



Nothing is so fatal to an ideal
as its realization.

—Schopenhauer

BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

Youngstown, Ohio
VOL. XIX No. 11
NOVEMBER • 1949



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PRESIDENT'S PAGE



WHY WE SHOULD SUPPORT THE COMMUNITY CHEST!

With billions of dollars appropriated for welfare by the National, State and Local Governments, why cannot the government itself do the whole job without recourse to a community chest? There are three reasons:

1. Experience has proven that the government cannot provide for people's needs, without laws and regulations and without becoming bogged down in red tape.
2. The Community Chest is evidence to the unfortunate infants, children and grown ups in our community that their neighbors are concerned about their welfare by their support of thirty-two Red Feather Agencies.
3. The Community Chest is a link between sectarian agencies, non-sectarian agencies and the government agencies.

Many of the Red Feather Agencies' activities center around the family as a unit, and take in the religious and spiritual needs, which we know as charity. No icy, cold efficient government could appropriately provide this form of charity.

Therefore, we should feel it our duty to support the Community Chest.

JOHN N. McCANN, M.D.

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THE CONCEPT OF DUTY

Warren D. Coy, M. D.

When an idea is abstracted from definite recurring circumstances, it is apt to become fixed as though it had a separate and definable existence independent of its origin. To attempt to make application of the idea beyond its immediate and apparent source, requires observation and discrimination which many of us do not possess. To our confusion, it is apt to become imperative.

Spencer called attention to this illusive independence in connection with the consideration of a natural basis for ethics and the development of a sense of obligation as a determining factor in conduct. These abstractions have given form to our early environment and have shaped our growth. These are to us the extrinsics, which the experiences of life tend to reveal as intrinsics, the incorporation of which into our consciousness motivates our conduct as they shape our being.

During childhood and adolescence, we may be subjected to accumulated influence of our progenitors, instructors or associates until our reactions to circumstances are in accordance with some idea that has not yet reached our consciousness. This conduct may be acceptable, and remain so as long as the conditions are not at variance with the circumstances under which the idea developed.

When these differences arise, there may be difficulty in making choice and difficulty in harmonizing that choice with our impulse. The individual then recognizes that he must originate within himself what had previously been of external origin, and make the experience his own.

All this pertains to the sense of duty: an abstraction which is difficult of comprehension, and sometimes difficult of recognition. And yet this invigorating distillate of the retort of the ages perfuses our very selves, actuates, sustains and gives us character.

How long it took for the sense of obligation to free itself from the need and the deed and become an abstraction! Then how long it took to give it a name! We who are followers of Hippocrates cannot read that ancient oath without conviction that the sense of obligation had been well established



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at that early date. To reach that degree of excellence, desire had to be subordinated, and consideration given to the larger good. Impulses had to be suppressed, either by internal or by external means.

The struggle between egoism and altruism must have begun long before recorded history. The individual's needs were imperative; his deeds might be detrimental to the whole. Control likewise became imperative. And since fear is primitive, universal and potent, it became a means of restraint: a means which in some form has been operative from the dawn of consciousness and is still the most potent factor in shaping human conduct.

Regardless of the sense of duty being a derivative of fear, Carlyle thought that the first duty of man is still that of subduing fear. Though he was speaking of duty with reference to valor in the creation of the hero in a physical sense, this is not at variance with the conception of duty in the ethical and spiritual spheres in which it becomes transcendent. The way from Odin to Martin Luther was continuous and with natural sequences.

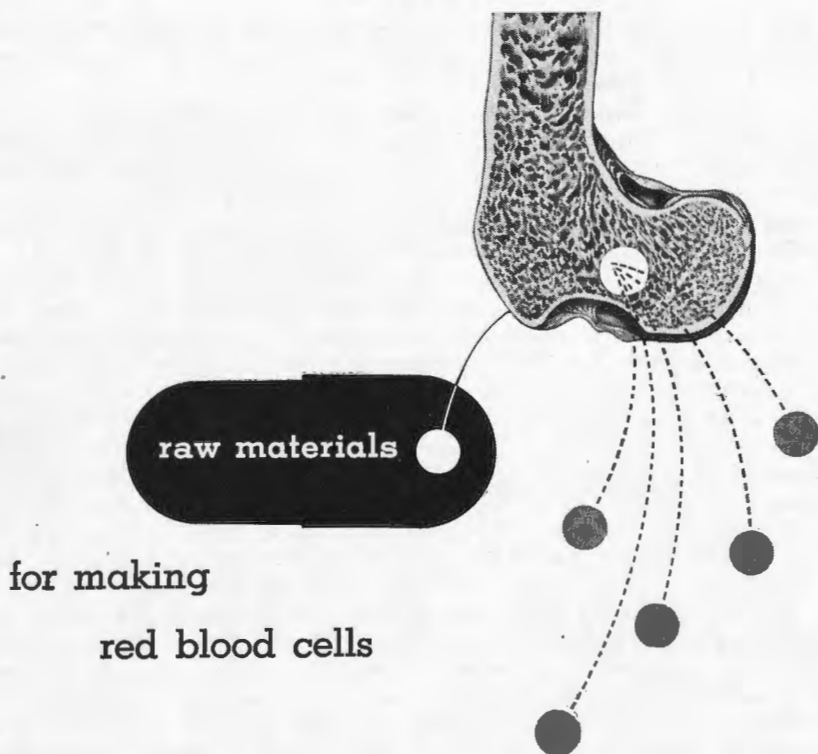
As a continuing factor toward the development of restraint, fear of retribution by individual or by groups; danger from usurped or from constituted authority, civil or military; dread of supernatural manifestations or punishments, immediately or remotely: through all these, man must have gone and still must go before fear, as a dominant factor, can be eliminated in shaping his conduct.

This has been a perilous course for man. The subordination of the immediate imperative good to the problematical remote good which he could not understand; of the suppression of the lower to the higher good when he had doubts as to their relative values; the submission to authority, civil or military, the competence of which he might question, or of which he did not feel himself a part: these compulsions, each bearing its own criteria which he might consider to be ephemeral, have made conquest of fear difficult the while he was developing a rational basis for the subordination of his impulses and the integration of them with the highest good.

After Hippocrates a full century was to pass until the great Stoic found a name, or at least recorded for us a name, for duty, this distinguishing fruit of man's maturity. Though there can scarcely be a human activity to which it may not have some relation, another century later, the sad-voiced Preacher, who had considered the ways of man only to conclude that all was vanity, had not yet found a word to express this concept. Through fear, he had reached obedience. And two and a half centuries later, duty had been approached through obedience, when the tent-maker of Tarsus had found it through cooperation.

The struggle for supremacy of reason over impulse has paralleled the course of civilization. The recognition of reason as a factor in conduct, reason as a factor in shaping the beliefs which influence that conduct, also has its origin in antiquity. The intrinsic and extrinsic forces against which reason has made and is making its way, are still as important to us as they have been throughout the long dark ages. That the advance has been slow has not been discouraging to those who within their lifetime have found reason trying to prepare the way for impulse and to make its way straight.

That impulse was to remain an important factor in conduct, became evident even while guidance toward the higher good or toward the remote benefit was recognized as necessary. The effect of one's conduct on others must become a matter of consideration and of justification. Cold logic does not satisfy all the requirements we make of ourselves in order to justify



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that effect; though it helps us in the adaptation of our individual desires to the greater benefit of the whole. Yet when we know that some of these desires are associated with vital functions which tolerate no neglect, we are ready to agree with Spencer that the subordination must be one that is conditioned to a qualified supremacy. Though years ago, Dr. Charles Everett pointed out that one could give no reason for an ideal, yet he found reason all along the pathway from the impulse to the ideal.

When the impulses are modified by reason, compulsion is self-originated, and derives its authority from the circumstance. With the compulsion being self-imposed, conformity may become even a pleasure. But not long can we take pleasure out of well-doing. We may continue the well-doing indefinitely; but if we have been efficient, the obligation and the responsibility become integral, and the pleasure ceases to rise to the threshold of our consciousness.

It is for this that we have spent our years of preparation, our days and nights of watchfulness; for this we have accomplished. It is this we would maintain; so that, when the sense of duty becomes absolute, we shall have initiative to satisfying its requirements.

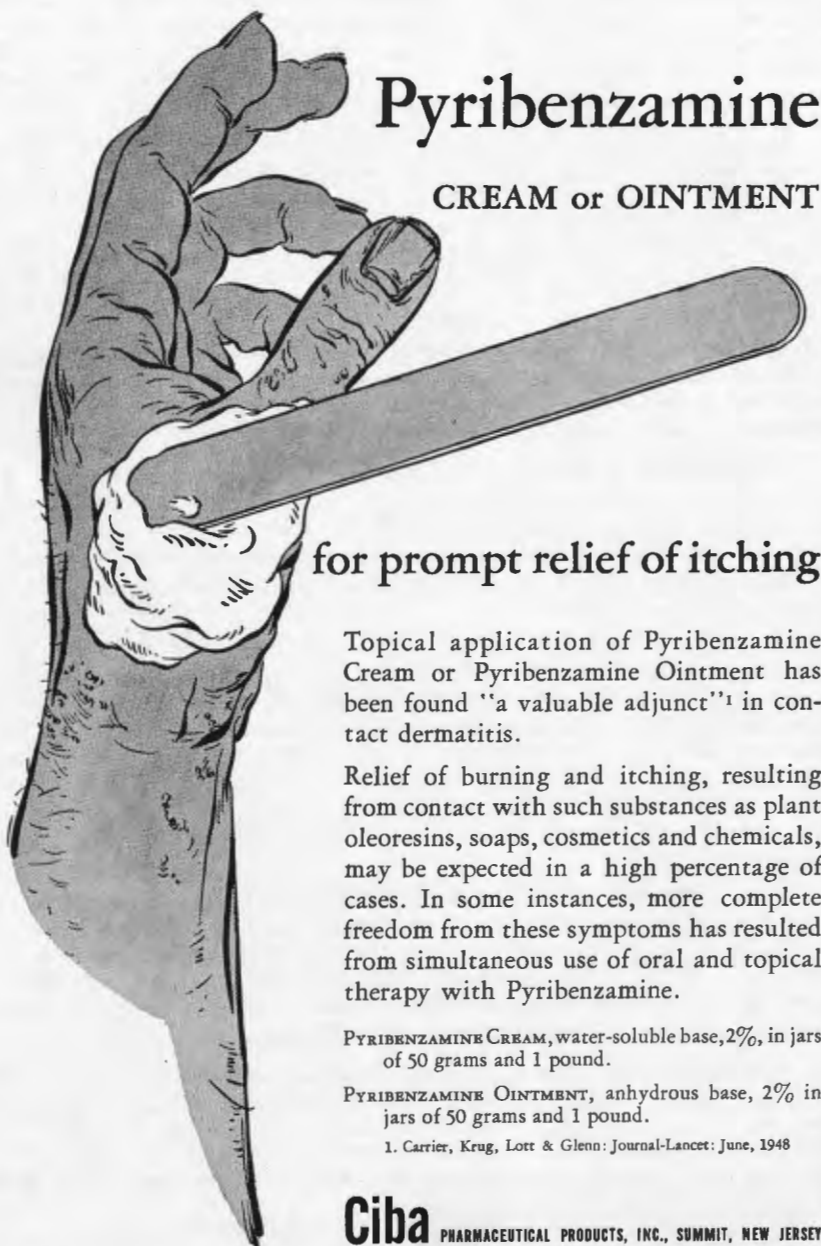
It is true that excellence is not achieved without conscious effort. It is true that this consciousness of effort and of attainment inevitably results in exaltation which is essentially egotistic. This may be recognized by those who become its beneficiaries, and is accepted by those who are capable of understanding human propensities. These do not seek its restraint; but regard it as a concomitant.

A complete integration of the impulse and the concept of duty must be thought of as ideal. Man has not yet developed to the state where he can entirely fuse his own with the interests of others. Neither does he know how far he should go in conforming to customs or demands; nor is he able to judge when non-observance or even revolt becomes a duty. These conditions are not revealed by foresight; for the immediate may loom so large that it obscures the remote. Nor has it been safe for the occasional ones to look too far ahead; for their ignominy may be their glory, and become our shame.

This leaves man with the recognizable which he may be able to evaluate. Out of these experiences come his usefulness and his responsibility. And though he apply himself until his sense of duty is inseparable from his consciousness, he still remains assured that the pathway toward his ideal is traveled only through continuous preparation for continuous accomplishment, and that the determining factors therein are essentially intrinsic.

Confucius thought that what is comparable to this integration of impulse and ideal might be accomplished through association with suffering men; and out of this came his concept of the Golden Rule. Thus he would have us gain our abstraction out of practical working conditions. In various forms, this has been coming down through the centuries, losing none of its value in transit.

Yes, this reality of life, in all its manifestations, is the fertile soil from which comes all that nourishes our somatic and psychic selves. Out of this, we may make abstractions which enrich their source while they are sustaining our growth into that concept of duty, the nature of which Carlyle thought to be infinite.



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1. Carrier, Krug, Lott & Glenn: Journal-Lancet: June, 1948

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If one should ask, What is the conclusion of the whole matter?, he would be in error; for there is no conclusion. As we increase in understanding, enlarge our fields of activity, grow in efficiency and in judgment, many of the concerns, vexations, credulities and pseudo-responsibilities fade into the darkness, taking with them the duties which never really were ours. Yet, when these that were so obvious though unreal have gone, they have cleared the way for concentration on those eternal laws of nature, as Seneca thought it our duty to do, to the end that through this concentration, happiness might be attained.

Vague, you say? Yes, but not illusory, and not impotent. It is this that has given strength to great men in their hours of weakness, sustained them that we might know them strong. It is this that strong men in our profession carry with them into investigations which they may not survive. It is this that we should carry with us to the bedside, into the privacy of homes where not infrequently it is to be found in its sublimity.

And so, from the recognition of the many lesser duties, there comes at length the ideal, embracing them all, including the self. This transcendent power, coming out of the lower into the higher, out of the simple into the complex, out of the particular into the whole, is the flowering, it may be the fruit of mankind.

UNCLE DUDLEY

Nothing so much insures the continuance of a friendship as the growth of one's understanding. There must be constantly new interests or further insight into old ones in order to sustain that growth. We ultimately tire of repetitions that bear no new relations. Though the principles be stable, their application must be endless.

A gentleman may be unconscious of being one, but he cannot forget the effort he made to become one.

The mounting death-rate from various forms of heart disease has made it necessary to impress on the people of middle age the necessity of accepting their years and of acting accordingly. This should benefit them both physically and mentally. It might defer the inevitable changes that occur in our structures. It should discourage the craze for youthful appearance that has dominated the thoughts of most of our aging people. In accepting the age of their arteries, can they not accept as well mental maturity with all that this implies? Age has its own realm; and in it are gratifying experiences.

TRUMBULL COUNTY POST GRADUATE DAY

The Trumbull County Medical Society will hold its annual Post Graduate Day in Warren, November 16, 1949. A group from the University of Michigan Medical School will present the program. All members of the Mahoning County Society are invited to attend the meetings.

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SUCCESS OF RAT CONTROL PROGRAM

Closing of the City Dumps beginning of August created a greater problem for the city. Rats in great numbers began to migrate to the immediate neighborhood in search for food. Gardens were uprooted and destroyed and actually became dangerous for children to be out in this vicinity. Complaints were increasing daily concerning disturbances caused by the rats as well as the damages.

This problem was discussed and contracts let out for Professional Extermination Company to come in and exterminate the rats in all of the city dumps. Exterminating Company began their work August 25, 1949. They have two more weeks before their observation and extermination processes have been completed according to their contract.

It has been interesting to observe and hear the comments and reaction from the groups that were making the complaints about rats previously. All comments were favorable. It seems that rats have disappeared entirely. Great number of rats have been picked up by the exterminators, and greater number still were gassed in their holes and buried.

There is only one area that still is a problem, and that is around the incinerator. It seems that a new crop of rats are coming in from surrounding private properties. At the rate of rats being destroyed, perhaps the private property will be cleaned up by immigration. We are hopeful that private concerns who are having difficulty with rat infestation will see that their places are cleaned up so that rats will have no source of food or hide away. We are hopeful of making this an annual campaign as this has improved conditions in Youngstown immeasurably, and makes Youngstown a better, safer, and healthier place to live in.

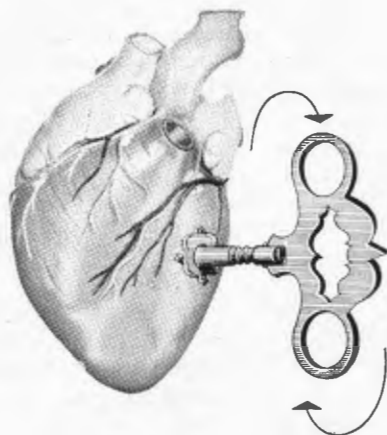
W. J. TIMS, M. D.
Commissioner of Health.

CYNICAL SAM

"We cry when we are born, that we have come into this world of fools." A more reasonable interpretation would be that the babe was protesting his two thousand dollar share in our national debt.

We are not quite sure if our accomplishments be due more to the attempt to justify the admiration of friends or to the attempt to escape the scorn of enemies. If neither of these factors be present, there won't be much to consider.

Anaxagoras, twenty-five centuries ago, asserted that excessive noises produced pain and that we cannot dwell long on the same things. He discovered that amid the quiet streets of Athens. He had never been required to remain in the house of someone trying to talk loud enough to be heard while the radio was going full-blast. And the world is still interested in what those Greeks thought and said!



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it
were

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A. M. A. FIGHTS GESTAPO METHODS

The Board of Trustees of the American Medical Association has issued a public statement "protesting the use of a police arm of the Government—namely, the Anti-Trust Division of the Department of Justice—in a campaign to discredit American medicine and terrorize physicians into abandoning their opposition to Compulsory Health Insurance."

The statement revealed that 22 State and County Medical Societies, and other medical organizations, including the A. M. A. itself, have been made the targets for investigations by the Anti-Trust Division of the Justice Department during the past 30 days.

The medical groups suddenly brought under investigation, it was announced, include the following:

American Medical Association, New York State Medical Society, Utah State Medical Association, Washington State Medical Society, Arkansas Medical Society and the Oklahoma State Medical Association.

Michigan Medical Service, a Blue Shield prepaid medical care plan, and the Arkansas Blue Cross-Blue Shield Plan.

Los Angeles County Medical Society, California; Beckham County Medical Society, Oklahoma; Wayne County Medical Society, Michigan; Harris County Medical Society, Texas; King County Medical Society, Washington, and the New York County, Nassau County and Queens County Medical Societies in New York State.

California Medical Association, Michigan State Medical Society, Ingham County Medical Society (Michigan), Cleveland Academy of Medicine (Ohio), Columbus Academy of Medicine (Ohio), Summit County Medical Society (Ohio).

The A. M. A. statement follows:

"This is an official statement of the Board of Trustees of the American Medical Association, protesting the use of a police arm of the Government—namely, the Anti-Trust Division of the Department of Justice—in a campaign to discredit American medicine and terrorize physicians into abandoning their opposition to Compulsory Health Insurance.

"The A. M. A. has opened its records to the Justice Department, without reservation, and medical societies throughout the country undoubtedly will do likewise, but we intend to keep the public fully informed of developments, as we are convinced that these are not bona fide anti-trust investigations, and that the American people will not tolerate Police State methods in this country.

"We would be naive, indeed, if we ignored the political implications of this sudden rash of investigations, attacking medical societies, at a time when the Administration is doing its utmost to stifle opposition to its proposed system of Government-controlled medical care.

"This scheme, it is specifically provided, would be a Government-monopoly, to which every citizen would be compelled to contribute, and which destroy all the hundreds of Voluntary Health Insurance systems which now provide prepaid health care for more than 61,000,000 of the American people.

"Certainly it will be a travesty on justice if the Anti-Trust Division of the Justice Department can be used to silence opposition to the creation of a Government-trust in medicine.



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"The American people, we believe, will hardly think it a coincidence that these anti-trust investigations should be ordered at this time — after there have been repeated threats that medical groups would be 'investigated' because of their opposition to socialized medicine.

"The chronology of events, since the American Medical Association decided to make a Nation-wide campaign against Compulsory Health Insurance, and in behalf of Voluntary Health Insurance, is, we believe, of real significance.

"In November, 1948, the A. M. A., at its mid-winter meeting, voted to collect funds from its members to finance a campaign of public education on this issue. A public announcement was made to that effect.

"Only a month later, in December, agents of the Department of Justice called on the Chicago Medical Society, seeking to check the Society's records in connection with an alleged anti-trust investigation.

"During the February session of the Board of Trustees of A. M. A. in the early hours of February 10, the Board Room was broken into and records of the Board were thoroughly searched by persons unknown. Brief cases of the Trustees, left in the room, also were searched. Entrance was gained through a window. The facts indicate this was a search for information, rather than an ordinary burglary. Certainly no friends of medicine would take this means of obtaining medical data.

"A few weeks later, toward the end of February, Administration leaders began threatening medical societies and medical men with 'investigation' as part of their campaign to discredit and intimidate the medical profession. Since then, there hasn't even been much attempt to disclaim the political nature of these investigations.

"On February 28, 1949, for example, one of the National press associations carried a dispatch from Washington quoting Government officials as stating that anti-trust actions would be started against 'several' medical societies soon after the Compulsory Health Insurance drive was started in Congress.

"The implication was plain that the 'investigation' would be part of the Administration's campaign for its socialized medicine scheme.

"The threats made then are now realities. An epidemic of 'investigations,' aimed at medical societies and Voluntary medical care plans, has broken out in widely separated States and cities all over the country.

"We want it clearly understood that we believe this attack on the medical profession stems from the Anti-Trust Division of the Justice Department and political string-pullers who have exerted influence on that agency. We believe it to be an outrageous abuse of public power which far transcends in gravity the issue of Compulsory Health Insurance, vital as that issue is.

"We recognize that politically-motivated attacks have been made on many other groups by this division of the Government—and we invite their cooperation with American medicine in an effort to alert the American people to the seriousness of this trend toward Police State methods. If the police arm of the Government is used to intimidate doctors and others, and this abuse of power goes unchallenged, it may next be used to terrorize publishers or grocers, farmers or lawyers, Catholics or Jews, or any other minority in the Nation."



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E. H. O'Connor, Managing Director of the Insurance Economics Society of America, later issued the following statement supporting the American Medical Association's protest against the wave of investigations recently begun by the Department of Justice:

"Attorney General J. Howard McGrath stated on October 6 that the Anti-trust Division of the Department of Justice was investigating complaints regarding an alleged effort by the medical profession to monopolize prepaid medical care plans.

"If the medical profession were attempting to monopolize prepaid medical care, that would mean that the American Medical Association, and doctors in general, would be opposing private insurance companies which sell policies covering hospital, medical and surgical expenses.

"Actually, the medical profession is doing exactly the opposite. The American Medical Association is making a Nationwide effort to promote ALL types of Voluntary Health Insurance, including the type our private insurance companies sell, as well as the Blue Cross-Blue Shield plans, and the plans offered by all other sound private agencies.

"There is open, wholesome competition between insurance companies and the medical care plans sponsored by physicians and hospitals. Doctors all over America are cooperating closely with health insurance programs offered by insurance companies.

"The medical profession, through its National association and State and County societies, also makes every effort to protect the public against health insurance plans which do not meet high standards. It disapproves all plans which are not medically, professionally and financially sound — regardless of whether they are sponsored by physicians, insurance companies or other groups. Likewise, it approves all plans which give the public real protection.

The American Medical Association is in favor of Voluntary Health Insurance and is opposed to Compulsory Health Insurance. This opposition to a Government proposal apparently has brought about Government action against the medical profession.

"The insurance industry of America joins the American Medical Association in protesting such Police State methods."

ANNUAL CLINICAL SESSION OF THE A. M. A.

Advance registrations and hotel reservations are now being received for the 1949 Clinical Session — the third annual mid-year meeting of the A. M. A. — to be held in Washington, December 6-9.

Attention to those details at this time will assure physicians a wide choice of hotel accommodations and will eliminate all delay in registering at the National Guard Armory upon arrival in Washington. Requests for reservations should be made before November 9 and sent to the Chairman of the Subcommittee on Hotels, American Medical Association, Hotel Reservation Bureau, Star Building, Washington 4, D. C.

The Clinical Session will provide a full-scale scientific program specifically designed for the general practitioner. Outstanding physicians will discuss such subjects as diabetes, pediatrics, laboratory diagnosis, physical medicine and rehabilitation, arthritis, dermatology, x-ray diagnosis, cancer, poliomyelitis and other topics.

ilior District ical Association

(Wednesday, Nov. 30, 1949

Checks Must
be in by
Nov. 15th

Carlton R. Souders, M. D.

Born 1907, Irwin, Pennsylvania; Certified by the Board of Internal Medicine in 1942. Harvard Medical 1933. Intern, 33-35; Assistant Chief Resident, Philadelphia General Hospital; Fellow in Medicine Lahey Hospital and New England Deaconess Hospital. Captain, Medical Corps, Army of the United States 1943-1946. Fellow American College of Physicians; American Medical Association; American Trudeau Society.

James William Toumey, M. D.

Born 1900, New Haven, Connecticut; Certified by the Board of Orthopedic Surgery in 1940; Md., Columbia Physicians and Surgeons in 1926; Doctor of Science in Orthopedics Surgery, Columbia 1933; Intern, Presbyterian Hospital, New York City 1926-1928; Fellow 30-33 and Orthopedic Surgeon 1933-38 all at New York Orthopedic Dispensary and Hospital; Staff Member, Orthopedic Surgery Department, Lahey Clinic, 1938; Staff Member, New England Baptist Hospital and New England Deaconess Hospital. Commander, Medical Corps, United States Navy; Fellow, American Medical Association, American College of Surgeons, American Academy of Orthopedic Surgeons; American Orthopedic Association.

Sara M. Jordan, M. D.

B.A. 1904, Radcliffe College; Ph.D. 1908, University of Munich; M.D. 1921, Tufts College Medical School; Sc. D. (Hon.) 1935, Smith College; 1943, Tufts College Medical School; 1946, Wilson College.

Director—Gastroenterological Department, Lahey Clinic.

Staff—New England Baptist Hospital; New England Deaconess Hospital.

Member—American Medical Association; American Gastroenterological Association (former President); Massachusetts Medical Society; F.A.C.P.; Diplomat, American Board of Internal Medicine; Honorary Fellow American Therapeutic Society; Honorary Associate Member American Proctologic Society.

Author—Articles on gastroenterological subjects.

Samuel F. Marshall, M. D.

Surgeon, Lahey Clinic; New England Baptist Hospital, New England Deaconess Hospital; Graduate in Medicine, Johns Hopkins 1925; Surgical Training in Henry Ford Hospital, Detroit, Michigan—1925-1935. Joined Lahey Clinic Staff in May 1935.

Fellow: American Medical Association; American College of Surgeons.

Member: American Surgical Society; Southern Surgical Society; New England Surgical Society; Boston Surgical Society.

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THE BARBITURATE LAW OF THE STATE OF OHIO AS IT AFFECTS THE GENERAL PRACTITIONER

Excerpt from Ohio State Board of Pharmacy (House Bill No. 308), entitled "To Regulate the Handling, Sale and Distribution of Barbiturates."

The General Practitioner dispensing barbiturates is required to label the container with his name and address, the patient's name and address, plus the directions for the administration of the barbiturate in said package.

Persons (other than carriers) to whom the provisions of this act are applicable shall (1) make a complete record of all stocks of barbiturates on hand on the effective date (Aug. 12, 1949) of this act and retain such record for not less than two calendar years immediately following such date and (2) retain each commercial or other record relating to barbiturates maintained by them in the usual course of their business or occupation, for not less than two calendar years immediately following the date of such record.

A practitioner shall keep a record of all such barbiturates administered, dispensed or professionally used by him otherwise than by prescription, for not less than two calendar years immediately following the date of the last administering, dispensing or professionally used; such record to give the name and address of the patient, provided, however, that such record need not be kept when the amount administered, dispensed or professionally used in the treatment of any one patient, does not exceed twelve grains in any forty-eight consecutive hours.

Submitted by John A. Law of Law Laboratories, Youngstown, Ohio.

THE AMERICAN CANCER SOCIETY

The American Cancer Society Mahoning County Unit wishes to make known the availability and price arrangement of Oreton (Testosterone Propionate U. S. P.) to the medical profession. With every three vials ordered at the net wholesale price of \$8.00 per vial of 10 c. c. (50 mgm per c. c.) one additional vial will be supplied free of charge. This makes it possible to obtain each of the four vials at a net price of \$6.00 per vial. It is therefore necessary that orders be placed in multiple of 4 vials. It is strongly urged that repeated small orders be avoided. This is a free service to any indigent cancer patient.

We also maintain a loan cabinet at the V. N. A. which includes free dressings and all sick room equipment, hospital bed, rubber sheeting, bed pans, etc; free transportation to cancer patients to and from the hospital for X-ray or radium treatments; free narcotics to indigent cancer patients—on prescription.

Mahoning County has two Detection Centers for well patients where a Papanicolaou smear is taken. These patients get a complete physical examination including Kahn and Kline, Complete Blood Count, Chest X-ray and urinalysis. There is a \$5.00 charge for this if the patient can afford it, otherwise it is free.

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THE LEGION AND CHIROPRACTORS

(The A. M. A. Speaks Out)

At its recent national convention in Philadelphia, the American Legion almost gave the green light to a recommendation that the Veterans Administration employ chiropractors as part of the medical service for the veteran. A hotly-contested resolution came pretty close to passing.

The chiropractic matter has been coming up at Legion conventions annually. Since it is bound to come up again, physicians throughout the country might give more attention to this phase of the Legion's program.

Final action regarding chiropractors will stem from the grass roots. Therefore, physicians who are veterans should play a more active role in Legion affairs, thereby keeping in closer touch with the various health and medical phases of its program. If you are a physician and war veteran, join your local Legion post; attend its meetings and serve on its committees. Then, the next time the chiropractic matter comes up you will be in a better position to lend advice and point out the dangers.

Many legionnaires who have climbed atop the chiropractic bandwagon apparently haven't been acquainted with all the facts. It is quite doubtful if they know, for example, the fallacy of chiropractic claims that all disease is due primarily to pressure on nerves. The educational standards of chiropractic schools, too, are very low as compared with medical schools.

GEORGE F. LULL, M. D.

Secretary and General Manager
American Medical Association

GRASS ROOTS CONFERENCE

The Sixth National Conference of County Medical Society officers will be held December 8, 1949, in the Hotel Statler, Washington, D. C., while the Clinical Session of the American Medical Association is being held in the same city.

The general subject of the meeting will be "Community Health Leadership." Dr. A. L. Turi, medical director of Mott's Children's Center, Flint, Mich., will talk on "The Miracle of Flint," while "Erie County Rings the Bell," will be related by Dr. Roy L. Scott, president of Erie County (Buffalo) Medical Society, as two examples of outstanding local achievements.

George N. Craig, national commander of the American Legion, will discuss "The American Legion's Community Development Program," and Dr. Warren F. Draper, executive medical officer of the welfare and retirement fund of the United Mine Workers, will outline the "Program of the United Mine Workers."

"The Doctor's Prognosis," will be given by Dr. Joseph Wall, past president of the Medical Society of the District of Columbia.

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WHO OWNS THE FILMS?

The American College of Radiology has adopted the following statement of policy regarding ownership of radiograms for the guidance of hospitals and physicians.

1. Roentgenograms should be used for the best interest of the patient.
2. The roentgenograms are legal property of the radiologist or of the hospital in which they were made.
3. The radiologist should make the films available for inspection by the physician who referred the patient for x-ray examination, along with a copy of the report of the radiologist.
4. If the referring physician, or if the patient in behalf of the referring physician, takes the films away from the office or the hospital, it should be clearly understood that the films, are "on loan" and should be returned.
5. If the patient dismisses the referring physician and goes to another physician, the films and the report should be made available to the second as they are to the first physician who originally referred the patient.
6. If the referring physician objects to the submission of the films to the second physician or to giving to the latter a copy of the radiologist's report, the radiologist is obliged to do so in spite of this objection.
7. All films should be legibly and permanently marked so that the patient can be identified and the date on which they were taken can be determined. This is important because, under some conditions a comparison of films just made with others made previously may be the crucial factor necessary to establish a diagnosis or to estimate the progress or regression of a disease.
8. When a medicolegal situation exists, the radiologist has a right to refuse the involved films if necessary for his own protection, except on a court order.
9. A liberal attitude regarding the release of films is more desirable than strict insistence on one's legal rights, in order not to engender the enmity of a patient or of a physician by strict adherence to the rule.
10. In recognition of the universal importance of radiological method of examination, the principles outlined regarding the use of roentgenograms are deemed by the American College of Radiology to be equally applicable to roentgenograms made by physicians other than those who are specialists in radiology.

(Bulletin of the Pierce County Medical Society, Tacoma)

COUNCIL MEETING

The regular monthly meeting of the council of the Mahoning County Medical Society was held on Monday, October 10, 1949, at the office of the Society, 125 W. Commerce St., Youngstown, Ohio. The following doctors were present: J. N. McCann, E. J. Reilly, C. A. Gustafson, W. M. Skipp and G. G. Nelson.

The minutes of the previous meeting were read and approved.

The secretary was instructed to check for "50 year eligibles" and to write to Dr. Paul A. Davis, Akron, and invite him to be present and to present the 50 year pins.

The secretary was instructed to notify Mr. W. C. Fisher, Accountant, to proceed with the auditing of the books for the year 1949.

V. L. GOODWIN, M. D.
Secretary

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THOSE SELFISH DOCTORS

The American medical profession, excoriated by Mr. Truman and the federal security administrator, the selfless Oscar Ewing, as a bunch of merchants of death, does not appear to have much chance to enjoy its ill gotten gains. The average age of white males in the United States at the time of death is 67.5 years. The average age of American physicians at the time of death is 67.3 years. Thus the doctors who Truman and Ewing say leave their fellow citizens in neglect are worn out by their labors and die ahead of the rest of their countrymen.

The great New Deal logicians have made the statement that tens of thousands of persons die needlessly in this country every year because of lack of medical care. Ewing put the figure at 325,000. As noted by the American Medical Association, this must include 40,000 deaths from accidents and 115,000 from cancer and heart disease, though a whole convention of doctors couldn't save these victims.

The association found doctors themselves have no better chance of escaping these hazards than anybody else. Heart disease accounted for 42.2 per cent of deaths among physicians, as against 38.9 per cent of deaths among white males of comparable ages. Cancer, the second cause of death among the population at large, ranked third among physicians, whose training may permit them to recognize the symptoms early and begin treatment promptly. Even so they die of it the same as other people, and in about the same proportion.

It is to be supposed that the Truman prescription for political medicine to save "needless deaths" would also save the lives of physicians who cannot give each other longer lives than they give their patients. If that shouldn't work, Truman might try passing a law saying that all physicians shall live to be 95 so as not to spoil his propaganda.

—Chicago Sunday Tribune.

DRS. FEIL AND SCOTT SPEAK AT MEETING

Dr. Harold Feil and Dr. Roy W. Scott of Western Reserve University, School of Medicine, spoke at a combined meeting of the Youngstown Heart Association and Academy of General Practitioners.

According to Dr. Feil, only 50% of cardiac cases in the agonal phase have ventricular fibrillation with a large remainder having a ventricular asystole. This surprising percentage is in direct contra-indication to previous theories on cardiac deaths. He showed a series of electrocardiograms to prove his point. Dr. Feil suggested liberal use of atrophine as a prophlactic against ventricular asystole.

Dr. Scott discussed the importance of surgical diagnosis of congenital heart disease and emphasized that any general diagnosis should be acceptable since the advent of curative operative procedures. In his opinion, a patent ductus arteriosus, if not operated will shorten the patient's life expectancy for 20 years. Both arterial and venous catheterization are being done at Western Reserve, in an effort to make specific diagnosis possible.

Before the meeting, Dr. Feil and Dr. Scott were each presented with a check of \$2,500 from the Youngstown Area Heart Association. These funds are to be used for clinical research.

J. D. M.



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THE NEPHROTIC SYNDROME

A review of the more recent knowledge concerning the nephrotic syndrome permits the following conclusions:

1. The majority of patients in a prolonged course of chronic glomerulonephritis experience the nephrotic syndrome.

2. The subclinical forms of this state are often undetected. Serum albumin and cholesterol determinations assist in establishing its presence.

3. Although the onset and remission of the nephrotic syndrome are often insidious, it would seem that its duration may extend from 2 months to 5 years with an average of 2 years.

4. The repetition of the nephrotic phase could not be established in a long series of case reports.

5. Since the nephrotic phase does not appear during the course of pyelonephritis and arteriolar nephrosclerosis, its reported or actual presence is often a useful diagnostic feature in the determination of the nature of the kidney lesion in patients presenting themselves in renal failure.

6. The mechanism to explain the formation and disappearance of edema is not well understood.

7. The dietary restriction of sodium chloride remains the most useful agent to control the edema of renal origin. However, recent studies have indicated that diuresis may occur in the nephrotic phase following the oral administration of sodium lactate, sodium acetate, and potassium acetate. This observation requires further investigation.

8. The intravenous administration of salt-poor normal human serum albumin produces a satisfactory though temporary diuresis in about one-half of the patients in the nephrotic phase. The natural history of the disease appears to be uninfluenced by this regimen.

9. A review of the case reports indicates that gum acacia is an effective diuretic agent in the nephrotic phase. At least four-fifths of the individuals so treated have experienced a diuresis. The retention of acacia in the liver is a limiting factor to its general use. Some clinicians are opposed to its use because of its long retention in the body. Recently a death has been reported in a child of 5 following the administration of acacia.

10. Induced measles produced a prolonged diuresis in all 5 patients with lipoid nephrosis. A similar diuretic effect occurred in 3 or 7 individuals in the nephrotic phase of chronic glomerulonephritis.

11. A comparison of the effectiveness of intravenous salt-poor normal human serum albumin with induced measles led Janeway and his group to conclude that whereas albumin therapy caused a quantitative appearance of albumin in the urine, induced measles produced a sharp diminution of proteinuria before the diuresis. This finding led Janeway to place the site of the defect in lipoid nephrosis within the kidney.

— Bulletin of the New York Academy of Medicine, October 1949
J. D. Miller, M. D.

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DR. RIENHOFF DISCUSSES LUNG CANCER

While cancer of the lung is on the increase, the cause of increase is not readily apparent, Dr. William P. Rienhoff, associate professor of surgery and thoracic surgeon in the Johns Hopkins Medical School, declared at a dinner meeting of the Mahoning Tuberculosis Sanatorium before 100 members and guests October 25, 1949.

Dr. Rienhoff said that figures gathered in Baltimore since 1933 did not prove that air pollution or cigarette smoking were demonstrable factors in the increased rate of carcinoma of the lung.

He urged members of the profession to make an early diagnosis by X-Raying all patients with sudden changes in chronic cough or repeated attacks of pulmonary infections.

Of all the cases operated at the Johns Hopkins Hospital for cancer of the lung, two-thirds proved to be inoperable when the chest was explored.

Dr. Rienhoff said that one operated case has lived 15 years and that 45 per cent of the operated cases have lived five years or longer. He concluded his talk with color movies illustrating his technique for pneumonectomy.

The next staff meeting will be held Nov. 22 at St. Elizabeth's Hospital Nurses' Home with Drs. A. J. Fisher and W. D. Metcalf presenting a program on "Problems in Anesthesia."

**LAY EDUCATION AND SPEAKERS' CALENDAR**

- Oct. 8; W.K.B.N.; Dr. Morris S. Rosenblum; "What You Should Know About Diabetes."
- Oct. 9; W.K.B.N.; Dr. J. N. McCann; "Facts on Diabetes."
- Oct. 10; W.F.M.J.; Dr. H. Bryan Hutt; "Juvenile Diabetes."
- Oct. 11; Dr. Arnoldus Goudsmit; Interviewed by Elaine Carol on "The Importance of Diabetes Detection" over W.K.B.N.
- Oct. 12; W.F.M.J.; Dr. Herman H. Ipp; "The Diagnosis of Diabetes Mellitus."
- Oct. 12; Dr. Arnoldus Goudsmit spoke before the Rotary Club on "Diabetes and Diabetes Detection."
- Oct. 13; W.B.B.W.; Dr. Harold J. Reese; "Some Questions About Diabetes."
- Oct. 14; Dr. Robert McKee Kiskadden addressed the Kiwanis. His subject: "Diabetes and Diabetes Detection."
- Oct. 14; W.F.M.J.; Dr. Milton M. Yarmy; "Diabetes After the Age of Fifty."
- Oct. 18; Dr. M. M. Szucs spoke on micro-chemistry before the Youngstown Society of Medical Technologists.
- Oct. 19; Dr. C. A. Gustafson addressed the Women's Society of Christian Service of the Struthers Methodist Church on the subject, "The Physiology and Psychology of the Menopause."
- Oct. 21; Dr. Arnoldus Goudsmit; Interviewed by Elaine Carol on "Obesity and Health" over W.K.B.N.

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DIABETES AND PREGNANCY

A review of all deliveries in diabetic and prediabetic (five years) women at Charity Hospital, New Orleans, over a ten year period is presented. Additional data were secured from obstetric histories taken from 148 women now active patients in the diabetic clinics of the same hospital.

Diabetic and prediabetic women were demonstrated to be as fertile as normal women. Their incidence of miscarriages was but little higher than estimates for normal women. The mortality and morbidity in the mothers were definitely greater than normal, but not sufficiently so to contraindicate pregnancy in diabetic women.

The insulin requirement frequently rose and occasionally fell, but usually was little affected by the pregnancy. The fetal and neonatal mortality for those pregnancies brought to term during diabetic years was 35 per cent. The mortality progressively increased during the years before the onset of the diabetes and was significantly above normal for 20 years prior to the development of manifest diabetes.

Younger diabetic women have a better chance of delivering live babies than those over 35 years of age. The severity of diabetes exerts an adverse effect on fetal and neonatal mortality. Individual exceptions to this rule are frequent.

Premature delivery was frequent but resulted in live babies as frequently as when the pregnancy was brought to term. Except for an increased incidence of breech positions, the presentations and method of delivery were not unusual and did not significantly affect the outcome for the fetus. Early cesarean section is considered the surest method of obtaining live babies but is not advocated as a routine procedure.

The incidence of toxemia was three and one-half times that for non-diabetic women in the same hospital. Except in severe cases it contributed but slightly to fetal death. Obstetric abnormalities, other than toxemia, were more frequent than normal, but also accounted for but little of the increased fetal wastage. The occurrence of large babies was notable in diabetic and prediabetic years. Sterilization is seldom, if ever, needed on the indication of diabetes alone. Hormone imbalance, not studied in these patients, is discussed. Patterson, M. and Burnstein, N. *Archives of Internal Medicine*, April, 1949.

J. D. M.

NEWS

Oscar A. Turner, M. D., announces the availability of an Electroencephalographic Unit for the further study of disorders of the nervous system.

Frank Gelbman, M. D. announces the opening of offices at 250 North Heights Avenue, Youngstown, Ohio. Practice limited to Psychiatry and Neurology.

Robert McKee Kiskaddon, M. D. announces the removal of his office to 3511 Market Street.

Edward E. Bauman, M. D. announces the removal of his offices to 166 Washington Street, N. E., Warren, Ohio for the practice of orthopaedic surgery.

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NEWS

The following members of the Mahoning County Medical Society were recipients of their Fellowships in the American College of Surgeons during the meeting of the American College of Surgeons at the Stevens Hotel in Chicago, October 17—21: Dr. John R. Buchanan in orthopedic surgery; Dr. T. Kernan Golden in orthopedic surgery; Drs. Stephen W. Ondash, John A. Renner and Alexander K. Phillips in general surgery and Dr. Elmer J. Wenacs in ophthalmology.

ST. ELIZABETH'S HOSPITAL STAFF MEETING

The regular monthly staff meeting of St. Elizabeth's Hospital was held on September 4, 1949. Dr. R. B. Poling, President of Staff, presided.

Members of the interne-resident staff presented reviews of recently discharged or currently hospitalized cases representative of the census on the various major services. Presenting the case histories were: Drs. W. B. Bannister and J. E. Tomayko of the surgical service; Dr. Hugh B. Munson of the obstetrics-gynecology service and Dr. L. P. Caccamo of the medical service.

Dr. T. Kernan Golden was the essayist and spoke on "Internal Derangements of the Knee." After a short discussion of the anatomy of the knee joint Dr. Golden presented the elements in diagnosis of derangements and emphasized the importance of examining the normal and abnormal joints in the determination of function and the nature of the lesion. He then enumerated the indications for surgery in the approach to the treatment of the various lesions. The importance of physiotherapy before and after surgery was particularly emphasized. The general discussion was led by Drs. C. S. Lowendorf, J. J. Sofranec, Jr., Samuel Tamarkin and I. C. Smith.

The secretary gave an analysis of the hospital service for the month of September, significant features being bed occupancy of 85.9%, an average patient residence of 7.6 days and an autopsy average of 35.9%.

Dr. Asher Randell of the Therapeutic Evaluation Committee presented the newly completed brochure which will be used as a guide in the treatment of medical and surgical emergencies and particularly in the training of the interne-resident personnel. He urged staff men to avail themselves to this ready reference in the management of acute problems.

After several committee reports and discussion of items of new business the meeting was adjourned at 10:30 p. m. Sixty-five members of the staff were present.

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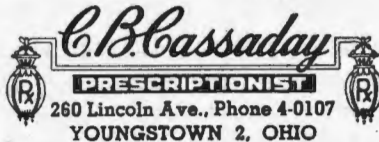
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"The medical profession suffers a chronically bad press, due to the constant flood of reports, many coming from government sources and paid for by our own money, of the weaknesses and short-comings of the profession as it functions under private guidance. . . .

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