



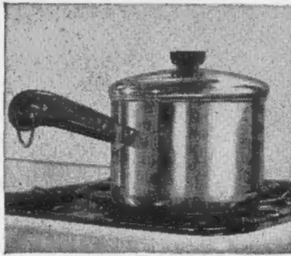
"If a man take no thought about
what is distant, he will find sor-
row near at hand."

—Confucius

BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

Youngstown, Ohio
VOL. XVIII No. 10
OCTOBER • 1948



1. Boil the water and cool to luke-warm



2. Float measured powder on top of the water



3. Mix with a large spoon or fork

SIMILAC FEEDINGS ARE Easy TO PREPARE

It takes only 30 seconds to induce solution *if the powder is floated on top of the water*. Lukewarm, boiled water is desirable.

No need to mix several ingredients — hence the possibility of errors in measurement is greatly reduced.

The ratios of fat, sugar, and protein, *and the zero curd tension*, remain constant regardless of concentration . . . Therefore, no gastrointestinal disturbance will normally occur, should the mother err occasionally in counting the number of measures of Similac powder.

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Result: Similac reduces dietary disturbances traceable to mothers' errors in preparation of the formula



SIMILAC . . . a dependable food during the all-important first year



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October, 1948

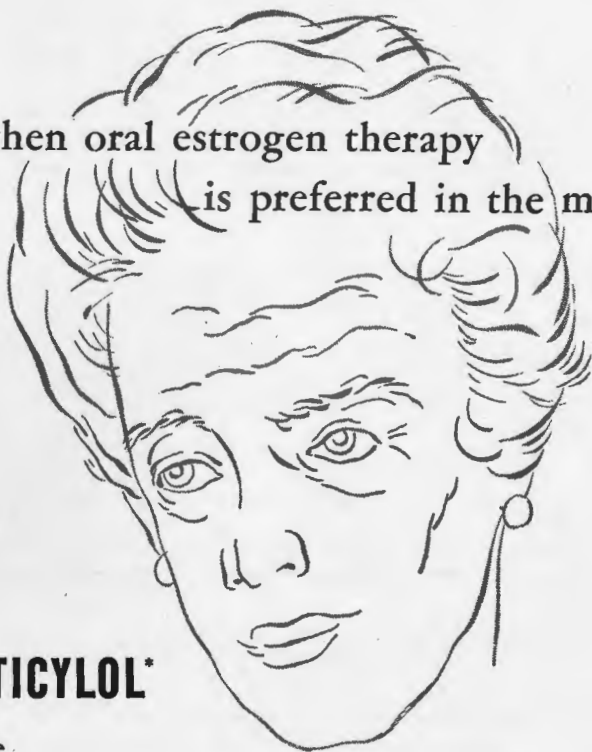
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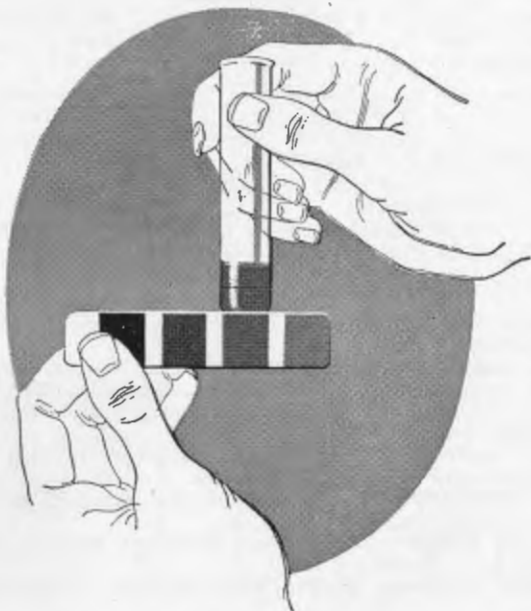
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MEDICAL CALENDAR

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.	American Academy of General Practice, Youngstown Hospital Auditorium—Nurses' Home.
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

Sixth Councilor District Post-graduate Day, Akron, Oct. 13.

Trumbull County Post-graduate Day—Nov. 17.

American Medical Association Interim Session, St. Louis, Nov. 30-Dec. 3.

American Academy of General Practice, Cincinnati, March 7-8-9, 1949.

American College of Physicians, Annual Session, New York City, March 28-April 1, 1949.

Ohio State Medical Association Annual Meeting, Columbus, April 19-22, 1949.

PRESIDENT'S PAGE

★ ★ ★

Next month will witness the entire nation voting as free men and women to decide who shall lead the national and state governments for the next two to four years. Many attempts to "sell" various platforms and candidates are in existence and influential groups are exerting all of their efforts to convince the voter. Doctors have more influence in politics among all types of citizens than many of them realize. This influence can be augmented when members of the profession take an active interest in politics and choice of candidates. The Ohio State Medical Association through the Councilor Districts has made a sincere effort to inform its members of the advantages and short-comings of various platforms and candidates. It now remains for each one of us to choose our ticket and then make others acquainted with the necessary facts. Dr. Wm. Skipp, chairman of our legislative committee can furnish any member with important data and is more than glad to answer questions concerning various important issues. Appreciation of our rights as free men and women means working to maintain and protect those rights. An honest appraisal of the issues and candidates presented, a frank discussion with other citizens and then the casting of the ballot on election day is certainly the duty of each one of us.

JOHN NOLL, M. D.,

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101 Lincoln Avenue

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LIBERTY

WARREN DEWEESE COY, M. D.

Our Ambassador to the Phillipines has recently proposed that we erect a replica of the Statue of Liberty on Corregidor, as a symbol of the ties between us and those to whom we have made liberty available. It would be intended to serve also as a memorial to those who were a sacrifice there to the cause of freedom.

We are in accord with the proposal. We trust that it would occasion in this country a rebirth of the idea of liberty. The awakened interest might lead us into a clearer understanding of what liberty really is, from what it comes and how precarious is its existence. It is our duty to know whether liberty may enlighten the world, as was believed by those Frenchmen who gave us our statue, or that an enlightened people secures and retains liberty. This question is not merely academic, but is a practical and important one.

Since America appears to have become the successor to France as the battle-ground for freedom, our citizens must become as interested in the idea of liberty as were those Frenchmen who enlightened the world by their own struggles for freedom. If we are to pass that idea on to the Orient, we should know what we are talking about; for the Chinese may not have forgotten that their ancient Sage had remarked that people's actions should come up to their words.

Some people are inclined to believe that liberty is a birthright, that its requirements are conduct in keeping with natural laws that should control human affairs. This view readily leads to egoism with its instinctive and emotional behavior. It leads, as well, to avoidance of individual responsibility; and it magnifies the influence of environment. They find society to be at fault instead of themselves; yet they will extol collective wisdom as if the sum could be greater than what it contained.

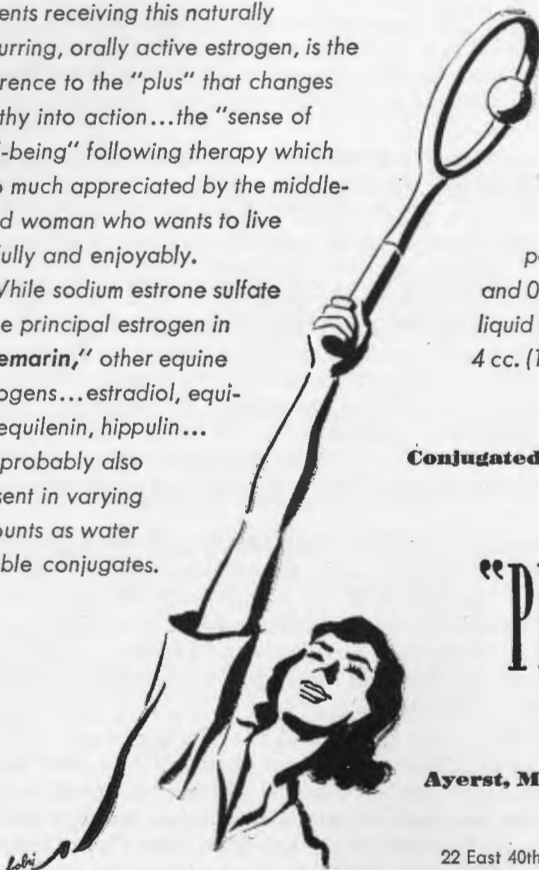
While the development of man has tended to make him continuously less subservient to a fixed environment, it has not rendered him free from the influence of the wider and more varied contacts which eventuated in civilization. These contacts have become his major problems, the causes of his servitude. Rousseau's idea of reverting to the primitive, would have been but a substitution of masters, leaving man with less intelligence and less facilities with which to cope with his environment.

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Those who accept this view tend to look upon man as an automaton and fail to see that he has something potent within himself that modifies environment so that he does not remain solely a creature of it; something that interprets experience, guides and illuminates his pathway. The unfettered primitive man is as unreal as a free man who had surrendered his thinking to the group.

That the idea of liberty is closely associated with our religious convictions is certainly evident at this time. We are aware of the efforts of individuals with subversive purpose to insinuate themselves into religious organizations in order to influence or control the activities to their own destructive advantage. We are aware also that in these churches, with one exception, this menace to liberty is not being confronted, expurgated or rebuked.

There devolves on these organizations the duty not only to protect their tangible properties from destruction or confiscation, as occurred within the Soviet; but it is also their duty to protect their communicants in freedom of religious belief and in conduct in accordance with conscience. This individualism lies at the foundation of both our religion and our freedom; and it is the destruction of this individualism that is the objective of our great enemy of liberty.

We have kept alert to the necessity of complete separation of church and state and to the possible evils of sectarian influence in public education. We have kept ourselves fortified against conformity by compulsion. Separation and establishment of new organizations have been the means of protecting the individual and his thinking from the tyranny of the group; and it has maintained his individuality and his incentive to self-improvement. So in religious matters, there is more assurance of liberty for each of us than there is in many of our labor unions.

One cannot think much about liberty without associating it with government. If from recorded history there would be taken the accounts of the struggles of people with government, with their rulers and against alien aggressors, there would be little left of the chronicles of our efforts and achievements. Good government and liberty are so closely connected and interdependent that it is not surprising that some people will think that liberty is derived from government, the individual exercising it only through sufferance of the state.

In keeping with the thinking of liberal men in Europe and America during the eighteenth century, we are led to believe that liberty is an inalienable right. We insist upon equality of opportunity so that we may exercise our choice. In this we rely upon the consent of the governed as the basis of authority to preserve these opportunities. So franchise, excluding only the immature and the unfit, the will of the majority becomes the means on which we depend to preserve our inalienable rights. We so much esteem popular franchise that we give little thought to the truth that some men are better than others both by their natural endowment and their cultural achievement; and that a large number of those who exercise the franchise cannot comprehend the meaning of liberty or are unsafe to exercise it.

We have become so much enamored with the idea of the rule of the majority that we think of the collective will of the people as an entity, a potent reality, on which we can rely for the preservation of our rights. Yet this collective will is really the resultant of the clash between special interests and enterprising minorities, with irreconcilable differences that have emotional rather



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than intellectual reasons for their antagonism. This prevailing majority represents, not a unity of opinion, but a combination of views and interests of the best organized minorities which have been sagaciously combined for present purposes.

Considering this background, it is understandable how the checks and balances, which have been our guaranty against oppression, can be nullified or circumvented before the victorious masses have quit congratulating themselves on their victory. We should think of this when we hear aspirants to positions of power extolling the wisdom of the people. If we were to take their flattery seriously, we would be led to believe that the sovereign will of the people was both wise and without tyranny. We would become narcotized into passivity and ineffectiveness. We might not realize that we were submitting to the control of a coercive minority.

Not only have minority groups been increasing in power until they have become dangerous to our well-being, but we have been permitting increasing usurpation of power by government until we have become satisfied that we must reverse the trend if we are to preserve our freedom. We must not forget that the tendency of government is to become tyrannical, and that our Constitution is for the purpose of protecting us from this tyranny. When those in authority propose to alter the constitutional provisions for the benefit of the people, we should suspect that they are like Greeks bearing gifts.

We are indebted to John Locke, of the seventeenth century, for the view that the proper function of government was principally negative; that through preserving order and defending life and property, the environment was kept favorable for the individual to pursue legitimate aims and thus develop himself.

We are aware that this view of the function of government is placing emphasis on keeping favorable the environmental factor in human development. Its importance should not be minimized. Neither should its correlative be overlooked; for liberty is not to be obtained until man can not only utilize his environment, but can as well, alter and surmount it. His dependence becomes the precursor of independence; obedience, the preparation for command.

The struggle between the people and authority has become so general and is so intense that the whole world is involved. No nation can escape the evil effects of these clashing interests and ideals. Most of it has taken the form of blaming society for the short-comings of mankind. This is prevalent among those who would destroy what they consider to be evil by destroying government. They would enlist the will of the masses in this destruction, but would eliminate it in constructing what was to follow. Liberty would cease to be even a hope.

We look upon freedom of speech as essential to preservation of liberty. Censorship is repugnant to our nature. So we permit propaganda to influence our opinions and do not resent it, even though it be plainly false. Vilification has developed into an art and has grown respectable. In proportion to our becoming tolerant of sham and deceit, the danger to our liberty increases.

Were this menace merely a military one, we would not fear the outcome. We have but recently awakened to the extent to which tyranny, in the guise of liberal and advanced thought, has permeated our many institutions, controlled our mental processes and created strife, group and racial hatred.

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Liberty and hatred cannot survive in the same atmosphere. This is not intended as a support for censorship as that is usually understood. There is an individual criterion which is the basis of our factual knowledge, our culture, through the use of which we attain character and retain that self-respect without which liberty cannot be ours.

That this world-wide struggle would be abolished if all nations were subservient to a single power which this union would create, is assumed by many people who look on forms of government as being responsible for propensities and behavior of human beings. Whether the "inalienable" rights of a people can be preserved better by an attempt at remote control of a single super-government than they could by alert and unremitting control of one that is near, has not become sufficiently clear to our people of the mid-west that they can become enthused about the idea.

It is plain that we need a new conception of liberty, for it does little toward enlightening the world. It is a result of enlightenment, a product that comes into existence only through effort. It can be retained only through the vigilance of intelligent people, and these are a minority. It is a result of reasonable interpretation of experience; which enables a people to gain through their mistakes, retain that which is good and continue to create for the future.

It is not self-existent, and belongs to no people, nation or group; these are abstractions. The individual is the reality, and it is from his enlightenment and self-control that liberty has its source. Any philosophy of government that ignores this simple truth, however plausibly presented, cannot remain a permanent influence in human affairs. It ultimately destroys itself, but it will have taken away liberty in the meantime.

It will be necessary to continue exposing the present great menace to liberty in America in order to eradicate it. If this exposure remains on the intellectual level, it will still not be without hazard. The tendency to emotional outbreaks is a constant threat. These would defeat our purpose and substitute one tyrant for another. In this, we dare not rely on the enthusiasm of the majority; but must support an intelligent and well-directed minority.

Freedom is not to be retained through mass thinking. The crowd is not capable of discrimination either in motives or in methods. It follows suggestion and acts on impulse. It justifies opinion by the number of people who hold it, or who act in accordance with it. Reason is a small factor in its acclaim or in its condemnation. The obvious becomes potent, the obscure and fundamental remain unseen or are disregarded.

We like rallies, they boost our morale. Though they add nothing to our knowledge, they appeal to our conceit and our prejudices. We like to listen to the fellow who 'comes not to praise Caesar, but to bury him', and let him play with our emotions. Though we know what he is doing to us, we permit him to capitalize the previously implanted propaganda, and give us basis, even though it be questionable, for our unsupported opinions.

As a people, we do not reason things through. We form opinions hastily from catch phrases and sonorous ambiguities. We are aware of this, but continue as if this were wise and we were not being enslaved by suggestion. Many of our difficulties have their origin in those half-truths from which we form our judgments. There is more promise in alert skepticism than in credulous tolerance. In this there may be less satisfaction, but there will be less

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disappointment. If we are free thinkers, we can endure the truth and erect our structures upon it.

Liberty being a cultural achievement, developed only through intelligence and self-discipline, there devolves upon us the duty to our young people to inculcate this idea throughout their formative years. Power in the hands of the masses is dangerous unless culture be proportionate. Though we have unlimited opportunities for advancement of learning, and franchise is widely distributed, control of both thinking and power is in the hands of the few. So at best, our liberty is relative.

If we erect that Statue of Liberty at Corregidor, it will represent a connecting link between the new and an ancient culture that was "seeking a unity all-pervading." It must stand, not as a gift, but as a symbol of the best America has to offer. As well, it must be a pledge of what we have determined to attain.

UNCLE DUDLEY

It is not only untruth that leads to error in popular thinking, but over-simplification in the attempt to make something more understandable. It is better to recognize one's inability to comprehend than it is to insist upon clarification or distortion in order to reach a questionable conclusion.

★ ★ ★

The use of analogy is best for those who can recognize differences as well as similarities.

★ ★ ★

The fear that man will invent means of destruction and employ it to the elimination of mankind, is not a reasonable way of viewing our propensities. We teach ourselves to kill for a purpose. Whether we find ourselves mistaken in the purpose, or tire of it, we ultimately surfeit in our killing, cease, and take no pride in it.

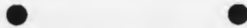
THE RED FEATHER

Come fall or high water, the yearly Community Chest Campaign must of necessity contact each of the physicians in active practice. It was a revelation to note in print how much money we are making in our travails. In fact it was quite a bonanza to some of us who were not aware that we were so well blessed with Uncle Sammy's dollar documents. Such being the case, any sudden influx (just flux for those without) of limousines at the next Staff meeting can be well accounted for by that magnanimous mullarky that we who has, "gits."

The gist of this parody is that in the recent past, the physicians of Youngstown have been somewhat deficient in their support of the Community Chest Program, and since by the proclamations in our local newsheet, we are all among the top three percent in the financial black, it behooves us to do more than wear our Red Feather with a limousine pocket and a puddlers donation. Shake some of last years leaves out of your billfolds and Give.

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October Meeting



Dr. Hans Selye

Subject:

ADAPTATION SYNDROME

Dr. Selye is Professor of Medicine, University of Montreal
and Director, Institute Experimental Medicine

Author of:

**ENCYCLOPEDIA OF ENDOCRINOLOGY
TEXTBOOK OF ENDOCRINOLOGY
MONOGRAPH ON THE GENERAL
ADAPTATION SYNDROME**

Member:

**Sigma Xi, American Society for Clinical
Investigation, Society for Study Internal
Secretions, and expert consultant to Sur-
geon General U. S. Army.**



October 12, 1948

8:30 P. M.

CASCADE ROOM

PICK-OHIO HOTEL

***Note change of regular meeting date**

Annual Postgraduate Day

TRUMBULL COUNTY

November 17, 1948

Guest Speakers—Medical College of Virginia

AFTERNOON PROGRAM—2:00 P. M.

- I. DISCUSSIONS ON HYPERTENSION
 - A. General survey and classifications
Dr. W. Taliacferro Thompson, Jr.
 - B. Medical management of hypertension
Dr. Elam C. Toone, Jr.
 - C. Surgical management of hypertension
Dr. Guy W. Horsley
- II. GASTRO-INTESTINAL BLEEDING
 - A. Diagnosis
Dr. Elam C. Toone, Jr.
 - B. Medical treatment
Dr. W. Taliacferro Thompson, Jr.
 - C. Surgical treatment
Dr. Guy W. Horsley

DINNER—6:00 P. M.

EVENING PROGRAM

- I. Fiedler's myocarditis with case reports
Dr. W. Taliacferro Thompson, Jr.
- II. Rheumatoid spondylitis—diagnosis and management
Dr. Elam C. Toone, Jr.
- III. Surgical management of benign breast tumor with special reference to endocrine therapy.
Dr. Guy W. Horsley

TITLE OF SPEAKERS

DR. W. TALIAFERRO THOMPSON, JR.

Associate in Medicine, Medical College of Virginia, Richmond, Va.
Attending Physician, Veterans Administration Hospital, Richmond, Va.
Medical Staff, McGuire Clinic, Richmond, Va.

DR. ELAM C. TOONE, JR.

Assistant Professor of Medicine, Medical College of Va., Richmond, Va.
Attending Physician, Veterans Administration Hospital, Richmond, Va.

DR. GUY W. HORSLEY

Associate Professor of Surgery, Medical College of Va., Richmond, Va.
Surgical Consultant, Veterans Administration Hospital, Richmond, Va.
Attending Surgeon, St. Elizabeth's Hospital, Richmond, Va.

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CLERIC - MEDIC RELATIONS

ROLAND A. LUHMAN, D.D., *First Reformed Church, Youngstown, Ohio*

An open letter to all the doctors recently honored by the Mahoning County Medical Society, on the occasion of the celebration of fifty years of service by each to the people of Greater Youngstown. (This is the fifth in a series of articles dealing with Cleric-Medic Relations.)

15 September, 1948

Dear Doctor:

Reading the May 1948 issue of the Mahoning County Medical Bulletin, my attention was drawn to the picture and accompanying article reporting the festive anniversary occasion of your fifty or more years of active service to the people of this community. Having read it, I did a little bit of rapid simple calculation. Fourteen medical doctors, each rendering a minimum of fifty years of useful medical service means a grand total of at least 700 years of personal medical care. If each doctor had succeeded the other in consecutive order, it would mean a service beginning in the year 1248 A.D., and continuing down to 1948.

Having always regarded it to be much more important and considerably more appreciated to hand a bouquet of flowers to the living rather than to the dead, there has been an impelling desire on my part to deliver some figurative flowers to you. Most of you honored doctors are quite well known to me. The rest of you I know by reputation.

Your fellow practitioners did excellently in honoring you. In so doing they also honored themselves. It was a select group honoring a few of its worthy members. Others would honor you too. I have not been delegated by the people you served so well over a long period of time to write this encomium, but assured and confident that what I say will be the consensus of opinion of those you have served so ably, I eagerly go about this long overdue piece of business.

The service you have rendered is unlike any service given by others. You have borne a unique relationship to our community. This relationship has not dealt primarily with the externals of man. Yours has been a service dealing with the most sacred trusts of humanity. Your integrity and interest has invited the disclosure of the deepest secrets and the highest hopes of those coming to you. You have been more than acceptable councillors. For half a century you have been the "star of hope" for those who have come to you in time of need.

By nature, you would not desire a monument erected on the city square commemorating your service to this country of ours. The very fact that you entered a profession which renders service rather than produces goods, substantiates this assumption. Nevertheless, a monument has been erected in your honor, a monument not of cold marble but one of warm appreciation of your loving service and trust, in the heart of man. The elements nor time will efface or demolish it as long as your honored name can be recalled by your benefactions.

Your service has been given willingly, earnestly, and graciously under a system which may be termed cooperative competition. It urged you to impart the best of your personal ability and expertness of judgment for the relief of and the arrest of personal woe. Yours has always been a "personal" piece of business, justly recognized and deeply appreciated.

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OCTOBER

More than others, you have been aware of the movement which would revise this type of personal relationship, to one which might make of you the "agent" of the State. Instead of being the good physician to a person, this movement which has gained considerable ground during the last quarter of a century, would make of you the tool of the politician. Thank God that in our country this idea is still largely in the state of a propaganda menace, even though it has been embraced in some countries.

Your experience during these fifty years of service surely has led you to the conviction that a personalized type of medical care is much more to be desired by the patient than one which in the end will become one of superficial attention.

If there is going to be a socialization of your profession it is going to be determined largely by the profession itself and the governing boards of hospitals. History bears out the assertion that it is always the people themselves who unwittingly vote away their freedom and personal rights, whether they be political or professional rights and freedoms.

Power is wittingly or unwittingly conferred by a people upon others in these present days. It may at times appear as if power were forcibly wrested away but it is not. People give their freedom away. By vote we give away our hard won rights. Factors which bring about a change in government most frequently go unnoticed because of the apathy of people. Hitler and Mussolini were voted into power by the people. Only when an evil is firmly entrenched do we become aware of its insidiousness. While an evil is quietly and unobtrusively establishing itself people go on about their business, performing their daily tasks saying, "this can't do that to us", and all the time it is being done right under their noses.

Up through the first quarter of the present century, eight important free governments have flourished and vanished in the last 25 centuries. Athens, Rome, Venice, Florence, the First and Third French Republic, the German Weimar Republic, and early Twentieth Century Italy. All of them represented thriving State or City republics or democracies in their day. Only two of them were destroyed by conquest. The Athenian democracy was ended by Philip of Macedon, while the Third French Republic born in 1870, expired from the sword of Hitler only a few short years ago.

History has no record of a single important free government ever being destroyed by a revolution. The destruction was accomplished entirely within the existing framework of the government itself. People themselves voted away their rights and freedom. The apathy of the people prepared the soil for the seeds of conquest.

An institution such as your medical profession may be used as a parallelism. For a number of decades now the practice of medicine in the U. S., has been challenged by a vicious propaganda. Whether the practice of medicine remains personalized or whether it goes the way of many decayed free governments will be decided largely by the medical professional itself and by the governing boards of hospitals. If one or the other or both fails to comprehend the seriousness of the situation and lets things drift without self-examination and self-criticism, personalized relationships with the people will end and the profession become the tool of the politician.

I submit, doctor, that in the U. S. the great majority of self-respecting people desire that this personalized relationship between the doctor and the

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patient continue. If it comes to an end, it will be largely because the medical profession and boards of hospitals, while cognizant of impending doom, do little or nothing about meeting it head on.

Well, doctor, I sort of got off on a tangent there. What I started out to say was to express congratulations to you for the fine service you have rendered your people of this community over so long a period of time. It has been a service of understanding and sympathy. We appreciate what you have done these many years and wish that in the declining years of your still useful and active life, the highest rewards may still continue to come to you. With Robert Browning I would say:

"Grow old along with me!
The best is yet to be,
The last of life, for which the first was made:
Our times are in His hand
Who saith, "A whole I planned,
Youth shows but half; trust God: see all,
nor be afraid."

Cordially yours,
Roland A. Luhman, D.D.

GENERAL PRACTICE

The Committee to Study Conditions of General Practice (authorized by the House of Delegates in June, 1947 and appointed by the Board of Trustees):

1. Defined a general practitioner as a legally qualified Doctor of Medicine who does not limit his practice to a particular field of medicine or surgery;
2. Recommended that the Council on Medical Education and Hospitals and the Bureau of Medical Economic Research study the need for additional medical graduates;
3. Recommended that specialty boards adopt broad admission policies similar to those of the Board of Internal Medicine;
4. Asked the Council of Medical Education and Hospitals to develop a program for the use of smaller community hospitals in training general practitioners;
5. Recognized the organization of integrated hospital facilities based on trade areas and population needs as essential to the development of good community medical service;
6. Recommended that the A. M. A. be the evaluating agent in:
(a) medical education; (b) hospital standardization; (c) intern training; and (d) residency training; and that no other medical society or organization as such should be represented in this work.
7. Determined that the hospital staff should be the sole deciding body as to who may practice medicine in the hospital.
8. Pointed out that the general practitioner does not show adequate interest in organized medicine at any level and should be urged to participate.

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THE MEDICAL CRIER

A Column of Sidelights, News and Views in the Medical Field

The tendency in American journalism today is to present medical subjects to the public in considerable volume and great detail. Some of the articles such as those on venereal disease, cancer, and socialized medicine are part of an organized effort in public education or propaganda. Some of them, such as those dealing with recent discoveries, are written and printed simply because they have reader appeal. A large part of the public is avid for medical information and reads every scrap of it with great gusto. As a result, the average patient is curious about his illness and asks his doctor many questions which are usually lucid but often ludicrous.

What and how much to tell the patient about himself or his disease is a question which requires judgment and tact. The most scientific physicians are not always the most apt in the field of human relations. Many a patient goes to some other practitioner because "my doctor never tells me anything", but every doctor knows that he can alienate more patients by talking too much than by keeping still.

From the doctor's standpoint, the patient needs to know only three things. They are: (1) What is wrong with me? (2) What do I have to do to get well? and (3) How long will it take? Besides that there are a few questions which are legitimate, such as: (4) Is it contagious? (5) How much will the treatment cost? and (6) How can I avoid a recurrence?

From the patient's standpoint, questions (1) and (2) are seldom asked because the doctor is eager to make the diagnosis and give instructions for the treatment at the earliest possible moment. The rest of the questions are usually skipped in favor of problems which loom larger in the patient's mind. He has read about this and that, he has heard grim tales about so and so. He has thought long thoughts before deciding to go to the doctor. He has reached certain conclusions which he half fears will be substantiated. In the physician's presence he talks more than he listens and his questions are devious rather than direct. It is a problem for the physician to discern what the patient wants to know rather than what he asks.

"What caused it?" is often a poser. If the doctor says, "the streptococcus" or "your environment" or "I don't know", the patient is nonplussed. He really wanted to know "Is it cancer?" or "Do I have T.B.?" or "Am I a mental case?" but he is afraid to ask about such awful things. He wants reassurance and happily he can usually get it if the physician knows the human mind as well as his science.

What to tell the patient who has incurable disease is the greatest problem. Certainly the diagnosis, the nature of his trouble must be told. Else how can you get him to cooperate in the treatment which will relieve his suffering or prolong his life? The fact that he cannot be cured need never be said. There is always some treatment for everything. Medical literature is filled with tales of cures of patients who were apparently hopeless.

In a word it may be said that the best thing to tell the patient is the truth. But never take away hope.

J. L. F.



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COUNCIL MEETING

September 13, 1948

The regular monthly Council Meeting was held on September 13, 1948, 9:00 P.M., at the office of the Society, 125 W. Commerce St., Youngstown, Ohio. The following doctors were present: John Noll, J. N. McCann, I. C. Smith, E. J. Wenaas, R. E. Odom, W. M. Skipp, G. G. Nelson, C. A. Gustafson, V. L. Goodwin, J. K. Herald, E. J. Reilly, G. M. McKelvey, W. J. Tims, comprising the Council and Dr. Fred S. Coombs, Mr. Roy Manchester and Mr. Franklin B. Powers were guests.

The following applications were presented to Council by the censors.

FOR ACTIVE MEMBERSHIP

Dr. Elmer Troy McCune, Sebring, Ohio

FOR INTERNE MEMBERSHIP

Dr. Elmore Rice McNeal, 3718 Market St., Youngstown, Ohio

Unless objection is filed in writing with the secretary within 15 days, the above applicants become members of the Society.

Mr. Roy Manchester, Chairman of the Mahoning Chapter Infantile Paralysis Committee, appeared at council and asked our assistance in solving some of their medical problems.

President Noll appointed the following committee to investigate and study the problems involved and report back to Council. Dr. E. J. Reilly, Chairman, Dr. W. J. Tims, Dr. C. A. Gustafson, Dr. I. C. Smith, Dr. W. D. McElroy, Dr. C. S. Lowendorf, Dr. J. B. Birch, Dr. W. W. Ryall and Dr. L. H. Getty.

Dr. W. M. Skipp reported on the meeting of the National Physicians Committee held in Chicago in September.

Dr. Noll turned the meeting over to Dr. Reilly, Chairman of the special committee working on the Medical Service Foundation of Mahoning County, who introduced a Code of Regulations, set up by Attorney Franklin B. Powers for consideration.

A motion was made seconded and duly passed to have mimeographed the code of regulations as approved by Council and a copy together with a letter sent out to each member, stating it would be voted on at the next regular meeting of the membership, Tuesday, September 21st, 1948.

V. L. Goodwin, M. D.
Secretary

CYNICAL SAM

Conversing with people who readily agree with you, is an easy way of getting flattery; but it is from the ones who disturb your equilibrium, that you get the most value.

Life without desires and without some satisfactions would be intolerable; but one soon learns that many of these satisfactions must remain imaginary.

The old patriots who insisted that eternal vigilance was the price of liberty, could not have foretold that had they said internal vigilance, both would be true and the latter be most applicable at the present time.

Health Department Bulletin

REPORT FOR AUGUST, 1948

	1948	Male	Female	1947	Male	Female
Births Recorded	500	257	243	559	286	273
Deaths Recorded	184	110	74	153	82	71

CONTAGIOUS DISEASES:

	August, 1948		August, 1947	
	Cases	Deaths	Cases	Deaths
Chicken Pox	4	0	2	0
Measles	1	0	3	0
Scarlet Fever	0	0	3	0
Polio	0	0	1	0
Tuberculosis	4	2	9	0
Whooping Cough	3	0	49	1
Syphilis	36	0	25	0
Gonorrhea	12	0	1	0
Epid. Cere. Spn. Men.	1	0	0	0

VENEREAL DISEASES:

	Male	Female
New Cases:		
Syphilis	11	4
Gonorrhea	17	3
Total Patients	65	
Total visits to clinic (patients)	468	

W. J. TIMS, M. D.

Commissioner of Health

ADMINISTRATIVE INTERN

Mr. Robert E. Wallace is now serving as an administrative intern with The Youngstown Hospital Association, Youngstown, Ohio. The internship is the second year of a two year course in Hospital Administration given by Columbia University, New York City. He has completed the first year of academic training there. During his internship he will spend time in the various business and professional departments at both the North and South Units of the Hospital learning the details of their operation.

Mr. Wallace was born February 2, 1923, in Akron, Ohio. He is married and has one child. After completing two years at the University of Akron he entered the Army and served three and a half years, two of which were in the Medical Administrative Corps. After being commissioned he was assigned to a Hospital Train Unit at Camp Edwards, Massachusetts. While there he was Administrative Officer of hospital trains which carried patients to hospitals throughout the United States. Later he was in charge of a counseling branch at the Camp Beale Separation Center in California. Immediately before discharge he was Personal Affairs Officer at Madigan General Hospital, Washington. Mr. Wallace was graduated from the University of Michigan in August, 1947, with a Bachelor of Science degree in zoology. That same year he entered the graduate course in Hospital administration at Columbia. At the completion of the year's administrative internship in Youngstown on May 31, 1949, he will receive a Master of Science in Hospital Administration from the Faculty of Medicine, Columbia University.

THE RESPONSIBILITY OF THE PRACTICING PHYSICIAN FOR DIABETES DETECTION

The discovery and treatment of diabetes mellitus at an early stage demands the attention of all practicing physicians. Failure to discover and treat diabetes early results in preventable disabilities and impairments of health. In the Diabetes Exhibit at the Annual Meeting of the American Medical Association held in Chicago in June, 1948, it was shown that the mortality rate for diabetics first seen when a complication had occurred was three times the rate for diabetics first seen earlier and before impairments had developed. Actually the future for the diabetic patient under modern medical treatment is brighter and more hopeful today than ever before.

In 1929, Dr. George H. Gigelow and Dr. Herbert Lombard began a study of chronic disease in Massachusetts which led to the publication of statistics showing that the number of diabetic patients in Massachusetts was far higher than had been heretofore thought. In 1935, a National Health Survey was conducted which confirmed these figures. In Oxford, Massachusetts results of a survey by the United States Public Health Service indicates that at least a million undiagnosed diabetics exist in the United States and Canada.

District and state medical societies now have the opportunity to take the lead in the fight against diabetes in response to an appeal to the practicing physicians of the United States, presently being made by the Committee on Diabetes Detection of the American Diabetes Association. This committee was appointed by Dr. Charles H. Best, President, at the Annual Meeting in June, 1948. Plans are being formulated for National Diabetes Week, December 6 to 12, 1948.

As a first step in a full-scale attack on diabetes, eighth among the leading causes of death, a medical society should appoint its committee on diabetes. The National Committee on Diabetes Detection stands ready to assist local committees in their work. Already the Committee is preparing material containing information on diabetes for use by the physician in his own town. These materials include programs for medical meetings, radio broadcasts and spot radio announcements for use by city and county medical societies, and suggestions for cooperation with local hospitals toward the control of diabetes.

The Committees on Post-Graduate Instruction in state and county societies should plan instructions and demonstrations in diabetes in county meetings this fall. Also, hospital staff meetings should provide a place on their program for diabetes. Committees on Public Relations and Public Information should plan meetings for instruction of laymen including patients, their families, and all others interested.

Women, too, have an important role to play in the fight to control diabetes. It is significant that diabetes is more frequent among women than among men. It is desirable to enlist the aid of women's organizations, especially the women's auxiliaries of the medical societies, as an adjunct to the program planned by medical societies.

Already a number of local diabetes associations affiliated with the American Diabetes Association have been formed. More such associations composed of physicians are needed. With the cooperation of the physicians within their area, these associations have accepted the challenge and will strive to find and treat the million hidden diabetics. Associations will be

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assisted by the American Diabetes Association in attaining such objectives as: More graduate courses in diabetes for physicians; providing better laboratory services; and helping with instructions for patients. Now is the time for action—will the practicing physicians seize this opportunity for progress in an all-important field or will he prefer to surrender to others his responsibility for diabetes detection and treatment?

Committee on Diabetes Detection
Howard F. Root, Chairman
81 Bay State Road
Boston, Massachusetts

YOUNGSTOWN HEART ASSOCIATION

Youngstown has taken a definite stride in its progress toward becoming a prominent medical center with the formation of the Youngstown Heart Association. This organization is composed of physicians and lay members who have a particular interest in adding local impetus to the nationally aggressive battle against cardiovascular disease.

Certain definite activities among the professional members have been outlined as follows:

- (a.) to hold meetings at regular intervals with the aim of keeping abreast of current medical opinions in the field of cardiovascular disease and encouraging original studies in heart disease.
- (b.) To cooperate fully with the lay group.

The Business or Advisory Group consists of lay members whose activities in part shall entail: (a.) to make case studies of children with rheumatic and congenital heart disease who might be benefited by care in a convalescent home or by operation; (b.) to arrange for training in some handicraft or industry those persons so afflicted with heart disease unable to perform their usual work; (c.) to conduct during St. Valentine week an annual campaign for funds for the American Heart Association; (d.) to promote education of the public by arranging for press and radio releases and talks to clubs and other groups; (e.) to support existing heart clinics and to enable these clinics to meet the required standards.

It is hoped that the Youngstown Heart Association will become an affiliate of the American Heart Association by vigorously applying the existing precepts of the parent organization.

Considering that cardiovascular disease is statistically a ranking killer in all age groups, it seems almost mandatory that all interested physicians and laymen become active members and support the Youngstown Heart Association.

J. D. M.

PROGNOSIS IN GASTRIC CANCER

In a series of 377 cases, the authors conclude that patients with symptoms of long duration tend to show a higher percentage of five-year survival than do those with symptoms of short duration. Presence of a palpable tumor mass is not a contra-indication to operation or resection. The initial erythrocyte values, hemoglobin levels, and gastric free acidity have no prognostic import. The type of carcinoma is of the greatest prognostic significance; the long survivors being chiefly those with Types I and II (Borrmann). S. N. Maimon; W. L. Palmer and J. B. Kiesner, *Am. Jour. Med.* August 1948. J. D. M.

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CHRONIC GASTRITIS

GEORGE Y. SMITH, M. D.

Chronic gastritis has been one of the most debated diseases and its clinical importance has been argued pro and con. However, during the past fifteen years, a large volume of information concerning inflammations of the stomach has been obtained. In view of the fact that the Radiologist is very frequently called upon to search for causes of digestive disturbances, it seemed advantageous to study chronic gastritis from a radiological viewpoint in an attempt to correlate the pathologic changes with those demonstrable by x-ray. At the same time, it is the purpose of this paper to summarize briefly the accepted viewpoints concerning chronic gastritis as they appear in the present day literature.

Gastritis is an inflammatory process which begins in and may be entirely limited to the gastric mucosa, but which may involve the deeper layers even to the serosa. Chronic gastritis is divided into two types, the hypertrophic and the atrophic. Grossly, hypertrophic gastritis shows evidence of inflammation with hyperemia, edema, and thickening of the folds. Microscopically, there is proliferation of the glandular elements, an increase in the interstitial cells, an increase in the size and number of lymph follicles and varying degrees of fibrosis of the submucous and muscular layer. Most often, these changes are evident in the pyloric antrum and in some cases may be entirely confined to that area.

In atrophic gastritis, the mucosa is thin and the other layers are atrophic. The glandular epithelium is destroyed and the muscle fibers are thinned.

The etiology of chronic gastritis is still a debatable subject. A few of the more important factors are as follows:

1. Alcohol is claimed to be one of the most frequent causes, especially when taken on an empty stomach. However, there appears to be a great difference in susceptibility of the gastric mucosa to alcohol.
2. Tobacco may affect the gastric mucosa in two ways. There may be direct irritation of the gastric mucosa by the tobacco swallowed with the saliva. In some smokers there may be a systemic effect of the nicotine on the autonomic nervous system.
3. Spices and condiments will cause irritation of the gastric mucosa when taken in excess or in great concentration.
4. Certain drugs will produce irritation of the gastric mucosa. They include quinine, arsenicals, digitalis, creosote, cinchophen, and salicylates.
5. Stasis of gastric contents frequently produces gastritis. Pyloric carcinoma and peptic ulcer not uncommonly cause gastric retention.
6. Arteriosclerotic cardiovascular disease, in late life, is an important factor in producing chronic gastritis. Due to the associated vascular changes, there is a diminished blood supply to the stomach mucosa. This eventually leads to tissue anoxia and results in chronic inflammatory change.
7. Achlorhydria itself renders the mucous membrane more susceptible to inflammation, since the stomach loses its normal bacteriocidal juice.

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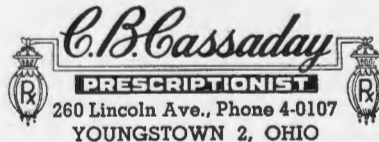
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of surgical specimens the problem of chronic inflammations of the stomach mucosa is becoming simplified. In the past, due to a lack of specific information concerning the disease, there has always been a great divergence of opinion regarding the symptomatology of chronic gastritis. Today it is accepted that the symptoms may simulate peptic ulcer or gastric cancer. There may be nausea, vomiting, anorexia, weight loss, epigastric pain related or unrelated to meals, and hematemesis. The sex incidence of chronic gastritis corresponds closely to that of duodenal ulcer, with a male preponderance of seven to one.

Patients with atrophic gastritis are mostly in middle life. The most common complaints are dull epigastric pain, anorexia, nausea, vomiting and weakness.

Physical examination of the patient is important insofar as it will permit elimination of an abdominal or constitutional disorder capable of causing the complaints in question.


Roentgen diagnosis of chronic gastritis presents many difficulties and interpretation must be made with considerable care. The diagnosis of gastritis cannot be made on the widening of the mucosal folds as the width depends on the tonus and state of contraction of the muscularis mucosa. Atrophic gastritis shows the rugae thinned, flattened, or obliterated and the mucosal surface is smoothed out. In hypertrophic gastritis the mucosal rugae are elevated, enlarged, broadened, irregular, tortuous, rigid and less in number. Infiltration of the mucous membrane of the stomach produces thickening and results in diminished motility.

X-ray diagnosis of antral gastritis, where the changes are most often seen, depends on fluoroscopic and roentgen demonstration of the following factors:

1. There is pre-pyloric narrowing due to spasm.
2. Peristalsis is abnormal, stiff, and irregular.
3. There is irregularity of the mucosal folds.
4. There is hypertrophy of the pyloric muscle.
5. Shallow ulcerations may or may not be demonstrable by x-ray.
6. There is delay in emptying time of the stomach.

The combination of the above findings will point the way to the diagnosis of chronic gastritis. To base the diagnosis upon apparent increased thickness of the rugal folds as they appear on the x-ray is not justified. Gastroscopy in particular has called our attention to this error. X-ray examination, besides providing actual assistance in diagnosing chronic gastritis, must rule out such lesions as peptic ulcer, syphilis, hiatus hernia, gastric carcinoma, lesions of the lower esophagus, and those outside the stomach producing pressure upon or displacement of that viscus. Gastroscopy is most helpful and should be used more frequently as a supplement to careful x-ray studies and the results should be correlated with the roentgenological, clinical and laboratory findings.

Therefore, to be of any clinical significance in the diagnosis of chronic gastritis, the x-ray examination in such cases must include observations of the physiological activity of the stomach in conjunction with studies of the x-rays and consequently the diagnosis of chronic gastritis will depend in a large measure upon the competence and experience of the roentgenologist.



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