgraduate Assembly*  
**OCTOBER 24, 1956**

# **BULLETIN**

of the  
**MAHONING  
COUNTY  
MEDICAL  
SOCIETY**

October • 1956  
Vol. XXVI • No. 10  
Youngstown • Ohio

**NOW**



# MYSTECLIN SUSPENSION

Steclin-Mycostatin

(Squibb Tetracycline-Nystatin)

*Another form of the only broad spectrum antibiotic preparation with added protection against monilial superinfection*

**PLEASANT TASTING** — Mysteclin Suspension is pleasantly fruit-flavored and will appeal to taste-conscious youngsters as well as to adults who prefer liquid medication.

**BROADLY EFFECTIVE** — Mysteclin Suspension provides well tolerated therapy for the many common infections which respond to tetracycline—and also acts to prevent monilial overgrowth.

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*Squibb Quality — the Priceless Ingredient*

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## *Our President Speaks*

Are you an American? Many of you will answer back, "What a foolish question, of course I am an American." I say however, many of you are not Americans! No true American neglects his duty to exercise his opinion at the polls. Unless you vote you are not an American.



In the September 12th issue of the Youngstown Vindicator on the front page in large type I read the following: "71 Pct. of Doctors in County are Registered for November." What about the other 29 percent? In last months Bulletin on many pages in bold type were the words, "Register before September 26th." I do sincerely hope that the 29 percent took notice.

Study the issues on the ballot, learn about the candidates and vote intelligently. I do not propose to tell you how to vote but I propose to tell you to vote! You have no right to complain about what goes on in government if you don't vote. Don't give up your freedom by neglecting your duty.

—G. E. DeCicco, M. D.  
President

**BULLETIN** of the Mahoning County Medical Society

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Volume 26

October, 1956

Number 10

**Bulletin Staff for 1956**

AGEY, WAYNE L. New Members and Receiving Hospital	ALLEN, HERMAN L. Society Program and Youngstown Hospital News	BLOOMBERG, L. What's New — T.B. San. Special Assignments
FISHER, JAS. L. 10 and 20 Years Ago	GUSTAFSON, C. A. 6th District News	RESCH, FREDK. A. G.P. News and Activities
RUTH, PAUL E. St. Elizabeth Hospital News	SCHLECHT, FRED AMA News Editor	WALTER, CLYDE K. Special Assignments
STEINBERG, M. H. 50 Year Members and Special Assignments	TORNELLO, R. L. Editor Emeritus	MRS. SAM SCHWEBEL Women's Aux. News

**LETTER TO THE EDITOR**

Dear Doctor:

This year's Community Chest Campaign to raise funds for 37 Red Feather Agencies will be held over a two-week period from October 9 to October 23.

A concerted campaign is already in operation for the period just before and during the campaign. We hope to acquaint local residents with the work of the Community Chest and its financial needs for 1957. Newspapers, television and radio stations all are taking an active part in the effort. However, we cannot overlook the importance of the company house organ as a potent mass media for getting the Community Chest message across. Knowing that you would prefer to place this message in your house organ in your own editorial fashion, we have enclosed two information sheets.

The slogan for this year's campaign is "Get a Life — GIVE as You Live!" We have created a character called "Red" Feather who will be the "spokesman" for the local Community Chest.

It is our sincere hope that you will aid us in this super effort to attain our financial goal this year. The budget committee is setting the budget, and it promises to be over a million dollars. You can see that we need every bit of promotional assistance we can get.

Thank you in advance for your kind cooperation.

Sincerely,

R. B. Collins, Chairman  
Publications, Committee

—o—

Editors Note: Among others, the Red Feather Services include: Boy Scouts and Campfire Girls, Christ Mission Settlement and Camp, Crittenton Home, Fresh Air Camp, Hospital Care Fund, Legal Aid Society, Lincoln Avenue Clinic, Mental Health Association, Salvation Army, Visiting Nurses Association, YMCA, YWCA, Hearing and Speech Center, Humane Society, and Youngstown Society for the Blind.

## THE COUNCILOR'S PAGE

"The frost is on the punkin, and the fodder is in the shock", so it is the time of year for activities in medical circles to be resumed.

Mahoning County Medical Society had an excellent display at the 1956 Canfield Fair. Allied Professions co-operated to make it one of the best public-relations projects we have ever had. Trumbull County Medical Society also had an excellent display at their annual county fair. We wish other counties would have similar projects. All have county fairs and the opportunity is there.

On September 4, I attended the meeting of the Summit County Society in Akron. They had their final vote on their new constitution. The State Council approved it a few days later.

On September 5, I attended the Portage County Society meeting at Ravenna. They had a joint meeting with the Bar and after an excellent meal and stimulating, friendly discussion, appointed a medical-legal committee to draw up statements of principles for the standard of practice governing lawyers and doctors. (When you want an excellent prime steak dinner, go to the Cherry Steak House at Ravenna).

On September 6, we met with our Postgraduate committee. They are really making every effort to give us a fine program.

On the 11th of September the legislative committees of the Sixth District met in Alliance; all six counties were well represented. Your legislative committees are well versed in the qualifications of candidates, and will give you this information before election day. "Scotty" Saville, from our home office did an excellent job in evaluating the qualifications of all candidates on which we will be voting.

On September 12th, we attended the Summit County Day at Akron. As usual, this is a big golf and dinner day. They had an orchid for Mrs. Gustafson and we had a wonderful time meeting and renewing acquaintances with all the members and their wives.

Friday morning, September 14, we went to Granville for the Council meeting which was held at the Granville Inn on the 14, 15, and 16th. This is an annual meeting of the Council, together with the AMA delegates and chairmen of state committees.

The next issue of your State Journal will tell you what was considered and the decisions made at this meeting. Be sure to read your Journals. It is your business; there were 22 items on the original docket. I wish every physician might be able to "listen in" on a council meeting. I know it would surprise most of you, for you would realize how many problems confront our profession.

If you read our "Bulletin", you will recall that I had several articles on Public Law 569. On June 7, 1956, (84th Congress) this bill was signed by the President, thereby authorizing the federal government to assume responsibility for the care of dependents of members of the uniformed services. As a result of a resolution passed by the AMA House of Delegates on June 13th and action by the Task force on Dependent Medical Care, subsequently appointed by the AMA Board of Trustees, representatives of the constituent

(Continued on Page 412)



GET OUT AND VOTE

best for baby

# VI-MIX DROPS

(Multiple Vitamin Drops, Lilly)

the most potent formula of its kind



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DISTINGUISHED MEMBER OF THE *Lilly* FAMILY OF VITAMINS

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**FROM THE BULLETIN****Twenty Years Ago — October 1936**

President Coe was stirred up because unethical and illegal actions by physicians had been reported to Council. There had been two deaths from illegally performed abortions. The doctors involved were not members of the Society and our Censors had no jurisdiction except to cooperate with the prosecutor in bringing them to justice. The law in such cases is so technical that convictions are difficult to obtain. One of the women who died stated positively who performed the operation which was the cause of her death and this statement was corroborated by members of her family. The patient would not admit, however that she was about to die and her statement was not admissible as evidence in court because it was not a "death bed" statement. It is a good thing to remember even today when taking statements regarding criminal actions, to have competent legal advice.

A new medical building at Market and Boston was nearing completion. The occupants were McClenahan, Sears, R. H. Middleton, F. S. Middleton, Ray Hall, Oscar Axelson and R. W. Rummell.

Harvey, McCann and Coombs were back from two months in Boston studying internal medicine and cardiology.

Lewis Reed opened his office at 1920 Market St. and Craig Wales started up at Belmont and Guadalupe. R. R. Morrall and June Geddes were married September 21st.

There was a controversy concerning the handling of indigent V-D patients. Reilly of the Economics committee thought they should be handled by the private physicians through the relief department. Health Commissioner Ryall thought they should be sent to a Venereal Clinic. The Bulletin doesn't say how the argument was decided but we still have a Venereal Clinic.

**Ten Years Ago — October 1946**

The first Medical Society Exhibit at the Canfield Fair was reported to be a complete success. The theme of the exhibit was "One Hundred Years Of Medicine." It was entirely a Medical Society effort although some of the equipment was borrowed from hospitals and individuals. More than 60,000 persons crowded the huge tent to see old and new instruments, books and medical equipment. One corner was screened off and darkened for the showing of motion pictures. George Madtes of the Youngstown Vindicator said that the exhibit added greatly to the layman's goodwill toward the profession. Governor Lausche said he had not seen the equal of it anywhere.

Richard H. Freyburg, M.D., of Cornell University addressed the Society that month on "Diagnosis and Management of Common Forms of Arthritis."

Dr. Nathan Belinky, Rollis Miller, Jr., Clyde K. Walter, Sidney Keyes, Robert M. Kiskaddon and Kenneth E. Camp became members of the Society. Dr. Louis Deitchman died suddenly from an attack of coronary thrombosis. Dr. Edwin Brody left for New York to study dermatology at the New York Skin and Cancer Hospital. Capt. Oscar Axelson was awarded the Bronze Star for meritorious service in France, Belgium and Europe.

—J. L. F.





*NEW higher potency... 100 mg.*

# Colace

DIOCTYL SODIUM SULFOSUCCINATE. MEAD\*

**softens stools for easy passage**

without  
laxative  
action

softens  
stools

without  
adding  
bulk

**Colace** is now available in new higher potency Capsules, 100 mg.—for greater convenience and dosage flexibility.

**Colace** by reducing surface tension, increases the wetting and penetrating efficiency of the intestinal water, keeping stools soft.

**Colace** is indicated in the treatment and prevention of chronic constipation or fecal impaction, or whenever stool softness is required, as in patients with hemorrhoids.

## usual oral dosage

*adults and older children*

100 mg. b.i.d. for three days; then 50-100 mg. daily.

*infants and children under 6 years*

In half a glass of milk or fruit juice or in formula: 20 mg. (2 cc. of COLACE Liquid) b.i.d. for three days; then 10 to 20 mg. (1 to 2 cc.) daily.

*Note:* When bowel motility is impaired, a mild peristaltic stimulant or COLACE-containing enemas may be needed in addition to COLACE by mouth.

## The Colace family

**Colace Capsules 100 mg.**  
bottles of 30, 60 and 250

**Colace Capsules 50 mg.**  
bottles of 30, 60 and 250

**Colace Liquid** (1% solution; 10 mg. per cc.)  
bottles of 30 cc. with calibrated  
dropper

## in enemas

Add 50 to 100 mg. (5 to 10 cc. COLACE Liquid) to the fluid for a retention or a flushing enema.

\*PATENTS PENDING

**MEAD**

SYMBOL OF SERVICE IN MEDICINE

MEAD JOHNSON & COMPANY, EVANSVILLE 21, INDIANA, U.S.A.

The Public Schools  
Youngstown, Ohio  
Office of the Superintendent

## YOU HAVE A RIGHT TO KNOW

Youngstown's Public Schools, like the community, face serious problems. These are the problems of normal growth and the shifting of families from one part of the city to another.

Many of our schools are bursting at the seams. There are entire new neighborhoods where there are as yet no schools.

We are growing at the rate of approximately 600 additional pupils each year.

### WHAT 600 NEW FACES EACH YEAR MEANS TO THE SCHOOL

It means that if we put 30 children in a classroom, we must provide 20 new classrooms each year. None of us want more than 30 children in a classroom.

It means equipment such as desks, chairs, tables and a number of other things for 20 classrooms.

It means supplies such as books, tablets, pencils, maps, charts, and library books for 20 classrooms.

It means at least 6 custodians, secretaries and maintenance employees each year; and, of course, it means 20 additional teachers each year.

### WHY ARE THERE TWO SCHOOL LEVIES?

The Ohio State law makes it mandatory to separate the vote on bonds which are to be paid over a 20 period from an operating levy which runs for five years only.

Building needs have accumulated so rapidly that the building levy could no longer take care of our needs. By voting for bonds we can secure sufficient money at one time to build several buildings at the same time. There are four sections of the city that need elementary schools at once.

Operating and personnel costs (teachers, secretaries and custodians) have increased so much and so rapidly that the present levies for operation are not enough. It has become very difficult for us to find teachers, secretaries and custodians because of the low salaries we are able to pay.

Something must be done at once to remedy both situations.

If we are to continue to improve our present schools and to keep them cleaned, painted and repaired, more money is necessary.

### HOW WILL THIS BE FINANCED?

By voting \$5,460,000 in bonds which will be paid for over a 20 year period. Since the State of Ohio and the Federal Government contribute nothing toward providing for schools, the Board of Education must ask the people of Youngstown to approve the bonds.

A favorable vote will add an average of .863 mills to your taxes over a 20 year period. This will average 87¢ for each \$1000 of valuation on your property.

### DO WE NEED THE BUILDINGS?

In sections of the city school buildings are so crowded there are 35 to 37 children in each room. At other spots it is necessary to transport pupils long distances in order to be able to properly accommodate them in school.

The alternative is to conduct schools on a half day basis in those sections of the city where it is so crowded. At the present rate of growth, practically every section of the city is affected.



Schools are planned in four sections of the city. A junior high school is needed in the southwest part of Youngstown. Remodeling of several old buildings, an addition to Hayes Junior High School, improving of existing school sites, and remodeling of the Market Street School for a central warehouse, shops, and administrative building is planned. The cost of these projects is included herewith.

1. A 4 Room Addition to Kirkmere Elementary School .....	\$ 120,000
(This is necessary to house adequately pupils in the Kirkmere area)	
2. Construction of a Junior High School in Southwest Section....	1,250,000
(Increasing enrollments in grades 7, 8 and 9, make it necessary to provide this facility in the rapidly growing southwest section of the city)	
3. Four 12 room Elementary Schools in Kimmelbrook, Lincoln Knolls, Brownlee Woods and Southwest Sections .....	2,200,000
(Rapid growth in the above sections makes these schools a necessity)	
4. A Remodeling of and an Addition to Hayes Junior High School .....	500,000
(This item was recommended in the original survey of 1945. It has not been carried out due to lack of funds)	
5. Remodeling of Old North High School and Razing of Scienceville Elementary School .....	115,000
(A great deal of landscaping, blacktopping and improvement to interior and exterior of the building is imperative)	
6. Remodeling of an Addition to Market Street School for Maintenance Department, Shops, Warehouse, School Bus Garage and Administration Building .....	650,000
(This would make it possible to centralize the above functions and to increase the efficiency of the same)	
7. New Sites and Additions to Existing Sites .....	250,000
(New sites are needed at Lincoln Knolls, Brownlee Woods, Southwest junior high school, Southwest elementary school, and at Market Street School. Additions to the existing sites listed herewith are necessary to bring them up to standard. Such sites are at Bennett, Elm, Jefferson, McKinley, Monroe, Roosevelt, Tod, Williamson, Hayes)	
8. Equipment for Above Schools .....	375,000
TOTAL .....	\$5,460,000

#### WHY AN INCREASE IN THE OPERATING LEVY?

The most expensive item which the school buys is personal service; that is, teachers, secretaries and custodians. It is extremely difficult to employ teachers and other personnel because of low salaries paid. If we are to continue to attract good people, we must pay more for their services.

Operation and maintenance costs have skyrocketed. Of course, that requires money.

#### HOW WILL THE INCREASED MONEY BE USED?

Approximately one-half of the amount raised the first year will go to increase teacher salaries approximately 12%. This will take \$726,823 for teachers and proportionate increases for other personnel such as custodians and secretaries which will amount to \$260,548 per year. Such an increase is necessary to get people to consider positions with the schools.

in corticosteroid  
therapy...permits  
treatment of more  
patients



# METICORTEN<sup>®</sup>

(PREDNISONE)

- rarely causes edema or electrolyte side actions
- up to 5 times more effective than hydrocortisone, milligram for milligram
- better relief of pain, swelling, tenderness; diminished joint stiffness—in rheumatoid arthritis
- excellent relief of bronchospasm, dyspnea, cough; increased vital capacity in asthma
- hormone benefits in respiratory allergies, inflammatory and allergic eye and skin disorders, collagen diseases

METICORTEN is available as 1 mg., 2.5 mg. and 5 mg. tablets.

METICORTEN, <sup>®</sup> brand of prednisone.  
\*T.M.

*Schering*

MC-J-17-359



The remainder of the money will go for maintenance and operation and increased staff; 20 new teachers each year and 6 added custodians and secretaries. Whenever new classrooms are added, maintenance and operation costs mount. This item will cost \$250,000 per year. Added staff will cost \$112,302 more each year. During the fifth year, added staff will cost \$561,510.

#### HOW WILL THE INCREASE FOR SCHOOL WORKERS COMPARE WITH THE INCREASE FOR STEEL WORKERS?

Teachers and other school workers will receive increase of from 12% to 13 + % and no more for another period of time. Steel workers will receive approximately 20% increase the first year and from 12 to 13% in the two following years.

#### AD URGING PATIENTS TO DISCUSS FEES WITH DOCTORS WILL BE REPEATED BY PARKE, DAVIS & COMPANY

A public service message that proved successful in encouraging more patients to talk freely to their physicians about fees and services will be repeated less than a year after its first publication.

Parke, Davis & Company, which is sponsoring a series of national advertisements on bargain aspects of the cost of medical care, first ran the ad on fees and services in December, 1955, under the headline, "Is There One Question You're Too Shy To Ask Your Doctor?"

A new illustration will be used in the repeat ad, with one woman asking, "How can I bring up the subject with my doctor?", and another replying, "Just ask him! There's no reason to be shy about it."

The ad, like others in the series, emphasizes that "today, more than ever before in medical history, the bill your doctor sends you can represent one of the really big bargains of your life — in terms of health, happiness and peace of mind."

It appeared in the Sept. 17 Wall Street Journal, Sept. 20 Journal of Commerce, Sept. 22 Editor & Publisher, Sept. 24 Life, and in the Oct. 13 Saturday Evening Post and the October issue of Today's Health.

The complete text follows:

"Most people are able to talk freely to their physician about every aspect of their treatment — except one. The question 'How much is it going to cost?' and of how payment is to be made, often leaves the frankest patient tongue-tied.

"Many refrain from bringing up the subject out of a sincere respect for their doctor, supposing it somehow unbecoming to talk to him about money. Many professional societies are now trying to clear up this misconception. For example, you may have noticed a significant plaque which hangs in thousands of physicians' waiting rooms. It says:

"To all my patients — I invite you to discuss frankly with me any questions regarding my services or fees. The best medical service is based on a friendly mutual understanding between doctor and patient."

"Sometimes, of course, your doctor cannot tell you in advance precisely what a course of treatment or an operation is going to cost. But you will always find him willing to discuss the subject, and to tell you if he can. Today, more than ever before in medical history, the bill your doctor sends you can represent one of the really big bargains of your life — in terms of health, happiness and peace of mind."

Bureau of Industrial Service  
Young & Rubicam, Inc.  
Detroit, Michigan

GET OUT AND VOTE



Ointment should be applied to the affected eye every two hours or oftener as the condition and response indicate.



## you can control common eye infections with ACHROMYCIN Ophthalmic

HYDROCHLORIDE  
TETRACYCLINE HCl

With ACHROMYCIN\* Tetracycline Ophthalmic dosage forms in your office, you can initiate therapy in practically all ordinary eye infections, including most types of conjunctivitis. On your prescription, the patient can readily secure ointment or solution to continue treatment at home. Mild infections often respond within 48 hours; stubborn or severe infections may require longer treatment, sometimes supplemented by oral administration of ACHROMYCIN. The ointment also serves as an excellent prophylactic following the removal of foreign bodies from the eye.

In using or prescribing any of the 21 ACHROMYCIN dosage forms you can feel confident in your choice. This true broad-spectrum antibiotic has proved effective against a wide variety of disease organisms. It is rapidly absorbed, quickly achieves high blood levels, and provides prompt control of infection with minimal side effects. Furthermore, every gram is made in Lederle's own laboratories and offered *only* under the Lederle label—your assurance of quality.

The Lederle representative or your local pharmacist will gladly tell you about the many other ACHROMYCIN dosage forms.



LEDERLE LABORATORIES DIVISION  
AMERICAN CYANAMID COMPANY  
PEARL RIVER, NEW YORK

\*REG. U. S. PAT. OFF.

1956



Use nonburning ACHROMYCIN Ointment (3%) for treating wounds and abrasions, and after simple surgery. Bland, soothing, permits normal healing Tubes of ½ and 1 oz.



Kids go for the candy-like cherry flavor of ACHROMYCIN Syrup. Prescribe it with confidence that it will be taken without fuss. Potency: 125 mg. per teaspoonful (5 cc.).



You'll find ACHROMYCIN Intramuscular convenient for initiating systemic antibiotic therapy—in the office or on house calls. Vials of 100 mg.

### POSTGRADUATE MEETING

Final plans have been completed for our Assembly at the Stambaugh Auditorium, and we sincerely hope that your reservations have been sent to the Society office. If not, please do so immediately.

Possibly the best indication of the excellence of our program is the seven and one half hours of A.A.G.P. credit given to us. As many of you know, in the past, normally five hours was granted as in Warren last year. Our sincere gratitude to Dr. Wales and his programming staff for securing these fine speakers.

For our luncheon, we will have a box lunch to be served in the ballroom. We will have two sandwiches, fruit, dessert, coffee, tea or milk. Isaly's will have a dairy bar available throughout the day for added refreshments. Our roast beef dinner will be held in the Pick Ohio Ballroom.

It is readily apparent that this year's Postgraduate will be the most interesting and informative ever offered, and a splendid opportunity to avail yourselves of the latest techniques and advances in medical science.

Once again, send your check and reservation immediately if you have not already done so.

—R. R. Fisher, M.D. Chairman  
Postgraduate Committee

### WOMAN'S AUXILIARY NEWS

Plans for future activities of the Woman's Auxiliary to Mahoning Medical Society were discussed at the home of the president, Mrs. Paul Mahar 5735 Tippecanoe Road.

The season will be opened with a luncheon at Tippecanoe Country Club on Sept. 26. It will be continued with a sixth district meeting to be held Oct. 24 at the Jade Room of the VFW when newscaster Warren Guthrie will be the featured speaker and all state officers will be guests.

Mrs. William H. Evans, Park Ave. president of the Women's Auxiliary of the Ohio State Association has been at the Deshler-Hilton Hotel in Columbus where she presided at the annual fall conference, Sept. 11 and 12, for presidents, presidents-elect, committee chairmen, and members-at-large from 81 counties throughout Ohio. Other local women attending were Mrs. Paul Mahar, president, Mrs. Cary Peabody, president-elect, and Mrs. Earl Young, corresponding secretary of the Women's Auxiliary to the Mahoning County Medical Society.

Following the conference, Mrs. Evans went to Hamilton, Ohio for a meeting of the Butler County Medical Auxiliary, and then to Greene County where she was guest of honor at the tri-county meeting with medical auxiliaries from Clinton, Warren, and Fayette counties.

Mrs. Chester Lowendorf Co-Chairman  
Publicity Committee

### DR. SMELTZER ENDS TOUR OF DUTY AT PORTSMOUTH

Dr. James L. Smeltzer, 238 Crandall Ave., has been transferred to inactive duty in the naval reserve after serving for the last two years at Portsmouth Naval Hospital in Virginia.

While at Portsmouth, Dr. Smeltzer was certified by the American Board of Internal Medicine. He served as internal medicine consultant for dependents of Navy and Marine Corps personnel.

Dr. and Mrs. Smeltzer, the former Winifred Stewart, and their four children made their home at Virginia Beach.

Dr. Smeltzer is resuming his practice here with offices at 243 Lincoln Ave.

GET OUT AND VOTE



## **4.75% TAX FREE INCOME**

Our latest circular describes the bonds of a major bridge construction project which yield approximately 4.75% Tax-Free, based on present price. We believe these bonds are an outstanding buy at current levels.

With the ever narrowing yield difference between stocks and bonds, tax-free municipals are becoming unusually attractive. Our latest booklet, **MUNICIPAL BONDS — WHAT THEY ARE AND WHAT THEY DO**, gives you complete information on the advantages of this type investment.

Write, phone or stop in for your copy of the circular or booklet.

## **The First Cleveland Corporation**

**Underwriters, Dealers and Distributors in Government Bonds,  
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### **MRS. MARY ELLEN MOORE APULI**

60 Lyon Blvd.

PL 5-4220

### HIGHWAY BOND ISSUE

We urge each and every citizen of Youngstown to vote for the Arterial Highway Bond Issue on the ballot November 6th.

This Bond Issue will give to our City 75 million dollars worth of roads and express highways at a cost to the taxpayer of only 8 million dollars. It's the greatest bargain our City has ever received.

It will improve safety.

It will relieve traffic congestion.

It will aid slum clearance and zoning.

It will speed through traffic and free up the central business district.

If we don't vote for the Bond Issue the money we are paying in gasoline taxes will go to some other community for their road improvements and Youngstown will get nothing. The State and Federal Government is paying 90% of the total cost.

A vote for the Arterial Highway Bond Issue is a must if Youngstown is to continue to grow, prosper and take care of population and car registration increases. Be sure to vote FOR this Bond Issue on November 6th.

### ST. ELIZABETH HOSPITAL

Recent new publications added to library.

#### JOURNALS

American Journal of the Medical Sciences

Blood, Journal of Hematology

Canadian Medical Association Journal

Circulation

Geriatrics

Journal of Clinical Endocrinology & Metabolism

Journal of Clinical Investigation



#### TEXTBOOKS

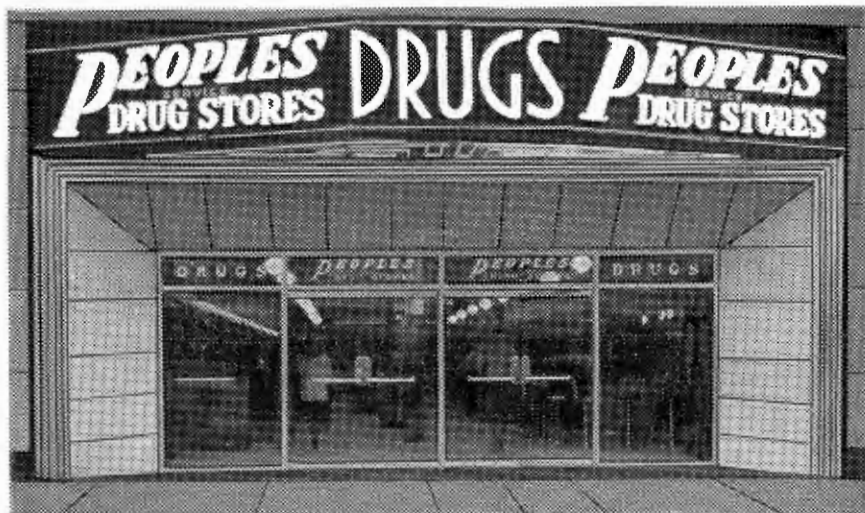
- |                   |   |
|-------------------|---|
| Barrow and Fabing | — Epilepsy and the Law                            |
| Conn              | — Current Therapy, 1956                           |
| Davis             | — Christopher's Textbook of Surgery               |
| Haymaker          | — Bing's Local Diagnosis in Neurological Diseases |
| Lam               | — Cardiovascular Surgery                          |
| Sodeman           | — Pathologic Physiology                           |
| Tauber            | — Basis Surgical Skills                           |
| Welch             | — Principles & Practices of Antibiotic Therapy    |
| Wintrobe          | — Clinical Hematology                             |
|                   | American College of Surgeons Directory, 1956      |
|                   | Collected Papers of the Mayo Clinic               |
|                   | Yearbook of Medicine                              |

### NEW AID-FOR-AGED MEDICAL PROGRAM

Every member of our society has recently received a Medical and Surgical Fee Schedule effective July 1, 1956, applying to New Health Care program of the Ohio Division of Aid for the Aged to compensate physicians for medical and surgical services rendered.

All bills for services rendered are to be ITEMIZED, IN TRIPLICATE and filed with the Aid for the Aged, 3119 Market St., Youngstown, Ohio, as soon as possible after services are rendered.

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## HAVE YOU MET . . .

**ROBERT A. WILTSIE**, who is a native Youngstown and was born on June 4, 1924? His pre-medical work was obtained at Oberlin College where he received the Bachelor of Arts degree in 1948. He graduated from Western Reserve University, School of Medicine in Cleveland in 1953 and interned at Youngstown Hospital Association in 1954. He next went to Cleveland, Ohio where he had his residency in pediatrics at Babies & Childrens Hospital.

His office address is 21 West Wickliffe Circle, which is the new Wickliffe Medical Center. Dr. Wiltzie is married to the former Carole Ann Nowak, who is from Erie, Pennsylvania and a graduate of St. Vincent's Hospital, School of Nursing. He was married in 1955. Dr. and Mrs. Wiltzie have one child, Andrew, who was born in North Side Hospital the 17th of August, this year. His hobbies are golf, bowling and fishing.



**BERTRAM KATZ** who is a native of Youngstown? He was born in 1924 on October 5. He graduated from Rayen High School in 1942 and took his pre-medical work at Ohio State University and Holy Cross College. In 1944 he entered the University of Illinois, College of Medicine and was graduated in 1948 with the M. D. degree. He interned at Michael Reese Hospital in 1948 and was a Research Fellow in 1949 at Michael Reese. He went to Receiving Hospital at Detroit for surgical residency from 1950 to 1952 and from 1954 to 1956. While at Receiving Hospital he was an instructor in surgery at the Wayne University College of Medicine from 1955 to 1956.



His military service consisted of two years in the Korean War, where he was Surgeon with an Evacuation Hospital.

Dr. Katz is practicing general surgery at Home Saving & Loan Bldg. in Youngstown. He is married to the former Eleanor Hume of Youngstown and they have two children, Jon and Nicky.

Dr. Katz admits an addiction to golf.

## THE YOUNGSTOWN HOSPITAL ASSOCIATION South Side Unit

Recent new books added to Library:

- Surgical Anatomy — Callander, S. S. Unit
- Abdominal Operations — Maingot, S. S. Unit
- Surgery of the Hand — Bunnell, S. S. Unit
- Endocrinology — Williams, N. S. Unit
- Disturbance of Fluid Balance — Bland, N. S. Unit
- Diseases of the Endocrine Glands — Soffer, S. S. Unit
- Pathology & Physiology — Sodeman, N. S. Unit
- Textbook - Medicine — Cecil & Loeb, S. S. Unit

GET OUT AND VOTE

IRVING BERKE, whose office address is 1005 Belmont Ave. Youngstown?

Unlike Dr. Katz, Dr. Berke has never played golf but does enjoy other sports, namely; swimming and sailing. He also enjoys good music.

Dr. Berke was born in Brooklyn, New York and has had since 1943, a great deal of army time and experience. His pre-medical education was at South Dakota State College in Brookings, South Dakota and the University of Wisconsin in Madison. He entered the Western Reserve School of Medicine in Cleveland, where he received his M. D. degree. He married his wife, Ruth, while in medical school and their first child, David, was born before he graduated from medical school. His internship was at Valley Forge Army Hospital and Brooke Army Hospital. In 1950 he was Battalion Surgeon, in Korea and in 1951 he began his residency in OB. and GYN. at Walter Reed Army Hospital in Washington. After the completion of his residency training, he was assigned to the United States Army Hospital at Camp Kilmer, New Jersey and from there went to Fort Dix.



He decided to open private practice and resigned from the Army, in order to open a civilian practice and chose Youngstown, after much investigation.

---

### TEN COMMANDMENTS FOR DOCTORS AND PATIENTS

In the book, "You and Your Doctor," Dr. Martin Gumpert charts the way to a better doctor-patient relationship.

#### FOR DOCTORS:

1. Don't keep your patient waiting.
2. Discuss your fee frankly with him.
3. Explain disease and treatment to him.
4. Let the patient talk.
5. Don't ask the impossible of him.
6. Don't divide your attention.
7. Know his family.
8. Tell him the truth.
9. Relieve his anxiety.
10. Try to like him.

#### FOR PATIENTS:

1. Select your doctor carefully.
2. Don't desert him if you find him satisfactory.
3. Ask him questions.
4. Follow his prescriptions.
5. Don't cheat him.
6. Don't expect witchcraft.
7. See him while you are healthy.
8. Assist him as a partner.
9. Respect his time and work.
10. Keep your own health file.

P.R.—A.M.A

## PROCEEDINGS OF COUNCIL

Sept. 10, 1956

The regular monthly meeting of the Council of the Mahoning County Medical Society was held on Monday, September 10, 1956 at the offices of Dr. M. W. Neidus, 318 Fifth Ave., Youngstown, Ohio.

The following doctors were present. G. E. DeCicco, President presiding; V. L. Goodwin, P. J. Mahar, S. W. Ondash, H. N. Bennett, Fred Schlecht, M. W. Neidus, A. A. Detesco and A. Randell, comprising the Council, also Dr. John Stotler.

Meeting was called to order at 9:20 P.M.

Minutes of the previous meeting were read and approved.

Council discussed ways and means of obtaining better attendance at our monthly meetings.

Inasmuch as Dr. Randell has made a study of the problem, Council asked him to present his recommendations at the next meeting of Council.

The following letter was read from Dr. Gustafson, Chairman of the Legislative Committee:

"In past surveys of the attitude and desires of the medical profession with regard to Social Security for physicians, we have asked whether the physicians preferred compulsory Social Security or Voluntary Social Security, or no Social Security.

It is very definitely established that Congress will not give physicians voluntary Social Security. Therefore, in order to answer certain questions put to the members of your legislative committee with regard to Social Security for doctors, we ask that the Council authorize us to conduct a survey in which there will be one and one question only: "Do you want social security for physicians?"

A motion was made seconded and dully passed approving the survey and instructed the Executive Secretary to so notify Dr. Gustafson.

Dr. Stotler outlined the approach by small business on the examination of employees on an annual basis. Council was of the opinion that our special appointed committee to study Industrial Medicine, should submit a plan to our members at the business meeting in December.

The following application was presented by the Censors:

### JUNIOR ACTIVE MEMBERSHIP

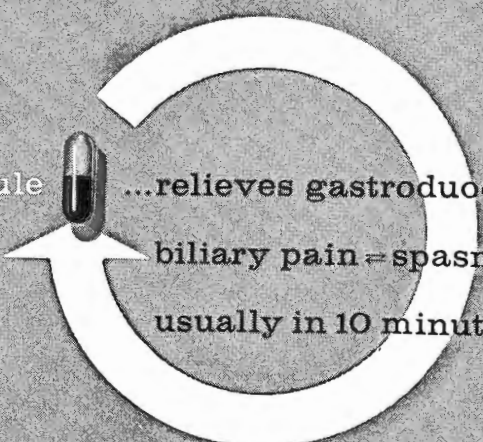
Dr. Michael Szauter, Woodside Receiving Hospital, Youngstown, O.

Unless objection is filed with the Secretary in writing within 15 days, the above applicant becomes a member.

—A. A. Detesco, M. D.  
Secretary

A bunch of germs were hitting it up on a bronchial honeymoon. Two bugs on the edge of the larynx were jazzing a ragtime tune; while back of the teeth, in a solo game, sat dangerous Dan Herchoo, and watching him admiringly was his light-o'-love, that lady that is known as Flu.

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biliary pain = spasm  
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CHILDREN  
DOWN



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2nd Floor Department of Pediatrics  
Department of Pediatrics  
Department of Pediatrics

MAHONING Co. Mental Health Agency  
AND  
Mahoning Receiving Hospital  
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SOCIETY

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Ohio State Medical Association  
POSTGRADUATE ASSEMBLY  
October 24, 1956  
Stambaugh Auditorium**



Speaker: Dr. Douglas Bond, Professor of Psychiatry, Western Reserve University, Cleveland, Ohio.

Subject: "The Psychiatrist Looks at His Fellow Physician."

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**November Meeting:**

**Dr. George J. Hamwi**

Chief of the Division of Endocrinology and Metabolism; Associate Professor of Medicine, Ohio State University School of Medicine.

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**November 20, 1956**

**Elks Club**

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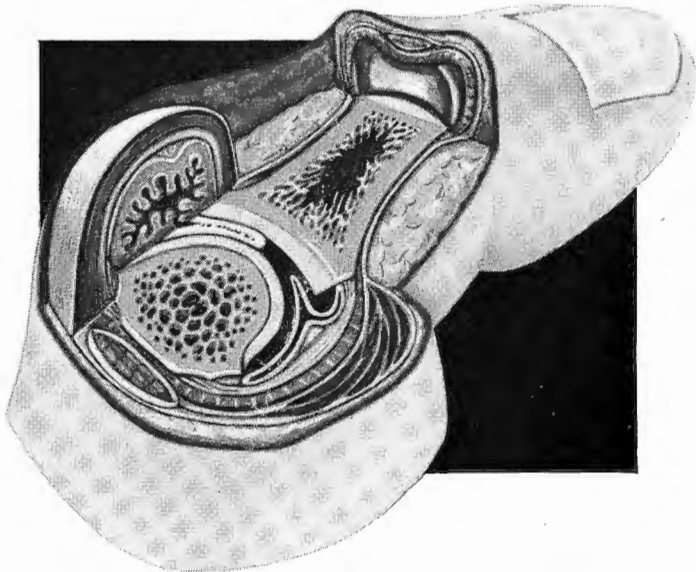
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Rheumatoid Spondylitis Painful Shoulder Syndrome  
BUTAZOLIDIN® (brand of phenylbutazone) red coated tablets of 100 mg.

\*Bunim, J. J.: Research Activities in Rheumatic Diseases, Pub. Health Rep. 69:437, 1954.



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(Continued from Page 390)

state and territorial medical associations were invited to meet in Chicago to review the present status of Public Law 569 and the regulations which are being promulgated by the Department of Defense to implement it.

There is much work to be done in setting up and operating this program. Each state medical association will have its own negotiating and contracting agency with the Federal Government and its own medical and surgical fee schedule. President Meiling was authorized to appoint a negotiating committee to confer with representatives of the Department of Defense on a "medical" program. Such a committee was empowered to execute on behalf of the Ohio State Medical Association an agreement, subject to approval by Council, with the Department of Defense, to govern the operation of a program in Ohio. I hope you are all so sufficiently confused and/or interested, that you will read about Law 569 in future issues of the Journal. It concerns you vitally and is a new step in governmentally sponsored medical care. One of the reasons, perhaps the chief reason, is to make the armed services more attractive. It will also release some medical personnel from the armed forces, because civilian doctors will be caring for dependents of military personnel. Maybe the draft of doctors can be discontinued.

More than three-quarters of the state medical societies have taken action looking toward start of the military dependent medical care program (medicare). They have indicated they have decided on their contracting and disbursing agents, have agreed to submit fee schedules, and to set up committees that will settle medical questions and work out changes in the fee schedules from time to time in the future.

Of the states active in preparations, approximately 80% have indicated they will do their own contract negotiating for the doctors of the state.

After regulations have been drawn up by Defense Department in cooperation with the Department of Health, Education, and Welfare, Defense Department plans to call representatives of the state societies to Washington. Here contracts will be worked out for the individual states.

On the hospital care phase, Defense Department is moving ahead with plans for dividing up the country between Blue Cross and commercial insurance companies. Negotiations for this part of the program will continue for several weeks.

A part of the 1956 social security amendments (H.R. 7225) that increases U. S. contributions to four groups of public assistance cases goes into effect October 1. It will mean a monthly increase of \$3, and in some cases \$4 to old age assistance recipients, the blind, and the needy permanently and totally disabled. For dependent children, the increase will be \$2 per month.

The increases are included in an extension of the McFarland amendment, enacted in 1952 and extended in 1954. When H. R. 7225 reached the White House for President Eisenhower's approval or pocket veto, this extension of the McFarland amendment was an important factor to be considered. Congress already had adjourned. A pocket veto of H. R. 7225 would have meant the expiration of the McFarland amendment on October 1. Not only would this have deprived the states of the proposed increases in U. S. funds for public assistance; it would have returned the U. S. contribution to the 1952 level. Thus, increases subsequently voted also would have been lost to the states, making a net difference of \$8 in U. S. funds per month for most public assistance cases, and \$9 for some.

Few states would be prepared financially to replace the lost federal dollars. Many would find themselves unable legally to make the payments from their own funds even if the money were available, and some would have to call special legislative sessions to vote the authorizations and appropriations.

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SEBIZON,® brand of antiseborrheic preparation,  
contains sulfacetamide sodium 10%.

(1) Parish F. A.: M. Times 83:507, 1955. (2) Andrews, G. C.:  
Diseases of the Skin, ed. 4, Philadelphia, W. B. Saunders  
Company, 1954, p. 170.



The new schedules will increase federal contributions for the first three named groups from \$20 of the first \$25 per month to \$24 of the first \$30, with the U. S. also paying half of the remainder up to \$60, rather than the \$55 limit under present law. For dependent children, the increase will be from \$12 of the first \$15 to \$14 of the first \$17, with U. S. also paying half of the remainder up to \$32, rather than the present limit of \$30. This applies to the first dependent child; for additional dependent children, the limit goes up from \$21 to \$23.

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### LEGISLATIVE REVIEW OF THE 84th CONGRESS MILITARY LEGISLATION

**DEPENDENT MEDICAL CARE:** With the signing of Public Law 569, dependents of military personnel were assured broad medical care as a statutory right, and the Defense Department achieved a major goal in its program to make a military career more attractive. The program, which goes into effect December 8, 1956, defines dependents and provides for them the following: (1) all dependents may be treated in military facilities subject to availability of space and capabilities of staff, (2) spouses and children of active duty personnel are eligible for medical care from private facilities under a plan now being formulated, (3) the Secretary of Defense may limit use of private facilities for spouses and children in areas where military resources are adequate, and (4) other beneficiaries such as unremarried widows and parents and parents-in-law (if the serviceman is responsible for half their support) are restricted to care in military facilities on a space-available basis.

**CARE INCENTIVE PAY:** Public Law 497 is directed at another Defense Department problem: how to attract and retain physicians in the Army, Navy and Air Force. To help in this program, the 84th Congress approved the career incentives bill which does the following: (1) gives all doctors in uniform, including the commissioned corps of Public Health Service, an extra \$50 a month after more than two years service, \$100 extra after 6 years and \$150 a month after 10 years, and (2) credits medical school and internship training periods toward future pay and promotions. These payments are in addition to the present extra \$100 per month equalization pay.

**DOCTOR DRAFT EXTENSION:** One of the early health measures to pass in the first session of this Congress, P. L. 118, extended the Doctor Draft Act until July 1, 1957, Congress agreeing it was essential in order to procure enough experienced physicians to maintain high medical care standards. The law also extends for four years to July, 1959, the \$100-a-month equalization pay for doctors.

**MILITARY STATUS FOR PHS:** Public Law 492 permits the President in time of national emergency to give the commissioned corps of Public Health Service military status.

**COMMISSIONING OF OSTEOPATHS:** Under Public Law 763, osteopaths are eligible (on a permissive basis) for the first time for medical commissions in all the military services.

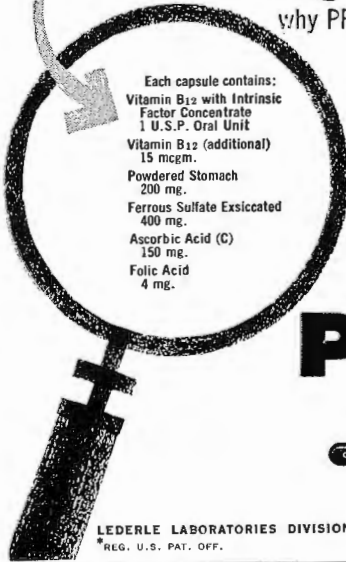
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### PUBLIC HEALTH LEGISLATION

**HEALTH AMENDMENTS (OMNIBUS) ACT.** Popularly known as the little omnibus health bill, this measure (P.L. 911) represents a compromise between what the administration sought in its omnibus proposal of more than a year ago and what the majority in Congress wanted. Its five titles provided the following: (1) extension for two years beyond next July 1 of the Hill-Burton hospital construction program, (2) grants to states, groups and individuals for research in mental health, (3) traineeship grants for public health personnel

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(4) traineeships for graduate nurses, and (5) earmarked funds for practical nurse training. The original Eisenhower omnibus health bill included the twice-rejected health reinsurance fund and mortgage loan guarantees for health facilities.

**NATIONAL HEALTH SURVEY:** To fill what its sponsors describe as a 20-year gap in knowledge, Public Law 652 provides for special and continuing surveys of the amount, distribution and effects of illness and disability and the types of medical services furnished.

**SALK VACCINE GRANTS:** In the first session, Congress voted \$30 million for grants to the states to help finance inoculations of persons who otherwise might not receive Salk vaccine. It stipulated that the money would be available until February 15, 1956 (Public Law 377). One of the early actions of the second session was a 17-month extension (to July 1, 1957) of the program (Public Law 411).

**ALASKAN MENTAL HEALTH:** This proposal to modernize the Territory's mental health program, including construction of facilities, was passed in the House with little debate early in the second session. Then opposition developed over commitment procedures. Finally it passed with a proviso that territorial legislature decide on commitment procedures (Public Law 830).

**WATER POLLUTION CONTROL:** Congress in its second session voted to make the expiring Water Pollution Control Act permanent and to authorize \$50 million a year for 10 years in grants to states and communities to build sewage disposal plants. The administration favored loans rather than grants. It became Public Law 660.

**AIR POLLUTION CONTROL:** One of the few health measures to pass in the first session, Public Law 159 authorized \$25 million over 5 years for grants to states, private groups and individuals for research, training and demonstration in air pollution.

**MENTAL HEALTH SURVEY:** Another first session measure was Public Law 182 which authorized \$1,250,000 to finance a broad 3-year survey of mental health problems and existing programs. The Joint Commission of Mental Illness and Health, aided by additional grants from private sources, is now making the study.

### GENERAL MEDICAL LEGISLATION

**LABORATORY RESEARCH CONSTRUCTION:** Public Law 835, which authorizes a 3-year program of \$90 million in grants to medical schools, hospitals and other non-federal institutions for laboratory facilities doing health and medical research, was one of the major measures enacted by the 84th Congress. It passed the Senate in the final days of the first session but was held up for months this year in the House while bill managers pondered the addition of federal construction grants for medical schools. The medical school aid feature was dropped in favor of further study.

**NATIONAL LIBRARY OF MEDICINE:** Another milestone this session was the measure reconstituting the Armed Forces Medical Library as the National Library of Medicine and placing it for administrative purposes in the Department of Health, Education, and Welfare. When a group of Congressmen pressed for location of the library in Chicago instead of the Washington (D.C.) area, it appeared the proposal would be stymied in committee. In a compromise, Congress voted to have the 17-man board of regents select a site. Public Law 941 was the result.

**NARCOTICS CONTROL:** This measure stiffens penalties for peddlers and smugglers of narcotics and heroin. The death penalty is permissive under the act (P. L. 728) for peddling heroin to minors. Considered but not



## Doctors:

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passed by this Congress was a bill calling for tighter controls over barbiturates and amphetamines.

### SOCIAL WELFARE LEGISLATION

**SOCIAL SECURITY AMENDMENTS:** One of the most controversial measures to come before Congress in years was the Social Security bill (now P.L. 880) passed on the very last day of the second session. It concludes cash payments for disability at age 50, a proposal that slipped through the House in 1955 without public hearings and limited debate and came within one vote of being defeated in the Senate this year. Other provisions: (1) a so-called separate fund for OASI payments to workers found totally and permanently disabled at age 50, (2) an additional 1/2% payroll tax effective next January 1 (half to be paid by employee, half by employer) and 3/8% tax for the self-employed, (3) inclusion of dentists, osteopaths, lawyers and other groups in the social security system, (4) lowering retirement age for women to 62, (5) increased federal payments to the states for persons on public assistance rolls, and (6) ear-marked payments to states for the medical care of public assistance recipients.

### OTHER LEGISLATION

**FOREIGN SERVICE DEPARTMENTS MEDICAL CARE:** Some 13,500 dependents of Foreign Service employees living abroad are eligible under Public Law 828 for full hospital and medical care expenses up to 120 days, with the first \$35 paid by the dependent. The law also provides for federal payment of health insurance written for employees or dependents and for transportation to the nearest hospital or clinic.

**WORLD HEALTH ASSEMBLY:** In observance of the 10th anniversary of the founding of the World Health Organization, the U. S. will invite the World Health Assembly to meet in this country in 1958. This is made possible through enactment of Public Law 832 authorizing \$400,000 to finance additional costs of the meeting.

**DONABLE PROPERTY:** Surplus Federal property is made available under Public Law 655 to public and non-profit institutions and agencies for civil defense work.

**STUDY COMMITTEES ON EDUCATION:** Public Law 813 authorizes funds for the President's Committee on Education Beyond the High School and for similar state committees.

**TAX DEFERMENTS FOR RESEARCH:** On top of the standard 20% deduction for charitable contributions, Public Law 1022 permits another 10% of adjusted gross income for certain qualified medical research organizations.

ALSO P. L. 108 which allows the shipment through the mails of live scorpions used for research purposes; P. L. 98 raising the earning limits without forfeiture of social security payments; P. L. 97 extending for another year grants to states for initiating and improving vocational rehabilitation programs; and P. L. 294 for appointment of male nurses as Reserved officers.

### LEGISLATIVE COMMENTS

The health, education and welfare plank of the Republican platform declares that the party "believes that the physical, mental and spiritual well-being of the people is as important as their economic health. It will continue to support this conviction with vigorous action." It then cites the various achievements of the administration and outlines new goals. They include the following:

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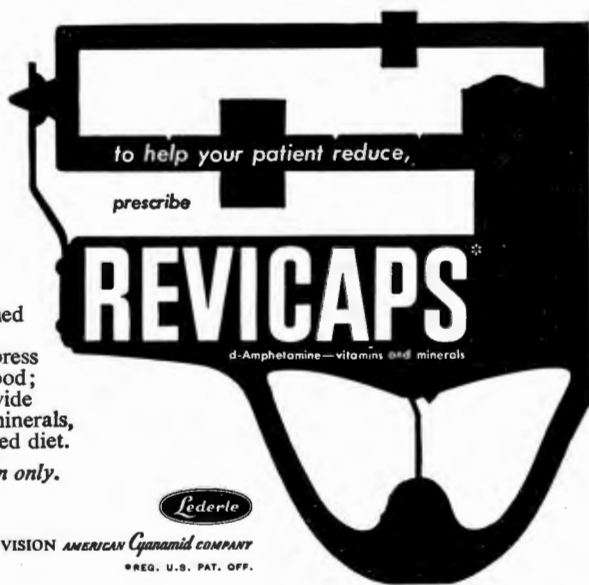


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**SOCIAL SECURITY** — "We shall continue to seek extension and perfection of a sound Social Security system."

**FEDERAL AID TO MEDICAL SCHOOLS** — "We demand once again, despite the reluctance of the Democrat 84th Congress, federal assistance to help build facilities to train more physicians and scientists."

**HEALTH REINSURANCE** — "We have encouraged a notable expansion and improvement of voluntary health insurance, and urge that reinsurance and pooling arrangements to be authorized to speed this progress."

**RADIO-ISOTOPES FOR MEDICINE** — "Every day radioactive isotopes are brought more and more into use on farms, in clinics and hospitals, and industry. The use of isotopes already has resulted in the annual savings of hundreds of millions of dollars and the nuclear age has only begun. It is to the benefit of the United States as well as to all nations everywhere that the uses of atomic energy be explored and shared. The Republican Party pledges that it will continue this imaginative, world-embracing program."

**HIGHWAY FATALITIES**— "We pledge close cooperation with state, local and private agencies to reduce the ghastly toll of fatalities on the nation's highways."

Next to education and the building and maintenance of highways, health services are the largest single expense item in spending of state and local governments. U. S. Census Bureau figures disclose health spending in 1955 was \$3.6 billion. Public Welfare spending which also includes an undetermined amount of health expenses totalled \$3.1 billion. The health expenses were twice as much as government administration and seven times the money spent on recreation. The Census totals include: education, \$11.9 billion; highways, \$6.4 billion; police and fire, \$1.9 billion; government administration, \$1.4 billion; interest, \$838 million; natural resources, \$793 million; parks and recreation, \$509 million; housing and re-development, \$499 million; air and water transportation, \$310 million. The health services are divided into \$2 billion for hospitals, \$1.1 billion for sanitation and \$470 million for other health items.

A total of 3,967 research grants amounting to \$48,879,678 have been made by the National Institutes of Health to medical schools, universities, hospitals and other non-federal institutions in various parts of the U. S. The money comes from funds appropriated early this year by Congress and they are part of the NIH's fiscal 1957 budget. The grants were announced by PHS Surgeon General Leroy E. Burney following recommendations of the various National Advisory Councils to the NIH institutes at Bethesda. Dr. Burney listed these awards:

**ALLERGY & INFECTIOUS DISEASES** — New grants, \$2,659,801; continuation grants, \$3,721,027.

**ARTHRITIS AND METABOLIC DISEASES** — New, \$2,086,304; continuation, \$4,244,724.

**CANCER** — New, \$2,195,517; continuation, \$7,673,399.

**DENTAL RESEARCH** — New, \$382,217; continuation, \$519,277.

**HEART** — New, \$2,279,990; continuation, \$7,927,040.

**MENTAL HEALTH** — New, \$765,458; continuation, \$2,081,539.

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NEUROLOGICAL DISEASES AND BLINDNESS — New, \$1,259,352; continuation, \$3,718,515.

NIH GENERAL — New \$2,614,335; continuation, \$3,921,243.

As an important step in putting the military dependents medical care program into operation, the Defense Department in cooperation with the American Medical Association is collecting data through the state medical societies on prevailing medical care charges. Societies are being supplied with copies of a Defense pamphlet, "Nomenclature for Proposed Charges." They are requested to complete the schedule of charges as far as practicable and to return the form to Dr. George F. Lull, AMA secretary-general manager. Variable fee schedules within a state are being discouraged by the military, unless good reasons can be assigned.

According to Capt. J. V. Noel, chairman of the Department task force working on the new program, the pamphlet has made extensive use of AMA's "Standard Nomenclature of Diseases and Operations," as well as the California Medical Association's "Relative Value Schedule" and the Blue Cross-Blue Shield "Actuarial Statistical Manual." The project is designed to help Defense in arranging for dependents who will not be treated in military facilities. Under tentative arrangements, the department would use a system of reimbursement of physician's and hospital charges plus the administrative cost to the agency selected to handle each part of the program.

A World Health Organization study group has made a report on the effects of radiation on human genetics, as part of WHO's participation in the public health aspects of peaceful uses for atomic energy. The group was headed by Dr. Alexander Holland, director of the biology division, Oak Ridge National Laboratory. Pan American Sanitary Bureau, in making public portions of the report, stated: ". . . they found strong grounds for believing these genetic effects to be cumulative so that in the long run a small amount of radiation received by each of a large number of individuals could do an appreciable amount of damage to later generations."

A question to which the group devoted close attention was the need for accurate measurement and recording of exposures to radiation, in order to provide background information needed for analyzing the genetic effects. In hospitals where such recordings were started there has been a 30% reduction in the total exposure of the staff.

The Public Health Service estimates it is now providing health services for about 315,000 Indians on some 250 reservations in 24 states and another 5,000 natives in Alaska. "To many thousands of American Indians and Alaska natives, the Public Health Service fills the role of family doctor and community hospital," a pamphlet titled "Facts About Indian Health" declares PHS operates 52 general hospitals and four tuberculosis hospitals for Indians; most of the general hospitals are of less than 40 beds and all of them provide extensive outpatient services.

Contractual arrangements are in effect with about 130 non-Federal hospitals, more than 20 county and state tuberculosis sanatoria, about 10 state and other mental hospitals, and numerous private physicians and dentists, the report estimates.

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*"Research Guides  
Our Hand"*

"Any great rise in medical incomes seems doubtful," the magazine asserts. But doctors' earnings will "keep abreast of the rising costs of living," it adds. There'll be more community-wide fee schedules, less fee-splitting; and at least half the country's doctors will draw part of their incomes in the form of salaries.

"The malpractice problem [will] get worse before it gets better," *Medical Economics* reports. "But it will get better." By 1966 physicians will be better trained, they'll keep better records, and they'll get more help from their medicolegal committees.

From 80 to 85 per cent of the population will have "some kind of health insurance coverage" by 1966, the magazine predicts. "That will include just about everybody who's insurable." Enactment of compulsory health insurance seems unlikely "barring a stiff depression." What's more likely is that voluntary plans will offer "full-service coverage without income ceilings in almost all parts of the country."

More hospitals, the magazine forecasts, "will have entirely salaried staffs . . . You can expect staff members to be subject to an increasing degree of regulation . . . Many physicians will be likely to affiliate with only one hospital — and be obliged to attend the meetings of only one staff."

"It's probable," *Medical Economics* concludes, "that the medical schools will be turning out a higher percentage of G. P.s by 1966 than at any time since the early Thirties." By that time the generalist may well have regained his old position as "the main doctor of the community."

The three specialties likely to undergo the biggest changes are internal medicine, psychiatry, and medical nuclear physics. Many internists "will probably serve as family doctors," says the magazine. "The increasing tempo, confusion, and frustration of modern living make psychiatric expansion inevitable . . . Medical nuclear physics should show fantastic growth in the next ten years."

—Medical Economics

### THE PHYSICIANS FORUM

The Physicians Forum, which was once spearheaded by a committee headed by the late Ernst P. Boas of New York, is passing the hat again among doctors for funds to finance a campaign to get social security for doctors. The Forum recently mailed a four-page brochure to every doctor in the United States, practically the same kind of brochure that it mailed back in 1952.

The response from doctors will probably be no better this time than it was in 1952. Too many honest and sincere physicians recall the activities of The Physicians Forum a few years back.

The Forum, which labeled itself the "voice of the liberal doctor," once championed the fight in behalf of the Wagner-Murray-Dingell bill providing for compulsory national health insurance. Many physicians also remember how, in November, 1945, The Physicians Forum issued a statement saying that it "strongly approves the message of President Harry S. Truman calling for the establishment of a nationwide health and medical care program to supply the medical needs of all Americans regardless of income, race and religion."

Within the next few weeks, the A.M.A. Journal will publish a series of two excellent articles dealing with the subject of social security for physicians. The articles strongly refute the statements and arguments presented in The Physicians Forum brochure, showing beyond question that they are false and misleading.

—Sect'y Letter

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**HIGHLIGHTS\*\****Impressive strides in increasing the average number of remaining years years of life are far reaching:*

- if a child under 18 is orphaned today, chances are twice as great that he will lose his father instead of his mother; 2% of the orphans in the United States have lost both parents; 30% have lost their mothers only, and 68% have lost their fathers;
- there are fewer chances today, however, of a child under 18 becoming an orphan. As late as 1920, 16% of our children had lost one or both of their parents due to death. With the marked gains in saving lives in the middle and older ages, this figure has now been reduced to 5%;
- our widowed population has also declined significantly. In 1900, 9% of the males in the United States who had married had lost their wives and had not remarried. This figure was reduced to 4% in 1954 (adjusting for age). In 1900, 20% of the females who had married were widows as compared to 13% in 1954. Because females have a longer average length of life, they are more likely to be widowed than males;
- men have also benefited from reduced mortality as shown by an increase in the average length of work-life expectancy. Males born in 1900 had an average work-life expectancy of 32 years. Today this figure has increased to 42 years;
- gains in average length of life in the United States have steadily increased the population of our population in the older ages. In 1900, only 4% of the population was in the age group 65 and over; today that figure is 9%. In 50 years our population over 65 has increased by 11 million.

Although life expectancy for Negroes is still somewhat lower than for whites in the United States, the phenomenal reduction of Negro deaths in early infancy and childhood has greatly narrowed the gap. Significant increases in the average remaining years of life has been made for all ages of the Negro population since 1930; the overall rate of progress for Negroes during the past two decades has been more rapid than that of the white population.

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### **HEALTH INSURANCE COVERAGE IN U. S. AT ALL-TIME HIGH**

Benefit payments designed to help people pay hospital and doctor bills are running 20 percent higher this year than last, the Health Insurance Council announced recently in issuing the findings of its tenth annual survey of the extent of voluntary health insurance coverage in the United States. As of July 31, 1956, the Council estimates that some 110 million persons were covered by hospital insurance; 94 million had surgical protection; 58 million had regular medical expense coverage, and seven million were insured against major hospital and medical expenses.

The Committee on Prepayment Medical and Hospital Service of the AMA's Council on Medical Service contributes information on various programs sponsored or approved by medical societies. The entire survey brings together Blue Shield figures reported by medical society plans as well as figures of independent plans, Blue Cross and plans underwritten by insurance companies.

Some highlights of the survey as of the end of 1955:

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Aspirin ..... 0.3 Gm. (5 gr.)  
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- (1) Number of persons insured against hospital expenses increased by 6.1 percent; surgical insurance up 7 percent; regular medical expense insurance gained 17.5 percent; major hospital and medical expense insurance increased 134.5 percent.
- (2) Benefits for hospital expense still occupied top spot in American health insurance program — 59,645,000 persons held policies from insurance companies; 50,726,000 enrolled by Blue Cross-Blue Shield; 4,530,000 covered by miscellaneous plans.
- (3) Growing public awareness of the cost of catastrophic illness prompted the sharp rise in the number of persons covered by major hospital and medical expense insurance. Of the 5,241,000 persons covered at the end of 1955, 4,759,000 had protection through their place of employment while 482,000 were insured through individual and family plans.
- (4) Protection to help meet the expense of surgical care was provided by private insurance companies to 56,645,000 persons; by Blue Shield-Blue Cross plans to 39,165,000, and by other types of plans to 4,340,000.

The Health Insurance Council is a federation of leading insurance associations. Its report probably will be available in pamphlet form later this fall.

—AMA News Notes



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