



*"Knowledge and timber shouldn't
be much used till they are seasoned."*

—O. W. HOLMES.

BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

Youngstown, Ohio
AUGUST • 1948
VOL. XVIII No. 8

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MEDICAL CALENDAR

1st Tuesday	Monthly Staff meeting, Youngstown Hospital Auditorium—Nurses' Home
8:30 p. m.	Monthly Staff meeting, St. Elizabeth's Hospital, St. Elizabeth's School of Nursing
Sunday following 1st Tuesday 11:00 a. m.	Monthly Surgical Conference, St. Elizabeth's Hospital Library
2nd Monday 9:00 p. m.	Council Meeting—Mahoning County Medical Society—Office of the Society—Schween-Wagner Bldg.
2nd Tuesday 11:30 a. m.	Monthly Medical Conference, Youngstown Hospital Auditorium—Nurses' Home
8:30 p. m.	Monthly Staff Meeting—Youngstown Receiving Hospital Auditorium
3rd Tuesday 8:30 p. m.	Monthly Meeting—Mahoning County Medical Society—Hotel Pick-Ohio.
4th Tuesday 8:30 p. m.	Monthly Staff Meeting—Tuberculosis Sanitarium, Kirk Road
Every Tuesday 8:00 a. m.	Weekly Medical Conference, St. Elizabeth's Hospital Solarium
Every Tuesday 11:00 a. m.	Orthopedic Conference, St. Elizabeth's Hospital Library
Every Thursday 12:30 p. m.	Orthopedic Section, Library—South Side Unit, Youngstown Hospital
	Weekly Surgical Conference, Youngstown Hospital—Nurses' Home
Every Friday 11:00 a. m.	Urological Section, Library—S. Side Unit, Youngstown Hospital
	Clinico-Pathological Conference, St. Elizabeth's Hospital Library
Every Friday 11:30 a. m.	Clinic—Pathology Conference, Auditorium Nurses' Home South Side Unit Youngstown Hospital
Alt. Saturdays 11:00 a. m.	Obstetrical Section—North Side Unit of Youngstown Hospital

COMING MEETINGS

American Congress of Physical Medicine, Washington, D. C., Sept. 7-11.

American Public Health Association, Boston, Mass., Nov. 8-12.

Interstate Postgraduate Medical Association of North America, 1948 Assembly, Cleveland, Nov. 8.

Sixth Councilor District Post Graduate Assembly, Akron, Oct. 13.

International College of Surgeons, St. Louis, November 15-20.

PRESIDENT'S PAGE

★ ★ ★

Medical History describes the method of apprenticeship used not too long ago in the training of the medical student and young doctor. Modern professional training sanctions internships and residencies to replace this older preceptorship. The summer months represent an introduction to the practice of medicine for many young men and women who having received the medical degree now try their professional skill in the many approved hospitals throughout the nation. In this hospital residence there should be a certain element of the older apprenticeship practiced by contact of practicing physicians with younger medicos. This part of the training is invaluable and most of the new doctors are anxious to gain experience by such contacts. The older party of this combine—namely the practicing physician—has a great responsibility to give some of his time, energy and experience in fulfilling the expected curriculum, whether he be on the courtesy staff, emeritus staff or active attending staff. This is an important time to teach the art of practicing medicine. Doctors who are not "on service" with the "house cases" should realize this opportunity of advancing the knowledge of the profession and make an effort to know all of the house staff at the beginning of this fiscal year. By such interest we demonstrate that *all* are concerned in adding to their medical development. The opportunity to begin correctly is again open this summer season and many of our members have much to offer if they only will. Know your intern staff and demonstrate interesting cases to them as the occasion arises—it is an important way to advance the standards and knowledge of the entire profession.

JOHN NOLL, M. D.

BULLETIN of the Mahoning County Medical Society

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

C. A. GUSTAFSON, *Editor*
101 Lincoln Avenue

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H. J. Reese
R. J. Scheetz
W. J. Tims**FORWARD MARCH!**

"The County Medical Society in many areas has become just another Society." This statement by Dr. Louis Bauer (A.M.A. Trustee and President of the Medical Society of the State of New York) is an alarming truth. Medicine has become over-organized. Surgical societies, obstetrical societies, pediatric societies, general practice societies, and others have sprung up everywhere. In many places this movement has reduced the interest in County Society activities, has lowered attendance at society meetings, and has diminished the influence of the County Medical Society in the community.

"Today the influence of the County Medical Society is needed more than ever before. The individual physician must be kept united and informed; the public must be educated as to the problems of medicine, both scientific and economic; and these are functions of the County Medical Society.

"What are the responsibilities of a County Medical Society? The County Medical Society has a responsibility to the public, a responsibility to its membership, and a responsibility to Medical Organization. There is no order of preference; all are equally important. One cannot survive without the other two." (Quoted from "News Letter, Council on Medical Service, A.M.A., April 8, 1948.)

We hope that the Mahoning County Medical Society will never become "just another society." We have always been one of the most active county societies in the state but we cannot rest on our laurels; we must continue to carry out our responsibilities. When you read Dr. Skipp's report of the meeting of the House of Delegates, you will realize how much remains to be done by organized medicine. Dr. Hawley also warns us what will happen if we "pursue the same course that we have pursued for the last ten years." Our success depends upon the interested loyalty and cooperation of every individual physician who makes up our society.

11 11
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SOME IMPRESSIONS OF THE 1948 HOUSE OF DELEGATES MEETING OF THE AMA AT CHICAGO, JUNE 21-25

The session was called to order at 10:15—160 answering roll call. The Distinguished Service Award was presented to A. Wester Abt. The speaker's address was rather short but stated that the AMA with its scientific setup gives a pattern for World Medicine. He recommended that the delegates take office January 1st, the year following election. That is, if a delegate is elected for a two year term (elected in May or June), he will not be seated as a delegate in the House until January of the following year. Much ado has been made recently because of the age of the members of the House. Most of the membership are old men and committees are always headed by the same group. The reason for this is that a certain group of men can be depended upon to do the work. They may be old but they function well. The tenure of office is a State Right and cannot be regulated by the National Body.

Dr. Bartz gave a short but pointed address, describing the work of the Association. He praised the House, the Board of Trustees, and the Office Force. He described the aid the AMA has given the World Medical Association and stated that the permanent Secretary is paid by voluntary subscription of the American people. It is an organization for good health of the World's people.

The AMA through Council on Medical Care, cooperating with other groups, is trying to bring better distribution of medical care to all the people with prepayment voluntary medical insurance.

The draft bill was passed but because of medical (AMA) opposition the drafting of medical men was left out. Now the services will be depending on voluntary enlistment of the personnel needed. Doctors have never failed and will give aid to the Surgeon General, and see that all necessary services are provided.

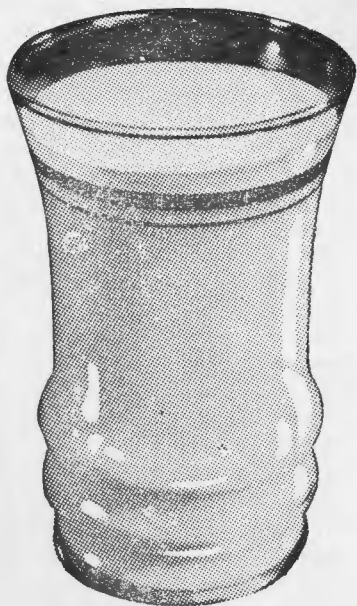
The Board reported the results of the printers' strike and they felt it is being won. The Union is blaming the strike on certain office management but it is really due to demands for excessive wage increases which the AMA will not pay. They agreed to pay \$11.50 increase for a 36-1/2 hour week; strikers wanted \$14.90. Printing has been carried on but under some difficulty. Journals and publications have been coming out late.

Secretary of Interior, Krug, asked that AMA set up visiting groups of physicians for the purpose of going to Alaska, Puerto Rico, Virgin Islands, and Navajo Indian Reservations and recommending improvements in service and types of practice for these areas.

Rural medical service is receiving a lot of attention. All farm and medical groups are cooperating in an attempt to get better distribution and better medical care for the farmer. A full time secretary is needed and has been arranged for.

The Surgeon General of the Navy, Swanson, asked the doctors of the country to understand that the Navy has a big job in supplying medical care to its personnel—Marines, Coast Guard, and Flying Units, and does not want or need draft but must depend on voluntary enlistment to meet its needs. These needs are great but the medical profession being free, can and will support the program as outlined by the Navy. He realized that there is a medical-man shortage but stated that the Navy will cut to the bone.

Dr. Scott Stevens of the British Medical Association praised the American Doctor for what he has given to the World Medical Picture. He also thanked the American Doctor for his support of their efforts to resist being taken over



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DAIRY SPECIALISTS

by the Labor Socialist Government of England. "We did not win 100% but we are not under government control entirely". A message of good wishes was sent to the Canadian Medical Association which was in session at the same time.

Dr. Washburn, President of American Dental Association, addressed the House stating how well the business of our Association is handled because we have only 175 members while the Dental House is made up of over 400.

Several names of the Italian Medical Profession were introduced to become Honorary Members of the AMA and after much discussion as to method (not the eligibility of these men) they were finally passed.

After considerable discussion on draft examination, it was finally decided to ask for a single examination and that the examiners be paid for their work.

There was considerable discussion and many questions asked why the Headquarters should be insured under an old line insurance contract when the House had recommended Medical Society sponsored Medical Coverage, including both Blue Shield and Blue Cross. It was explained that this was the best to be obtained at the time; but the House instructed the Headquarters that when this contract is terminated a new contract should be written with the company writing insurance under the Chicago Medical Society. Many State plans had introduced objections to the insurance written by the AMA for its employees.

Revision of the constitution and by-laws has been under consideration and study by a committee of the House and at various sessions during the last two years. Many changes have been discussed and referred back to the committee for consideration. The section on membership as written by the committee, would admit any practicing licensed physician, regardless of color or creed, if his qualifications were approved by the County Society. This section brought out much heated debate and was finally referred back to the committee for clarification. This committee reported that the admission of any physician to membership in a County Society which then makes him a member of the State and National Societies shall be at the discretion of the County Society. The Code of Ethics was also revised.

The change that brought out the most discussion was the one condemning "fee-splitting" and "kick-backs". The "kick-backs" brought out a heated discussion on what each physician should think of his brother practitioners who are or were engaged in this unethical practice. This was also referred to the County Unit for action. A member should be expelled from membership if and when such practices were brought to the attention of the Society and proved.

There was much discussion on Medical and Hospital care of Veterans. A large percent of the beds are being occupied by non-service connected illness. This should be corrected. More hospital beds would not be needed if only service connected cases are admitted.

Blood Banking was discussed at length, showing that there is a definite relationship between the patient and the physician in obtaining and giving of blood. It was felt that operating a blood bank is and should remain a local problem and should be under the supervision of the local medical profession, sponsored by the County Medical Society. All advertising should have County approval and "Free Blood" should not be advertised.

The Washington Office was praised for the amount of aid that has been given to our Legislators, and for the fine work done in keeping the profession

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informed as to what is happening in the Legislative Halls, what bills are being presented, how they affect the profession and for taking part, through members of the profession being present at hearings. The work should be expanded, more funds made available and also personnel increased.

There was a heated discussion as to why Headquarters' employees are taking sides and giving opinions on passage of laws and matters of policy which affect the profession. Employees were instructed to give aid to committees, councils, and all members of the Association but not to inject their own personal opinions and statements. Utterances of employees should all be checked to determine how these public statements coincide with policies as formulated by the House of Delegates.

General Paul R. Hawley, Director of the combined Blue Shield and Blue Cross National Organizations, addressed the assembly of State Officers on Sunday, June 20, and was invited to address the House of Delegates on Tuesday, June 22. He stressed the importance of combining forces of all medical bodies to fight the forces that are pushing government medicine upon us. Time is running out; it may be too late now, but he feels that we still have a little time. Every one of us must aid in this fight. Every member of every County Society should take it upon himself to fight for a free medicine. If medicine is socialized then the whole economy of the U. S. will be taken over. It will not be the fault of the State or National Organizations or their leaders. These leaders see the light but it is the doctor back home that is sitting idly by while the forces of pro-dictators are pushing us over the brink. We have 3 to 5 years left and he feels the three year period will be the end for free medicine in this Country. Every Doctor in this Country should have heard this address or if he did not, he should read every word of it in the Journal. He certainly told us in plain language where we are going unless all of us start now to fight the forces that are attempting to give us a totalitarian State.

The newly revised constitution clearly states that each County Medical Society shall say who shall be its members and how they shall be elected to membership. The County Society shall also discipline its members when necessary but any member being disciplined shall be entitled to trial with right of appeal to the State and National Society. The Mean's test shall be used for all persons receiving federal aid for medical and hospital care but if under quarantine, this method shall not be used. The National Government is advised, now as in the past, that all services of the professions are available to the military Medical colleges with hospitals, are urged to teach students to be general practitioners. Colleges are stressing this now with hospitals setting up internships in general practice.

The Pediatricians have asked the Federal Government to finance the training of young men for this branch of medicine. This was turned down and condemned on the premise that this is leading towards Federal Medicine. Also condemned was federal aid for medical students and colleges on the same grounds. Artificial insemination is not to be encouraged because the child of such procedure will not be a legal heir unless the husband is the donor. The House recommends that all coroners be replaced by a qualified medical examiner. It was shown that many organizations including medical colleges and hospitals are practicing medicine by charging for staff and faculty services. The AMA has no police power but may bring these matters to the attention of the offenders and explain that the practice is both unethical and in many instances unlawful. The House also recommends that all organizations interested in cancer control should cooperate. The County Medical

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Society is the governing body in all procedure where, in detection and diagnosis, clinics are set up. All should cooperate in standardization of type and methods of procedure and management. The House directed that one member of the Council on Medical Education and Hospitals shall be a general practitioner. He shall have no connection with any teaching center. There was much discussion on specialty Boards and the consensus of opinion was that there should be more restrictions placed over the Boards, because of what their members are doing to the practice of medicine. This was referred back to the committee for study to be reported back to the House at next session. The Women's Auxiliary should be a very active branch of the State and County Organizations both for public relations and publicity. It is urged that all State Associations pay the AMA dues of the Auxiliary and that more of State funds should be used to further the activities of the Auxiliary.

The final session was spent in the election of officers, of which much could be written but it is better that it not be mentioned. There was as always a considerable amount of log rolling, passing of favors with domination of certain groups and sections. The tendency has been to rejuvenate the Board of Trustees by securing younger more active and positive men. We need men at the top who can see what is ahead and leaders who will lead. This change is gradually taking place. The Management of the AMA is a big task and not just an honor as Past President Bartz, found out. To do the job you have to be young enough to be actively progressive but mature enough to make decisions for the betterment of the profession. The status quo is not enough; young men are needed at the helm; the time of honoring an old man is past. This was one of the longest sessions of the House in years. More work was accomplished but with more dillydallying in getting it done. Much time was lost in useless discussion but the House is a democratic body so every one is given an opportunity to say what he thinks and take as much time as he wishes. The names of the officers of the Association will be found in the AMA Journal.

W. M. SKIPP, M. D.

Ohio Member House of Delegates of A.M.A.

UNCLE DUDLEY

Primitive man had his fears of beasts, of elements that bespoke the vengeance of rapacious gods. With the advance of ages, these have been set aside until now what we have to fear most are the institutions which we ourselves have created.

* * *

It is difficult for one to laugh at others without giving offense, or at one's self without being self-centered.

* * *

If we take Mathew Arnold's view that culture consists in knowing the best thoughts of men throughout the ages, we must include what has been thought concerning natural phenomena. Culture then being not limited to letters, we see upon what a large foundation it must be erected.

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CHRONIC ATELECTASIS AND PNEUMONITIS OF THE RIGHT MIDDLE LOBE*

JOSEPH P. KEOGH, M.D., F.A.C.S., F.A.C.C.P.

Chronic atelectasis and pneumonitis of the right middle lobe was first described by Drs. Thomas H. Burford and Evarts A. Graham in October of 1947. Previous to that, Dr. Graham, at the Clinical Congress of the American College of Surgeons in New York City, had briefly discussed this clinical entity and stated that twenty-five such cases had been studied and operated. The case presented was operated shortly after Dr. Graham's brief discussion, and since then there have been an additional thirty-one cases presented by Drs. Donald L. Paulson and Robert R. Shaw of Dallas, Texas, at the recent meeting of the American Association for Thoracic Surgery held in Quebec, Canada**. The discussion which followed brought out many individual cases such as the one that follows.

Chronic atelectasis and pneumonitis of the right middle lobe is easily recognized by its typical course. It is characterized by repeated attacks of what appears to be pneumonia but is actually re-infection of a partially or completely atelectatic middle lobe. The course is brief or prolonged, depending upon the response to chemotherapy, supportive therapy, and most particularly on the establishment of drainage from the lobe. Apparent cure is only to be followed by recurrence.

The sequence of events responsible for the development of this clinical entity is still under discussion, but the evidence that an enlarged hilar lymph node is responsible for the bronchogenic block has been definitely established. There is no definite proof as to which of the two following changes antedates the other:

1. Repeated chronic localized infection produces progressive lymph node enlargement and subsequent bronchogenic block, or
2. Enlarged hilar lymph nodes because of their peculiar intimate relationship with the middle lobe bronchus produce block and then atelectasis, pneumonitis, and bronchiectasis distal to the block.

The consensus of the opinions as expressed in Quebec seems to lean definitely toward the enlarged lymph node first producing the bronchogenic block and the atelectasis, pneumonitis, and bronchiectasis being secondary. The block may be partial or complete.

The history always obtained is that of repeated attacks of pneumonia. Physical examination varies with the degree of block and the acuteness of the re-infective process, but the involved portion is the right middle lobe. X-ray examination of the chest reveals a partially or completely atelectatic middle lobe. Bronchoscopy may be entirely negative, or, at most, reveal an elliptical middle lobe orifice with some purulent secretion oozing from the opening. Bronchography is most helpful, and reveals the true partial or complete bronchial block with either total atelectasis or marked compression of the middle lobe. Lobectomy is the treatment of choice.

The case to be discussed is that of a 27-year-old white female who appeared to be chronically ill. When first seen this patient had been hospitalized ten times in six years for similar attacks. This was her eleventh hospital

* Staff Meeting Youngstown Hospital May 4, 1948.

**Added since meeting of American Association of Thoracic Surgery May 31-June 1-2, 1948, Qubec, Canada.

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admission. This admission had been initiated, as had all the others, by an acute onset of fever, cough, and expectoration. These were accompanied by profuse night sweats and general malaise. During this, as in previous admissions, she had responded to therapy only to suffer a subsequent recurrence. The patient stated that even between the acute episodes she was never completely free of cough and expectoration. She further remarked that during all the acute attacks and even between attacks she was annoyed by a persistent wheeze over the right side of her chest.

Physical examination at that time was essentially negative except for a very loud to and fro wheeze over the right anterior thorax which was even audible to the patient. The remainder of the lung fields was clear.

X-ray examination of the chest revealed an area of pneumonitis in the lower third of the right lung. Lateral examination showed this to be limited to the right middle lobe.

Bronchoscopic study was entirely negative except for an elliptical middle lobe bronchus from which a very small amount of purulent secretion exuded. Subsequent bronchograms demonstrated the atelectatic limits.

A diagnosis of Adenoma of the right middle lobe bronchus was made and the patient discharged to return in one month for exploratory thorocotomy.

During the interval, while attending the College of Surgeons meeting, the brief discussion by Dr. Graham mentioned above brought the possibility of a different diagnosis into consideration.

On September 19, 1947, an exploratory thorocotomy was carried out. Under intra-tracheal cyclopropane anaesthesia a postero-lateral incision was made. A segment of the sixth rib was resected sub-periosteally and the thorax opened through its bed. On opening the thorax, the atelectatic middle lobe was immediately visualized. The upper and lower lobes appeared to be normal. On palpitation the lobe involved had the consistency of liver. At the hilus and obstructing the middle lobe bronchus was a lymph node the size of a walnut and firm in consistency. It was not calcified. There was no palpable aerating parenchyma of the lobe. With individual ligation technique, the middle lobe was resected. Under positive pressure anaesthesia, the thorax was closed in anatomical layers and drained with two mushroom catheters to promote expansion of the upper and lower lobes.

The pathological report on both gross and microscopic examination was consistent with the clinical entity as described.

The drainage tubes were removed in forty-eight hours as complete re-expansion of the remaining lobes had taken place. The patient was discharged on her twelfth post-operative day. Six weeks later she returned to work and has had no recurrence of her symptoms since that time. There has been a post-operative weight gain of fifteen pounds.

A case of chronic atelectasis, pneumonitis, and bronchiectasis of the right middle lobe has been discussed. That this condition is more common than is ordinarily appreciated can be seen from the rapid accumulation of cases since it was first called to attention. Lobectomy is the treatment of choice.

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THE PRACTICE OF MEDICINE AND SURGERY IN THE MASSACHUSETTS BAY COLONY

By JANE LOUISE LYMAN, B. A., B. S., M. A.

When the Pilgrims landed at Plymouth medicine was an art rather than a science. More than a century was to elapse before effort was made by public authority for the establishment of medical schools. There were few doctors. Many of the ministers also practiced medicine, and each one practiced on his own flock, and for a fee "received that which is better than money, though not equally current at the counter." Cotton Mather speaks of the ministry and the practice of medicine as an "Angelic Conjunction." The first physician of whom there is an account among the colonists was Samuel Fuller who had come over on the first ship and was a deacon in John Robinson's church.

Dr. Giles Furmin, Jr., came in 1632 from Cambridge where he received his medical training, and is the first man known to have taught medicine in New England. However, there was no formal education in medicine. The first provision for medical education in New England was made by the Massachusetts Bay Co. in 1629 when they sent Nicholas Lambert as contract surgeon and teacher of surgery. His duties as set out by the contract were

. . . to serve the companie and other planters . . . for three years . . . And . . . he is to educate in his art one or more youths . . . that may be helpful to him, and . . . succeed him.

Instruction was based upon observation under a preceptor. When death occurred under suspicious circumstances post mortems could be held, and this was the only way a knowledge of anatomy could be gained. The general dissection of cadavers for study was not allowed. The need of a study of anatomy gained from observation of the human body was recognized in 1647 by the General Court of the Colony which recommended that

. . . such as studies physick or chirurgery may have liberty to read anatomy, & to anatomize (dissect) once in foure years some malefactor . . .

The first medical publication, and used for general instruction and information, was Thomas Thacher's "A Brief Guide in the Smallpox and Measles" published in 1677. This was really a broadside and was often posted on the side of a building or tree.

The theocratic government of the Colony was also evidenced in the field of medicine. In 1646 an epidemic of syphilis (*lues venerea*) broke out. It had originated with the wife of a sailor, and in the mistaken belief that she had mastitis some 16 people were employed in drawing her breast in the hope that it would reduce the inflammation. These people also contracted the disease. The woman was tried before the General Court, but there was no evidence of infidelity against her. When her husband was tried, he was found to be uninfected. For lack of evidence they were both acquitted. A mid-wife who delivered a woman of an anencephalic was not so fortunate. A committee of clergymen held a postmortem on the body which resulted in exile for the unfortunate midwife.

The problem of fees also seemed to trouble the Colony. While some of the clergy felt they had done their Christian duty in healing body as well as soul, many physicians claimed part of their reward on earth—in fees. Sometimes the fee was felt to be exorbitant and complaints were made. In 1643 John Winthrop expressed himself on the subject.



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A man is not to neglect that partie, to whom he hath once administered, but to visit him at least once a day, and to meddle with no more than he can well attend . . .

While there was no set schedule of fees, there seems to be evidence for assuming that doctors were to accept fees only for the improvement or cure of the patient. Arrests were made of doctors who charged for treatments and medicines which were not efficacious. A practitioner of the quack variety was fined 5 pounds by the Boston Court of Assistants for

. . . taking upon him to cure the scurvey by a water of no worth nor value, which he solde att a very deare rate, to bee imprisoned till hee pay his ffine or giue securytie for it, or els to be whipped & shalbe lyable to any mans acon of whome he hath received money for the . . . water.

In 1649 a law was passed regulating, to some extent, the practice of medicine and surgery, and required the practitioner to act according to the approved precepts of the art in each domain. It made no provision for the education of doctors and established no test of their qualifications. It was, however, the first attempt to restrain quacks. The general tendency of the law was to confine the practice of medicine to those who were skilled. They were forbidden to exercise "Force, violence or cruelty upon or toward the body of any" without consultation with "such as are skillful in the Art" nor without the consent of the patient or his family. In 1653 the Court received a petition asking for restraint upon those practicing medicine and surgery, and advising that they be authorized to practice by a magistrate and for just the time that they were resident in a given locality. Further, ". . . if any one shall presume on shore to practice without liberty granted, that some fine may be imposed upon him for every such default . . .". However, nothing was done in the nature of a real requirement for licensure in medicine.

It is interesting to note that the colonists felt that something should be done to enhance the dignity of the practitioner of medicine and to set him apart from the lay person. In order to do this a law was passed in 1647 ". . . regulating the precedence of passengers in ferry boats, preference being given to physicians, chirurgeons, and midwives."

The writer noted with interest that many of the conditions then extant such as an extended frontier, primitive living, lack of training facilities, few large settlements, etc., produced the problems and conditions involved in medical care. This was true in the days of our Old West; it is true in some places today. Where there are few doctors, quacks find a fertile ground; where the distance to be covered in seeing patients is great, medical care can become infrequent, expensive, poor for the patient and unprofitable for the doctor; and where these conditions are combined with a lack of facilities for the training of physicians and surgeons, as was the case in the Mass. Bay Colony, one finds the abuses, the lack of essentials, provincialism, and the need for restrictions—and one also finds the inspired examples of unselfish giving.

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THE MEDICAL CRIER

A Page of Sidelights, News and Views In The Medical Field

Few medical writers have left as lively an account of the medical practices of the Renaissance period as has Benvenuto Cellini, who was not a physician but a jeweler, silversmith, flute player and artist of sorts. A swash-buckling swordsman, hero and lady killer, to hear him tell it, he was always getting embroiled in some kind of trouble out of which he usually had to fight his way. The doctors who were called to patch him up were sometimes described in his memoirs as "giggling nincompoops" although for some he had great respect.

One time in the year 1539, he was accused of stealing jewels entrusted to him by Pope Clement and was imprisoned in the Castle of Saint Angelo in Rome. He made his escape from the castle using a rope of bed sheets to lower himself from the wall; but the rope was short and he fell, fracturing his leg above the ankle. He made his way by crawling on all fours to the home of his friend Cardinal Cornaro who called one of the foremost physicians of Rome, Maestro Jacomo of Perugia, to attend him. Cellini describes the treatment,

"He set the bone with dexterity, then bound the limb up and bled me with his own hand . . . the blood sprang forth so copiously, and spurted with such force in his face that he had to abandon the operation. He regarded this as a very bad omen, and could hardly be prevailed upon to undertake my cure."

His recover was long and painful for fractures in those days were very serious injuries and often ended in loss of the limb or death. Cellini's younger brother died of a compound fracture of the femur caused by gunshot wound fired from an arquebus. Cellini wrote,

"The doctors who were called in consultation treated him with medications but could not decide to amputate the leg, which might perhaps have saved him." They enclosed the leg in a heavy box but nothing could be done to stop the hemorrhage and he died the next morning.

One of Cellini's rivals for a lady's affections owned a beautiful black horse on which he would cavort back and forth before the balcony of his fair one, to her evident delight. One night he fell off fracturing his femur and died a few days later, to his rival's great satisfaction. This poor fellow's leg was also enclosed in "a great heavy box."

In these days of blood banks and penicillin, the younger Cellini's life and his limb too, would probably be saved. In the late war, the soldier shot down on the field of battle had a better chance of survival than the youth cared for in Rome, the seat of Renaissance culture and learning. Such was the penalty for being born four centuries too soon.

J. L. F.

SHARE YOUR COPY

What do you do with your copy of the Bulletin after reading it? Do you turn it over to your wife to read of the activities of the society? Your wife and especially auxiliary members are always interested in the problems of the medical profession. By keeping them informed you are helping to promote good public relations.

Health Department Bulletin

REPORT FOR JUNE, 1948

	1948	Male	Female	1947	Male	Female
Births Recorded	475	254	221	584	321	263
Deaths Recorded	162	82	80	152	91	61

CONTAGIOUS DISEASES:

	June 1948		June 1947	
	Cases	Deaths	Cases	Deaths
Chicken Pox	32	0	30	0
Measles	66	0	5	0
Scarlet Fever	33	0	2	0
Whooping Cough	22	0	14	0
Tuberculosis	12	1	6	2
Typhoid Fever	1	0	0	0
Gonorrhoea	17	0	0	0
Syphilis	31	0	31	0

VENEREAL DISEASES:

	Male	Female	
New Cases:			
Syphilis	4	3	
Gonorrhoea	13	3	
Total Patients			23
Total visits to clinic (patients)			487

W. J. TIMS, M. D.

Commissioner of Health

ANNUAL GOLF MEET

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The Annual Golf Meet will be held in conjunction with the
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HAWLEY FORSEES "SOCIALIZED MEDICINE" IN 3 YEARS IF . . .

Boldest and most challenging speech, albeit the least publicized, delivered last week in Chicago was the one given by Dr. Paul R. Hawley before the 4th Annual Conference of Presidents and other officers of State Medical Associations. Speaking as chief executive officer of Blue Cross and Blue Shield Commissions, Dr. Hawley mustered his strongest language—and this old Army trooper owns a crackling vocabulary—to warn that government medicine is coming soon if "organized medicine (pursues) the same course that it has pursued for the past ten years."

Since his address, Gov. Earl Warren of California, a proponent of government health insurance, has been nominated for Vice President on the GOP ticket. And further accentuating Dr. Hawley's appeal is Friday's declaration by Presidential Candidate Dewey that the Vice Presidency will be made a more important and influential position if the Republicans win in November. Of more immediate interest is the effect which the latest Hawley blast may have in framing weighty decisions scheduled to be made by the National Health Assembly executive committee. Its members include AMA leaders Sensenich, Lull and Bortz as well as spokesmen for labor and consumer interests and Dr. Hawley himself.

"Disastrous" national compulsory health insurance can be averted, according to the Blue Shield-Blue Cross head, only if voluntary prepayment medical care plans offer more than one type of contract. The aim should be, he said, to cover the greatest number of people by offering contracts to fit every purse. The higher the income group, the higher the fee schedule would be, by Dr. Hawley's recommendation. "What can it matter to the participating physician whether the patient pays the bill from his private income, or whether the bill is paid by the medical care plans, so long as the amount paid corresponds with the fee customarily charged in that income level?" he asked.

A few more quotes from the Hawley speech, which members of the Conference voted to transmit to the AMA House of Delegates: "Our national leaders seem to be purposefully blind to the social changes that are taking place." "Too many physicians regard medical care as their exclusive prerogative." "My heart grows heavy as I see the indifference of many physicians to the threat to freedom in medicine that is becoming more menacing each day; and as I encounter the petty, selfish greed of a few physicians who had rather see the entire structure of American medicine wrecked than to concede one small personal advantage in the general interest." "If we get socialized medicine in this country it will be organized medicine that has brought this curse upon us." "If the medical profession does not at once assume the leadership, if it does not at once cease its double talk and double dealing with the voluntary non-profit prepayment plans, we are going to have compulsory government health insurance in this country within three years."

Establishment of a National Service Agency to underwrite—but not control—local medical care plans was advocated by Dr. Hawley. It is not improbable that if his recommendations are unheeded, and if the obstructions against which he bitterly complained are not removed, he will give up the position which he assumed upon his resignation last winter as chief medical director of Veterans Administration. That this dire warning will have political, as well as professional, repercussions is virtually certain.—Washington Report on the Medical Sciences, 6-28-48.

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Dr. John Noll, President
Mahoning County Medical Society
Youngstown, Ohio

Dear Doctor Noll:

I thank you and the Medical Society for your expressions of congratulations and good will, and for the very beautiful little button you have sent me. It is a pleasing tribute to each of us who have accomplished fifty years in medicine even though you know I feel we do not deserve any credit—we have only been fortunate in living so long and in being able to continue our efforts to be useful in our profession. I am sure this expresses the feeling of all of this group you have so honored.

Thanking you again, and with all good wishes for yourself, and for the Medical Society which you represent.

Very faithfully yours,

COLIN R. CLARK, M. D.

UNTOWARD EFFECTS OF THE NEWER DRUGS

Local reactions from penicillin are unimportant except following intrathecal injections. Single injections of 30,000 to 100,000 units may cause arachnoiditis and transverse myelopathy, followed by headache, nausea, vomiting, muscle spasms, convulsions, or unconsciousness. Injections of 10,000 units in 10 cc fluid daily for several days caused no untoward results. Systemic reactions of penicillin include the following: erythema, dermatitis, angioneurotic edema, urticaria, pruritis, malaise, chills and fever, nausea and vomiting, mental depression or excitation, dizziness, peripheral nerve palsy, epistaxis, petechiae, eosinophilia, hematuria, and azotemia. Sensitization of the patient occurs more frequently after topical application than after any other method of administration. Talbott, J. H.: *New York State Journal of Medicine* 48:280, 1948.

J.D.M.

VITAMIN E IN HEART DISEASE

Alpha tocopherol in very large doses were administered to 13 patients who were examined carefully at regular intervals to determine whether any subjective or objective changes followed the use of this substance. Aside from symptoms of headache, dizziness, and vertigo on the higher doses, there was remarkably little change or effect from this drug. In particular, there was no evidence of diuresis or amelioration of the symptoms or signs of chronic heart failure in the cases studied. Nor was there any evidence of change in patients with chronic anginal pain with a stable pattern of chest pain related to effort. The authors found no evidences to warrant the use of vitamin E in the types of heart disease studied. Hyman Levy and Ernst Boas, *Annals of Internal Medicine*, June 1948.

Editor: This abstract is presented because of the widespread enthusiasm of the lay literature and certain drug houses for the use of vitamin E in clinical practice. This is the first adequately controlled series of patients treated with alpha tocopherol and the authors conclusions are in keeping with those found in several large clinics.

J.D.M.

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Also on March 15, 1949, you **MUST** estimate your tax for the following year.

GUEST EDITORIAL MEDICAL TWINING

You will probably die suddenly of heart disease. That is a valid statistical prediction for any doctor. And you know why—the ceaseless tension not unlike that obsessing the victim strung up by his thumbs a-tip-toe, and which never quite relaxes as long as the ubiquitous telephone can snarl its bell at you. You thought that if you could specialize at least you would be out of obstetrics' alarms, and patients would flow through mellifluously on schedule. That didn't quite work; for now near-perfection was expected of you, and your vacations were spent at conventions, or preparing lectures for medical societies.

Group practice! There was the touch-stone! Teamed with congenial fellows they would help channel patients in quantity to your specialty and keep you posted on advances in contiguous fields. Pretty good, but not perfect. For six of you were like spark plugs in an engine, and when one got fouled up or was missing the engine galloped or sputtered from lack of an essential part.

One more experiment is now evolving. Competitors in the same specialty team up. If the members are of about equal ability one can roam the convention halls, write, or bask in Florida sunshine while the other pulls the load. It looks sensible, gives one security, and perhaps delays the precordial twinges which signal "Danger Ahead." This phenomenon of medical twins, scarcely mentioned in medical economics, should be considered by the physician who believes that his person is a tool to be kept burnished for the greater good.

FRANK A. RIEBEL, M. D., Editor,
The Bulletin of The Columbus Academy of Medicine.

CYNICAL SAM

Be ye not deceived! International banditry does not by its massiveness excuse the perpetrators from the law of cause and effect.

★ ★ ★

No one seems to love the iconoclast; but without his unpleasant propensities, the way toward rational existence would be much more difficult.

★ ★ ★

We never realize how ego-centric we are until we hear someone else talk in the way we do. Even then we can hardly believe it.

REGIONAL ANESTHETISTS HOLD JOINT MEETING AT PICK-OHIO

A joint meeting of the Cleveland and Pittsburgh Societies of Anesthesiologists was held June 5, 1948, at the Pick-Ohio Hotel. About fifty medical anesthesiologists attended.

Dr. Stewart of Pittsburgh spoke on "Intravenous Neosynephrin Drip in Surgery." His paper was discussed by Dr. Folbes of Mercy Hospital, Pittsburgh, and Dr. Crane of St. Luke's Hospital, Cleveland. Dr. Edward Depp of Cleveland presented a paper on "Intravenous Procaine." The discussion was led by Drs. Fisher and Bayuk of Youngstown, Dr. Whitaker of Huron Road Hospital, Cleveland, and Dr. Peterson of Allegheny Hospital, Pittsburgh.

Co-chairmen of the regional meeting were Dr. Fisher of the Youngstown Hospital Association and Dr. Bayuk of St. Elizabeth's Hospital, Youngstown, Chiefs of Anesthesia in the respective hospitals.

Several thousand New Castle and Lawrence County residents jammed Washington St. at Court House Hill, July 4, 1948, for the unveiling of a stately granite war memorial to more than 500 soldiers, sailors and marines of the county who lost their lives in World War I and II.

A life-sized eagle and shield, symbol of the sesqui-centennial, at the top of the 20-foot marble shaft was sculptured by Dr. Martin P. Mahrer, who has won many prizes as an amateur painter and sculptor.

Dr. R. S. Lupton was elected a diplomat of the American Board of Obstetrics and Gynecology at their recent meeting held in Washington.

Dr. F. G. Kravec spoke to the Kiwanis Club of Niles, Ohio, on July 8, 1948, at their fresh air camp in Trumbull County. His subject was "The Use of Fresh Air Camps."

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BUDGET STUDY

Senator Styles Bridges, of New Hampshire, Chairman of the Senate Appropriations Committee, released a study which reduced President Truman's 1949 budget request of \$39,669,000,000 to terms the man back home can more readily understand. "This study," Senator Bridges explained, "shows state by state the pro-rata cost of the President's budget compared with the cost of operating each state's own government." Alabama, for instance, pays to the Federal government \$282,000,000, while it assesses itself for the cost of its State, county, and local governments, \$85,000,000; that is, it pays to the Federal government 3-1/3 times as much as it expends for its own government.

—Council on Medical Service, Washington Office.

The House Appropriations Committee has designated \$700,000 to enable the Public Health Service to develop a program of disease control and sanitation in Alaska. The Armed Services are planning to send many men to Alaska in the near future, and the very high rate of tuberculosis and venereal disease makes it important that proper sanitary precautions be taken. It is proposed that the Public Health Service should follow the plan which has proved so effective in areas around other camps.—Council on Medical Service, Washington Office.

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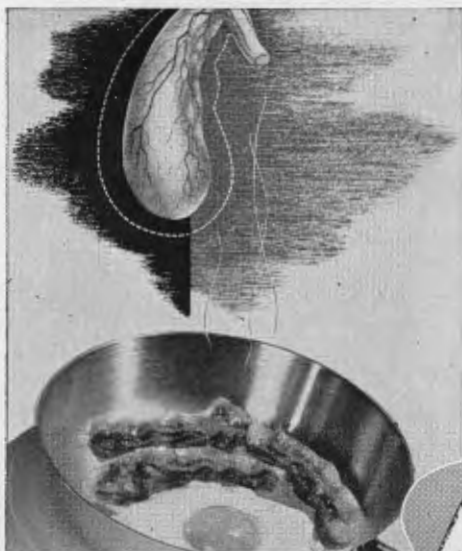
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