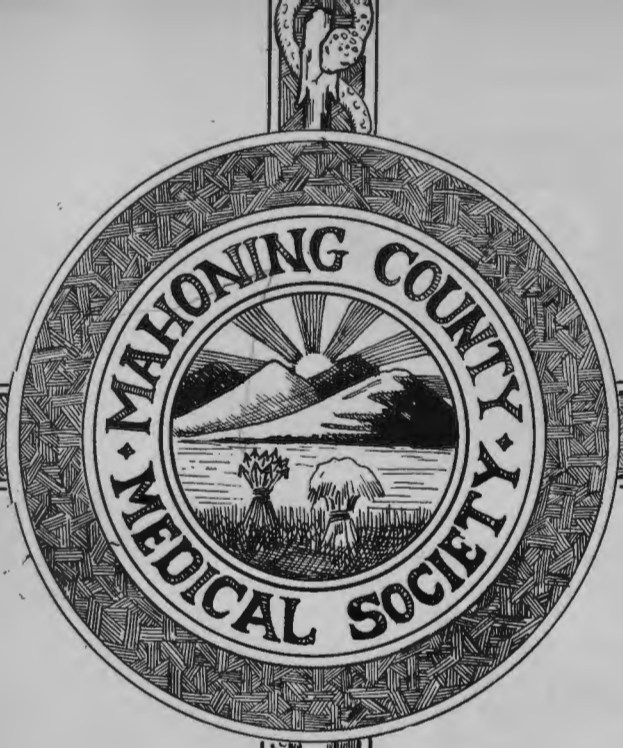

He only earns his freedom and existence who daily conquers them anew. —*Goethe*

BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

Youngstown • Ohio
VOL. XXI No. 3
MARCH • 1951

Fellows

vitamin b complex

liquid and capsules

The superiority of Vitamin B Complex derived from natural sources has been well established. Jolliffe[1] has attached special importance to this subject and Lewey and Shay[2] have stressed the necessity for natural substances.

Natural Base

formula:

Each Teaspoonful (4 cc.) contains:

Thiamine Hydrochloride	2.5 mg.
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Niacinamide	25.0 mg.
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Calcium Pantothenate	2.5 mg.

plus Choline, and other factors of the B-Complex present in the natural base. The Riboflavin content is derived entirely from natural sources.

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SUPPLIED: in 4-oz. Rx size.

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Brewers' Yeast Extract	100 mg.

plus other factors of the B-Complex present in Whole Liver.

BASE: Liver and Yeast.

SUPPLIED: in 50's and 1000's.

1. Jolliffe, N., Special Article, Council on Foods and Nutrition: The Preventive and Therapeutic Use of Vitamins, J.A.M.A., 129:613, Oct. 27, 1945.
2. Lewey and Shay, Dietotherapy, Philadelphia, W. B. Saunders Co., 1945, p. 850.

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Representative to the Associated Hospital Service
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COMING MEETINGS

American Academy of General Practice, San Francisco, March 19-22.

American College of Physicians, Annual Session, St. Louis, April 9-13.

Ohio State Medical Association, Annual Meeting, Netherland-Plaza, Cincinnati, April 24-26.

American Medical Association, Annual Session, Atlantic City, June 11-15.

PRESIDENT'S PAGE

★ ★ ★

New Deal! Fair Deal! What Next? Perhaps a Square Deal. The medical profession is subjected to attempts at regimentation and freely directed criticism at the manner in which their business should be conducted. The crux of the situation is not so much at the quality of service rendered as at the cost of medical care.

Few people stop to consider that the cost of medical care is still relatively cheap in terms of comparison with wages in the trades and with every day living costs. Surgical fees and office and house calls have not increased in proportion, although the cost of hospital care and drugs have increased relatively more. The expenses of running an office in a manner acceptable to the public is much more than the increase in fees.

We in the medical profession hold a unique position in the public eye in that we are supposed to give of our assistance and service without end. Many of the social service agencies have ambitious plans of caring for the needy and near needy with money donated by the public and all of these plans involve the physician who is to follow their leadership with little or no remuneration even though these plans are inimical to his future good.

With so much value placed upon worldly goods and what it takes to survive financially, physicians have had to run their offices more efficiently. However, there is a line to be drawn between strictly business and the service which we as physicians are normally obligated to give to the community. To put a conscientious physician in a category of half priest and half layman is right. The pleasure of giving freely and willingly to the needy, especially the aged and children, has nothing to replace the inner feeling of "well done". Remove the pleasure of giving or aiding those who trust you and medicine would indeed be a dull business. Thomas Gibbons put it thus:

"That man may last, but never lives
Who much receives, but nothing gives
Whom none can love, whom none can thank,
—Creations blot, Creations blank".

E. J. Wenaas, M.D.
President

BULLETIN of the Mahoning County Medical Society

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S. W. ONDASH, *Editor*
2710½ Mahoning Avenue

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INCREASED DISABILITY INSURANCE COVERAGE

Members of the Mahoning County Medical Society can avail themselves of additional disability insurance coverage or have an opportunity to enroll if they are not already participating, according to a statement released by Stillson and Donahay, local underwriters of the Loyalty Group Insurance Plan.

Commercial Casualty Insurance Company, represented by Stillson and Donahay, is offering to again open a special 45 day enrollment period during which every member now insured can increase his coverage, if desired, to $75.00 against the past limit of $50.00 weekly benefits. This enrollment would be done on the basis of waiving underwriting of risks with regard to past physical history and present physical condition of applicant providing at least 50% of the now insured members, under age 60, enroll for the increased coverage.

Also, they are offering to establish a re-enrollment period of 45 days during which all uninsured members, numbering about 58, who are under age 60, can again have the opportunity to secure the Loyalty Group coverage under any one of the six optional plans from $20.00 to $75.00 per week. This would also be made available with all underwriting restrictions waived providing 50% or about 30 of them enroll for some plan of coverage.

Because of the satisfactory relationship with the Society, the Commercial Casualty Insurance offered a re-enrollment period in 1950 without any underwriting restrictions as prevailed in the original enrollment. This opportunity was for members under age 60 who were not participating in the Group and was approved by the Council with the result that 40 local physicians were added to the Group coverage, several of whom were otherwise uninsurable individuals and several others became claimants within the year.

Stillson and Donahay, local underwriters handling the Loyalty Group Disability Plan, has received the approval of the Council of the Mahoning County Medical Society to offer the additional coverage opportunities for either increasing their present coverage or to secure Loyalty Group Coverage if they are not enrolled at the present time.

BLEEDING PEPTIC ULCER

Fred G. Schlecht, M.D. and Richard D. Murray, M.D.

The purpose of this paper is to report our study of the experiences with bleeding peptic ulcer at Youngstown Hospital Association during the years 1940-1950. The review includes only those cases that had roentgen, operative, or postmortem proof of an ulcer. All the patients had bleeding sufficiently severe or frightening, to warrant hospitalization, but not necessarily massive hemorrhage. We did not attempt to correlate bleeding peptic ulcers with upper gastro-intestinal hemorrhage from other causes. However, it is generally stated that bleeding peptic ulcers account for 75 to 80% of bleeding from the upper gastro-intestinal tract. The remainder consists mainly of esophogeal varices, gastritis, gastric carcinomas, and in about 5% of the cases, no apparent cause of the bleeding can ever be ascertained.

Table I

INCIDENCE BLEEDING PEPTIC ULCER
Youngstown Hospital Association
1940 - 1950

Males	209	(74.38%)
Females	72	
Total	281	
Duodenal	224	(79.71%)
Gastric	57	
Total	281	

The high percentage of males is not considered unusual, since in the United States at least, peptic ulcer is predominantly a disease of males.

We did not include anastomotic or marginal ulcers in this study. Although they have a greater tendency to bleed than do either duodenal or gastric ulcers, they are considered as a separate problem.

Table II

BLEEDING PEPTIC ULCER
Youngstown Hospital Association 1940 - 1950
AGE DISTRIBUTION

Under 20	3	
20-29	40	(14.3%)
30-39	43	(15.3%)
40-49	54	(19.2%)
50-59	71	(25.2%)
60-69	48	(17.1%)
70-80	18	
Over 80	4	
Total	281	

The youngest patient in this series was 16 years and the oldest 87 years. The peak of incidence was in the 50 to 59 year group but the incidence was about equally distributed between those below and above the age of 50.

Table III

BLEEDING PEPTIC ULCER

Youngstown Hospital Association 1940 - 1950

TYPE	TREATMENT	CASES	MORTALITY	
DUODENAL	Non-operative	212	9	4.2%
	Operative	12	1	8.3%
GASTRIC	Non-operative	55	7	12.7%
	Operative	2	1	50.0%
TOTAL	Non-operative	267	16	6.0%
	Operative	14	2	14.2%

It is noted in Table III that the mortality of bleeding gastric ulcers treated by conservative measures is three times greater than duodenal ulcers similarly treated. This is consistent with reports in the literature and should make one more cautious in dealing with a lesion of this nature.

The over-all mortality of 6.0% treated by non-operative means compares favorably with reports of similar series of cases. The greatest number of deaths occurred in the 50-60 year group. There were four deaths in patients under 40 with the youngest being 34. The first episode of bleeding was fatal for six of the patients with three of them being under 50 years of age. The duration of life after hospital admission ranged from 16 hours to 20 days.

From the figures presented it is evident that the vast majority of patients bleeding from a peptic ulcer will get well with conservative management. Certainly no patient should be subjected to such a hazardous operation as an emergency gastrectomy without an attempt at medical management. Neither massiveness of the hemorrhage nor the low level of the red blood count on admission constitutes an indication for operation without a trial on conservative management.

On the other hand there is no argument that some patients will exsanguinate themselves unless operated. The problem hinges on trying to predict those who will die unless surgery is undertaken and unfortunately classifications designed for that purpose have proven inadequate. Among the classifications proposed are those based on the age of the patient, location of the ulcer, episodes of bleeding, and degree and duration of shock. Although those factors are important, we believe that the most important one is the rate of bleeding. Using the latter as a basis, Dunphy and Hoerr have suggested a clinical rule to assist in predicting those cases in which surgery may be life saving.

They suggest that upon admission the patient is transfused sufficiently to stabilize the circulation. Thereafter, if he cannot be controlled with approximately 500 cc. of whole blood every eight hours, he is a candidate for surgery. Surveillance is maintained by pulse and blood pressure readings every 30 minutes and RBC, a Hb, and hematocrit determinations at least every eight hours. If indications are that the patient is losing ground while receiving approximately 500 cc. of whole blood every eight hours, an operation should be performed.

Exact knowledge of the source of the bleeding, determined by an emergency x-ray examination if necessary, is a prerequisite to emergency surgery in order to prevent a needless operation. If the source cannot be determined it is believed best that the patient be returned to bed and reliance made on conservative measures.

The operation of choice is subtotal gastrectomy with removal of the ulcer.

DR. CLIFFORD HEADS MEDICAL AMERICAN LEGION

Dr. Richard V. Clifford was elected Commander of the Walter F. Bartz American Legion Post 726 in mail ballot of the membership held recently.

Other officers elected were Dr. Asher Randell, Post Vice-Commander; Dr. Nathan Belinky, Post Adjutant; Dr. Arthur Rappoport, Finance Officer, and Dr. Raymond Hall, Service Officer.

Over 50 members of the Post attended a luncheon meeting held at the Elks Club at noon February 8, 1951. Dr. Clifford was installed as Commander, succeeding Dr. Stephen W. Ondash, past Post Commander.

Participation in a civil defense program was named the first priority project of the Post for 1951. "The immediate aim of our organization at this time," Dr. Clifford stated, "is the co-ordination and organization of medical personnel in co-operation with the Mahoning County Medical Society, local and regional civil defense units. This will include integration and organization of all phases and components of groups directly concerned with civilian casualties. In addition, it will entail instruction of personnel, preparation of supplies and equipment, earmarking of aid stations for personnel and collecting stations and evacuation of casualties to areas suitable for carrying out definitive care."

Dr. Craig Wales was named chairman of the Civil Defense Committee which will act for the Legion in liaison with other agencies. His co-chairmen are Drs. A. E. Rappoport and A. J. Bayuk. Other members of the committee are Drs. S. W. Ondash, N. D. Belinky, M. W. Neidus, W. H. Evans, C. W. Stertzbach, G. G. Nelson, F. S. Coombs, M. E. Conti, H. E. Chalker, C. E. Pichette, J. A. Renner, J. E. Keyes, H. J. Reese, R. V. Clifford, W. T. Tims, P. R. McConnell, J. J. Sofranec, J. Colla and R. J. Scheetz.

The membership of other committees is as follows: *Policy and Resolutions:* Drs. I. C. Smith, H. Sisek, A. C. Marinelli and S. W. Ondash. *Entertainment:* Drs. A. K. Phillips, H. J. Reese and J. B. Kupec. *Publicity:* Drs. H. Sisek and A. A. Detesco. *Nominating:* Drs. C. E. Pichette, J. Goldcamp and G. E. DeCicco. *Membership:* Drs. R. A. Hall and P. E. Krupko.

The Post has subscribed to the Building Funds of St. Elizabeth and Youngstown Hospital, South Side Unit, and has contributed for the purchase of a patient bed for each unit. The memorial is in the name of F. Bartz American Legion Post No. 726.

Membership in the Post has been increased during the past year and it now comprises most of the area physicians who are eligible. The Post commemorates the late Dr. Walter F. Bartz, the only casualty among Youngstown physicians serving in World War II. Physician veterans who are not members and desire to join the Post are requested to contact Dr. Nathan Belinky, Post Adjutant, 1077 Wilson Avenue, Youngstown, Ohio.

YOUNGSTOWN HOSPITAL STAFF MEETING

The Youngstown Hospital Association held its annual business meeting on February 6, 1951. Dr. Allsop presided while the various committees made their reports.

The Atomic Bomb film being shown by the Civil Defense Committee was also reviewed at this meeting.

A farewell was expressed by the retiring president, Dr. Allsop, as he turned over the gavel to the incoming president, Dr. Gordon Nelson. The meeting was then closed by a few remarks from the new president.—*E. C. Baker, M.D., Secretary.*

HIGHLIGHTS OF CANCER DETECTION MEETING

J. J. McDonough, M.D.

(Editor's Note: The following report represents the substance of the proceedings of the sectional meeting of the American Cancer Society recently held at Columbus, Ohio. The meeting was attended by the Directors of the Cancer Detection Centers in the Ohio province of the American College of Surgeons. Principal speakers were Dr. Alton Ochsner and Dr. Charles S. Cameron).

The first problem introduced for general discussion was a consideration of the value of the cancer detection center in the community. It was readily admitted that, under the present program, it was physically impossible for the cancer detection centers to screen the entire population of their communities. Therefore, it probably was not fulfilling its responsibility to the fullest extent. It was pointed out that no attempt will be made by the American Cancer Society through its detection centers to screen all the population. Rather, it will examine a few and hope by their example to encourage patients to have routine periodic checkups. Actually then, the cancer detection center is one more propaganda means in the program of cancer control. In encouraging periodic examinations through its various means of reaching the public, the American Cancer Society feels that it has done a good job.

Dr. Cameron suggested that perhaps we should see in the Cancer Detection Center only those people who have reached age 45. It was thought that in that way more actual cancer diagnoses would be made and this would somewhat improve the practical value of the detection center.

Specific cancer problems were taken up in a general way according to the regions of the body. The skin and extremities were discussed by Dr. Ochsner. He was very emphatic in his discussion of the seriousness of melanoma. He repeated the dictum that the first doctor to see the malignant melanoma usually seals the patient's fate. He remarked that in the past year he had seen four cases of malignant melanoma that were inadequately treated by electro-desiccation with fatal results. He stressed, of course, adequate biopsy, adequate excision of skin as well as subcutaneous tissue, and the Pack operation including a dissection of the regional lymph nodes and all the intervening lymphatics of there is evidence of metastasis. He also emphasized the fact that moles should be looked for and that the patients should be examined with their shoes off. Melanomas of the feet and toes can be easily missed. He reminded us that it would be preferable for our patients to come into the clinic with their shoes off rather than go out of the clinic without any shoes.

Cancer of the lung was the next topic of discussion. It was thought that there is an increasing instance of carcinoma of the lung in both the male and the female. It was pointed out that diagnosis is often difficult and confusing. It was stressed that a differential diagnosis between a persistent virus pneumonia and a carcinoma of the lung might offer a problem. A carcinoma of the lung will often produce a local area of inflammation which may disguise a true neoplasm unless subsequent x-ray studies are made. Treatment, if early and radical, can effect a reasonable percentage of cures. Smoking was thought to be a probable etiological factor in carcinoma of the lung.

Carcinoma of the stomach was discussed at some length. The five year cures are still discouragingly low. It remains true that when the diagnosis can be accurately made by the radiologist, the disease is too far advanced for surgical cure in most instances. Dr. Ochsner did not believe that the new radical approach to cancer of the stomach was offering better results. He commented that the only hope for cure in carcinoma of the stomach lay in early diagnosis and treatment. He favored an exploratory laparotomy and exploration of the stomach itself where good clinical judgment pointed to the possibility of a gastric cancer that could not be delineated by x-ray. He re-

ported on three cases in the past year in which he found early malignant lesions of the stomach in this way. They were treated by sub-total gastrectomy and he felt confident that these patients would be cured.

Carcinoma of the colon was discussed from the standpoint of diagnosis. Again the cure rate was good where the lesion was early. The great fault and delay in adequate approach to the problem seems to be in our failure to do routine proctoscopic examinations. One of the directors of the cancer detection group emphasized that proctoscopic and sigmoidoscopic examinations are done too infrequently and often, when done, they were inadequately done. The importance of routine digital rectal examination is paramount. The excellent results that can be obtained by the early and adequate treatment of carconoma of the colon justifies, he felt, every effort to teach adequate diagnosis or recognition of colon pathology.

Carcinoma of the cervix was taken up briefly. A plea was made for more use of the Papanicolaou smear and more use of the biopsy. Mention was made that the biopsy specimen should not be taken with the electro-coagulation knife; at least the specimen should not be cooked.

The meeting was very interesting and instructive. It allowed the members of the Cancer Detection Centers throughout the state intimate contact with some of the most experienced men in the field of cancer control. It served as a stimulus to promote the education of the public to early examination and subsequent follow-up.

BASIC AIMS OF DETECTION CENTERS

It might be well to add a recent statement of policy as set forth by the Panel on Formulation of the Basic Aims of Detection Centers and Detection Programs as approved by the Medical and Scientific Committees and Board of Directors, thus becoming an official American Cancer Society policy, affecting all of the Society's 61 divisions.

1. The detection center was developed for the periodic examination of apparently well persons. This examination involves medical diagnosis and has useful potentials in the detection of non-cancerous, as well as cancerous, conditions.

2. Experience has disclosed the fact that detection center examinations on all citizens are not practicable, therefore there is not opportunity for equitable distribution of funds, voluntary or otherwise, for such purposes.

3. At the same time, it is recognized that a large section of the public does visit a physician at least once annually (this includes physicians in private practice and in private and governmental agencies). If such physicians will perform office physical examinations on all patients, it is reasonable to expect that most accessible cancers in such persons will be diagnosed at a much earlier stage than in the past with corresponding increased probability of cure. Further, it is desirable that every possible effort be made to provide examinations for cancer to those requesting same. *In brief, it is suggested that every physician's office or clinic become a "cancer detection center".*

4. In order to demonstrate the value of periodic examination of adults without signs or symptoms of cancer, it is suggested that appropriate agencies continue to support detection examinations for eligible cases. Such demonstration centers could also serve as sources of information on the true incidence of early cancer and as areas of investigation for improved diagnostic methods.

5. The competent screening of large numbers of persons for cancer (as distinguished from regular or usual complete medical examination) deserves further trial as a possible approach to cancer control.

KEEPING UP WITH THE A.M.A.

W. M. Skipp, M.D.

. . . . . A national conference on chronic diseases has been called for November 12, 13 and 14 at the Edgewater Beach Hotel, Chicago. The Commission was founded in 1949 by the AMA, AHA and the APWA. The Commission is under the direction of Morton L. Levin. Its aim is to shorten the years between the laboratory discovery and application for prevention and early detection of chronic diseases. In that connection, more than twenty national health organizations are working for the prevention of all chronic diseases.

. . . . . We hear from all sides that the time is past for us to consider the government trying to force compulsory health insurance on the American public but do not be lulled into thinking that all the dangers are past. Just remember that the President, in his budget message, is still insisting upon his "Fair Deal" program. He is now tying up his program with national defense.

"We need to fill important gaps in our social insurance system by providing protection on a prepaid basis against the costs of medical care and the loss of family income in cases of disability. These measures will help to provide that material security which is essential to a vigorous democracy and a highly productive labor force."

He is still insisting on aiding medical schools as a step to get the federal government's foot in the door and is urging Congress to supply more money to aid local health unit services.

. . . . . Two Republicans, Martin and Taber, say "The money for launching these ((Socialistic) schemes is brazenly sought amid trumpet calls for stronger national defense." Republican Congressmen and the American people will give rearmament first consideration but will not stand for a huge tax increase to finance political schemes for socialistic planners."

Senator Dirksen of Illinois says that the government will tax so heavily that when they need medical care, they will say, "Let the government pay for it." *That is socialized medicine.*

. . . . . Senator Murray's efforts have been successful as the Committee on Labor and Public Welfare has endorsed Senate Bill 337, which is the bill providing assistance to medical, dental, nursing and allied health professions. This is what the AMA wished *would not* happen as it is a step toward socialism. This must now be passed by the Senate and the House. The bill, using the military as a wedge and citing the need for more health personnel in the present emergency, medical schools would receive $500.00 per regular enrollment per student and $1,000.00 for every student over average enrollment.

It is thought, no doubt, that professional graduates can be run through on an assembly-line method with no regard to the type of training they receive. We know this cannot be accomplished.

The AMA Educational Program will take care of this without added taxes, and there will be no strings attached as to what the school shall teach or how many students it will enroll.

. . . . . Oscar Ewing continues his campaign for a national compulsory health insurance . . . "the conviction stands that national health insurance is the best way yet devised to prepay the cost of medical care and make adequate medical services widely available. Health insurance would surmount the financial barrier to medical care without jeopardizing the traditional responsibilities of anyone — the doctors, the people, or their government officials."

. . . . . Senate Bill 1: (showing how early they (social planners) got started) was the first bill introduced into the Senate. This Bill is very dangerous in that Section 23 is entirely socialized medicine. It opens the back door for socialized medicine under the guise of national defense. This section authorizes

the President to socialized medical care to all of those that are rejected as 4F who have not met the mental and physical fitness standards set up by the Secretary of Defense. This gives the President vast new powers in an area remotely connected with defense. *Here is a bill that goes beyond that of any previous bills on nationalization of medicine.*

The AMA feels this is a local responsibility and not a federal one. It is willing to give aid to all of these individuals needing care and will recommend that all state and county societies aid in the recovery of all persons regardless of their ability to pay.

. . . . . The Mid-Century Conference on children and youth held in Washington two months ago, again forcefully reminds us that a lot of work must be done along all medical fronts across the nation.

Dr. D. A. Dukelow of the AMA reminds physicians, Secretaries of State, and all county societies that this White House Conference must be watched for all its political manipulations even though its purposes are for the improvement of the health of our young.

As the political implications are so very dangerous, it is absolutely necessary that all medical societies and their members watch closely the workings and the promoters of this set-up. The follow-up plans of this conference reach the grass roots of our population. Since physicians know the health of our children and youth, it is imperative that they direct or help shape the activities toward healthy personality development. There again, each of us must be on our guard reference these developments and must see to it that the social planners are not permitted to set up a socialistic type of treatment.

The Association urges each county society to take an active part in the planning and activities of local health councils.

. . . . . The physicians of this county should be watching the Ohio General Assembly for many bills have been introduced in both Houses that are of vital importance to each and every one of us, such as Chiropractic Bill HB 335. This, if passed into law, would give the chiropractor full rights to regulate who will practice chiropractics and how much education he will have to treat the sick.

Every one of us should oppose this measure and call each one of our state representatives: T. J. Barrett — 4-2476; J. J. Lynch, Jr. — 3-2844; G. D. Tablack — 5-2918. If you know these gentlemen, see them personally, if you can, and tell them how you feel.

. . . . . There is a bill on compulsory disability insurance, SB 87, which is the back door to socialized medicine. Senator C. J. Carney — 3-4920, should be told of your views on this matter. It is a bad bill and has been sent out from Washington to be passed by the states. A similar bill has also been introduced into the Congress and, as you will remember, this type of social reform is found in the President's budget message to Congress.

Have you paid your 1951 Dues

Mahoning County membership dues are payable immediately. Your remittance for $50.00 should be made out to the Mahoning County Medical Society and sent to the secretary-treasurer, Mahoning County Medical Society, Schween-Wagner Bldg., Youngstown, Ohio.

Remember, payment of your local dues automatically provides payment of O.S.M.A. dues. No member can permit his membership in the local Society or Ohio State Medical Association to lapse.

FACTS ON A.M.A. MEMBERSHIP DUES

1. American Medical Association membership dues for 1951 are $25.00.

2. Fellowship dues for 1951 are $5.00 and are exclusive of membership dues.

3. American Medical Association membership dues are levied on "active" members of the Association. A member of a constituent association who holds the degree of Doctor of Medicine or Bachelor of Medicine and is entitled to exercise the rights of active membership in his constituent association, including the right to vote and hold office as determined by his constituent association, and has paid his American Medical Association dues, subject to the provisions of the By-Laws, is an "active" member of the Association.

4. American Medical Association membership dues are payable through the Ohio State Medical Association.

5. Fellowship dues are payable directly to the headquarters of the American Medical Association, 535 North Dearborn Street, Chicago 10, on receipt of the bill for such dues.

6. A dues-paying, active member is eligible for Fellowship and may request such status by direct application to the Secretary of the American Medical Association. Applications for Fellowship are subject to approval by the Judicial Council of the Association.

7. Service Fellows need not be members of the component county or constituent state associations or the American Medical Association and do not pay Fellowship dues. They do not receive any publication of the American Medical Association except by personal subscription. If a local medical society regulation permits, a Service Fellow may elect to become an active member of a component and constituent association and the American Medical Association, in which case he would pay the same membership dues as any other active member and receive a subscription of the *Journal* of the American Medical Association.

8. American Medical Association membership dues include subscription to the *Journal* of the American Medical Association. Active members of the Association who are excused from the payment of dues will not receive the *Journal* except by personal subscription at the regular subscription rate of $15.00 a year.

9. Member Fellows may substitute one of the special journals published by the Association for the *Journal* to which they are entitled as members. A Fellow who substitutes a special journal will not also receive the *Journal*.

10. A member of the American Medical Association who joins the Association on or after July 1 will pay membership dues for that year of $12.50 instead of the full $25.00 membership dues.

11. An active member is delinquent if his dues are not paid by December 31 of the year for which dues are prescribed and shall forfeit his active membership in the American Medical Association if he fails to pay the delinquent dues within thirty days after the notice of his delinquency has been mailed by the Secretary of the American Medical Association to his last known address.

12. Members of the American Medical Association who have been dropped from the Membership Roll for non-payment of annual dues cannot be reinstated until such indebtedness has been discharged.

13. The apportionment of delegates from each constituent association shall be one delegate for each thousand (1,000), or fraction thereof, dues paying active members of the American Medical Association as recorded in the office of the Secretary of the American Medical Association on December 1 of each year.

SEND YOUR A.M.A. DUES TO COLUMBUS TODAY!

MARCH MEETING

TUESDAY, MARCH 20, 1951

Elks Club, 220 W. Boardman St.

8:30 P. M.

Speaker:

DR. PAUL C. BUNN

Associate Professor of Medicine,
University of Syracuse School of Medicine
Syracuse, New York

Subject:

"Recent Advances in Anti-bacterial Therapy"

Lest you forget!

Meetings of the Mahoning County Medical Society are held on the third Tuesday of each month and are announced in the BULLETIN. Be present and be active in the proceedings of your Society. Were you at the last meeting? If not, there is one coming up.

APRIL MEETING

TUESDAY, APRIL 17, 1951

Elks Club, 220 W. Boardman St.

8:30 P. M.

Program:

Presentation of papers by internes — residents of St. Elizabeth Hospital and Youngstown Hospital Association.

CARE OF THE AGED

C. A. Gustafson, M.D.

The care of the aged is certainly one of the most important public health problems of the country today. This problem will become more and more serious as the years go by. The production of penicillin and other antibiotics prevent old people from dying of infectious diseases and leaves them to die from arterio-sclerotic cardio-vascular diseases. These diseases are usually long and lingering and hence costly; so costly, in fact, that an illness of a few years, may wipe out a small fortune. Old age pension and Social Security are totally inadequate. If the aged one is cared for by his own children (in a long illness) it may prevent the children from ever saving anything for their own old age. Equally as serious are the social implications involved in rearing children in a home where there are those afflicted by the lingering mental and physical diseases of old age.

The dependent aged ones, who are without financial resources, receive the assistance of such organizations as Aid to the Aged. This group, if not affected with any serious physical ailments, can be given rest home care or family care.

The dependent aged who are physically and mentally ill, eventually reach the medical hospitals. Here they become serious problems because there are no outside agencies dedicated to them and to their care. Many do not need medical care to the degree offered by our modern hospitals and yet there is no other place for them to go. Thus, beds needed by the acutely and seriously ill, are not available.

The aged sick who are financially able to provide proper care for themselves but lack the cooperation of their family can be cared for through the appointment of a guardian. However, these people have a difficult time to find suitable places where they can reecive care.

The mental diseases of old age vary from childishness to periods of maniac outbursts, such as turning on faucets, setting fires, etc. At the present time, institutional facilities for the care of these cases are quite inadequate. This type, if without financial support which could provide hospital care in a sanitarium for the aged, should be committed to a state hospital and this can be done by agencies through court by the filing of an affidavit of mental illness. Following a hearing, presided over by the local probate judge, all medical papers and case histories are forwarded to the superintendent of the state hospital. Dr. Hyde has a rule that all patients over 70 years of age must have all the applications and medical papers submitted in advance so that the case may be reviewed and arrangements made to receive the patient when a vacancy occurs. Dr. Hyde has been very cooperative and no patient has been refused admission from Mahoning County.

Locally, the Receiving Hospital has accepted cases of 70 years and over for temporary care pending their transfer to the state hospital. Dr. Elder is very cooperative and understanding. The whole problem arises there as well as in the medical hospitals where this type is not subject to therapy but needs custodial care, medical and nursing attention, along with sincere kindness, and which takes the place of a patient on the outside who may be given immediate and sufficient treatment to restore reasonable mental health.

Judge Lamneck, Commissioner of the Welfare for the State of Ohio, recently stated that about 50% of the admissions to the State Mental Hospital are of the aged type, that the problem throughout the state is alarming, and that he, as well as Dr. Baker, head of the Mental Hygiene Program for state hospitals, are working on a plan to assist in solving this problem. It can be

THE MAHONING ACADEMY OF GENERAL PRACTICE

Tuesday, March 13, 1951

SURGICAL AIDS IN THE DIAGNOSIS OF PULMONARY DISEASE

J. P. KEOGH, M.D.

South Side Nurses Home — 8:30 P. M.

ALL PHYSICIANS ARE WELCOME

seen, therefore, that the problem is generally recognized as being very serious. The instance of the first and second types mentioned who are problems of our medical hospitals, presents a different aspect and the approach probably will have to be a bit different than some the mental require.

The facilities of the County Home for the care of the aged sick are not adequate but this is no reflection upon the good spirit of Youngstown. There should be a general county medical hospital where the aged and the dependent types who are being forced upon our local hospitals could receive the care of these unfortunates, could, when it is found necessary, clear their case through a central agency, which, being in possession of all the facts, could present an application for admission of the patient to a general county hospital for this type. If the patient is recipient of a pension this could be applied for the patient, but it should be understood that only those that are really dependents should be admitted to a general medical hospital, because there are some who could take care of this problem at home who would exploit these facilities.

There is one trained nurse on duty at the Mahoning County Home Infirmary, and also a medical officer who is on call two days per week at the hospital. They are doing a good job with the limited facilities they have. The aged ones are of various types; many of them have psychoses of mild degree. Eight or ten have been removed during the past year to a state hospital for the mental ill. General complaints are not that those in charge are failing to do their utmost, for Superintendent McMullin is doing a good job, but it is just the case of a community failing to provide the facility that would not only be life-saving but very economical and humanitarian.

The ground is available at the County Home for enlarged facilities and the County Commissioners who are in charge, will cooperate if there is enough public interest aroused. The medical profession itself, should not be held responsible for this condition. Every physician knows that for many, many years, that this problem has existed and is increasing. We have a County Tuberculosis Hospital which provides for those afflicted with tuberculosis and we have a modern Receiving Hospital for the mentally sick. I think that we now need a general hospital to care for the aged ones who are, in many cases, crowding the local hospitals. The details of administration will be complex in nature. We should convey to the public the necessity of such a hospital. Representatives of the medical profession together with interested lay representatives of the local community should hold a meeting and there discuss the problem and decide upon the means of caring for these types of sick patients.

In this way we can plan and pass a bond issue for an "old age" unit hospital at the County Home. The community must recognize and assume its responsibility in solving this problem. *Let Mahoning County be a leader!*

N.B. I am indebted to Mr. Wallace Metcalfe of the local Probate Court whose views and thoughts have helped to serve as a basis for the aforegoing presentation.

★ ★ ★ NOTICE TO SERVICEMEN ★ ★ ★

Members entering the armed forces are requested to notify Mrs. Mary Herald, executive secretary of the Mahoning County Medical Society, regarding date of entry, rank, component of armed forces, and immediate destination. Servicemen will be placed on the inactive roster, and the State Association will be notified of their status.

The *Bulletin* will be mailed each month to servicemen whose address is known to the Executive office.

SPECIAL HOSPITALS GIVE ANNUAL REPORTS

Annual reports of the two special hospitals in Mahoning County, namely the Mahoning County Tuberculosis Sanatorium and the Youngstown Receiving Hospital, have been submitted by the directors of the respective units. The reports cover the calendar year of 1950, i.e., January 1 through December 31.

TUBERCULOSIS SANATORIUM

One hundred and sixty-four cases were admitted to the Mahoning Tuberculosis Sanatorium during 1950, according to the annual statistical report on hospital activity as announced by Dr. H. H. Teitelbaum, Superintendent and Medical Director.

Of this number, 91 had far advanced pulmonary tuberculosis, 48 had moderately advanced pulmonary tuberculosis and eleven had minimal disease.

Of the 168 patients who were discharged during the year, three had arrested disease, 42 were apparently arrested, ten quiescent and 26 were improved. 41 patients were discharged unimproved and 44 died. Autopsy percentage was 45.4.

There were 28 major thoracic operations including four pneumonectomies and three lobectomies. There were 333 minor thoracic surgical procedures, 153 of which were bronchoscopies.

There were 162 examinations in the proctology clinic, 169 in the ear, nose and throat clinic and 126 examinations in the dental clinic.

The clinical laboratory performed a total of 22,962 varied tests and the x-ray department took 3,126 films.

Dr. Teitelbaum's report also included the activity of the down-town branch in the Dollar Bank Building where 24,368 screening films and 2,245 diagnostic films were taken. Of that group 74 cases of active tuberculosis were discovered, 781 were suspects, 832 had inactive tuberculosis and 668 had heart abnormalties. During the clinic hours 921 pneumothorax and pneumoperitoneum treatments were given and 810 clinical examinations were performed. Total attendance at the clinic was 1,731.

RECEIVING HOSPITAL

A total of 906 admissions were received at the Youngstown Receiving Hospital, according to the annual report on hospital service released by Dr. E. C. Elder, Superintendent.

A summary of the 906 admissions accounting for an average resident population of 78 patients, revealed that voluntary admissions were 442 or 48.8% of the total. This type of admission, according to Dr. Elder, is the most desirable since they enter the hospital without any court order, medical certificate or other legal procedure. They sign a voluntary admission form and with their signature they undergo all type of treatment available. There were 168 or 18.6% Court Placement cases which were referred by various Probate Courts. Such cases are not commitments and they retain their civilian rights. Such cases are under jurisdiction of the Probate Court and discharged only with the consent of the Court. Most of these types are involved in serious law violations or are suicidal or homicidal persons. Of those, some were commitment cases which were transferred to the Massillon State Hospital.

47 or .1% of the admissions were of an emergency character. This type of case is one where an immediate emergency exists in which instance the families cannot take care of the patient any longer and they are admitted for a five-day period. At the end of this time a decision must be made as to where the patient will be placed; e.g., Massillon State Hospital, Rest Home or Nursing Home.

Re-admissions from the Youngstown Receiving Hospital were: Voluntary 117 or 12.9%, Court Placements 77 or 8.5%, Emergency 11 or 1.2%, a total of 205 or 22.6%. Re-admissions from the Massillon State Hospital were: Voluntary 23 or 2.6%, Court Placements 20 or 2.2%, Emergency 1 or .1%, a total of 44 or 4.9%.

The total number of patients discharged from the hospital during the year was 862. Discharged as improved were 622 or 72.2%; to Veterans Hospitals, General Hospitals, Jail, Court, Gallipolis State Hospital, County Homes, Private Rest Homes and other State Hospitals were 96 or 11.1%. Discharged to Massillon State Hospital were 134 or 15.5%. There were 10 deaths or 1.2% with one autopsy permit.

Treatments given during the year were as follows: 758 in-patients received electric shock treatment for a total of 3,841 treatments. 444 in-patients received insulin treatment. 116 in-patients received alcoholic conditioned reflex treatment. A number of in-patients also received narcosynthesis. There were 17 transorbital lobotomies performed between January, 1950 and December, 1950.

Treatments received during the year by out-patients were as follows: 283 out-patients received electric shock treatment for a total of 749 treatments. 8 out-patients received insulin treatment. 21 out-patients received alcoholic conditioned reflex treatment. A great number of out-patients also received narcosynthesis.

The total patient days for the year numbered 28,479, average length of stay in the hospital 31.3 days. Total cost per day per capita was $8.80.

$1,600,000 SUBSCRIBED IN ST. ELIZABETH CAMPAIGN

As of this writing more than $1,600,000 has been pledged to build the new $3,000,000 addition to St. Elizabeth's Hospital. The gifts from some of the large firms are still outstanding. When these are reported, the campaign goal of $2,000,000 will be within sight.

The division of the campaign which contacted the employees of St. Elizabeth Hospital and the graduates of the St. Elizabeth School of Nursing, is by far the most successful of the nine active divisions in the campaign. With an original goal of $27,000, the loyalty and generosity of those employees in the hospital is made very evident by a more than $8,000 over-subscription. Frank Fortunato and Violet Campbell were co-chairmen of the hospital employees. Hilda McNally, R.N., was chairman of the Nurses Alumnae Division. Her Board of Directors served as group chairmen.

Dr. Francis W. McNamara, chairman of the Medical Division, has reported to date, over $195,000. The response of the staff doctors at St. Elizabeth Hospital has been good. With the more than 50 outstanding cards, Dr. McNamara feels assured that the medical division will attain its goal of $200,000.

The doctors who have already made their contributions are arranging with Miss Dorothy Klein of the hospital Administration Staff, the underwriting of many Memorial Units. At a recent report meeting, Dr. McNamara said, "If we could only bring to bear upon the minds of the doctors in the Mahoning Valley that for every 66¢ contributed to the campaign they get a dollar's value in hospital facilities — this is due to the Federal funds available through the Hill-Burton Act — if in this public campaign we can raise $2,000,000 we will get $1,000,000 in Federal funds. A new $3,000,000 hospital plant in the Mahoning Valley with the most modern equipment available is certainly much to be desired by each and every member of the Mahoning County Medical Association. To quote Dr. Nelson's inspiring address at the Sponsor's Dinner on November 8, 1950 — 'It isn't that we merely want to build a $3,000,000 hospital, but we *must* do it.' "

MILITARY NOTES

H. J. Reese, M.D.

Army Catalogs New Medical Officers . . . Army is cataloging all new Medical Corps officers with respect to their training and experience in research in an effort to assign men with particular qualifications to research assignments rather than to duty with units. Medical Research and Development Board has prepared a questionnaire for newly commissioned officers to fill out.

. . . Three civilian physicians have been appointed to two committees which will offer medical consultation to Army. Besides serving as consultants to Army installations here and abroad, these doctors will investigate and report on the availability of specialists in hospitals. However, the committees only go into hospitals upon the request of the Surgeon General and cannot act independently. Members are: Dr. Joseph M. Hayman, Jr., specialist in internal medicine, Cleveland; Dr. Alfred R. Shands, orthopedic surgeon, Wilmington; and Dr. John B. Flick, general surgeon, Philadelphia.

Classification Cards for Local Advisory Committees . . . are at printers. The National Advisory Committee to Selective Service System announces that registration and classification cards for use of local committees in determining availability of physicians, dentists and veterinarians for military service are at the printers. Shortly the national committee will be able to supply any quantities required. Cards are similar to those used by P & A in World War II. Dr. Howard Rusk, chairman on the national committee, is urging local committees to facilitate collection of information on hospital and medical school staffs. Forms for this purpose already have been sent out. One copy of each is to be sent to the local committee. The second copy of the hospital schedule is to be sent to Health Resources Office of National Security Resources Board, and the second copy of the medical school schedules to the National Advisory Committee.—*Capitol Clinics.*

Internes, Residents and Armed Forces . . . S. S. National Advisory Committee has this general advice to internes and residents: Internes even in Priority I will be allowed to finish out year, but better volunteer for reserves by June 1. Same applies to Priority I residents, who are further cautioned not to expect to continue their residencies through next year. Situation uncertain for Priority II residents and internes; best general information is that few will be called in next six months, many in subsequent three months.

Deferment of Pre-medical Students . . . The doctor-draft law advises Selective Service to defer sufficient pre-medical students (also pre-dental, pre-veterinarian) to maintain medical school enrollment at its present level. Deferment of medical school students officially is a decision for local Selective Service Boards, which may be guided by a SS advisory committee's recommendation that such students be deferred. For the current school year, Selective Service policy is to defer regularly enrolled students, but a new procedure will have to be adopted before summer.—*Capitol Clinics.*

"Dilatory" Priority I Applicants Blocked on Higher Rank . . . Defense Department has straightened out a peculiar kink in commissioning regulations. It took action after learning that a few physicians could eventually obtain a higher reserve rank merely by refusing at first to apply for a commission. This is what is happening in some cases: "Doctor 'A' and Doctor 'B' both with 2½ years experience in private practice are offered a commission on the same day. Doctor 'A' accepts and is commissioned a first lieutenant in the Army or Air Force, or a lieutenant junior grade in the Navy. Doctor 'B' declined and continues his practice for six months, at the end of which period

he has the 3 years experience required for a commission as captain in the Army or Air Force, or lieutenant in the Navy." But from now on, qualifying experience may not be attained after the date on which pre-induction physicals are begun for a particular priority. In practice, Priority I physicians who declined a commission at the time of their physical may not count toward their eventual military rank any experience acquired after December 6, 1950, official date for start of physical examinations in Priority I.—*Capitol Clinics.*

Information from Washington . . . indicates that all physicians in Priorities I and 2 — those who registered with Selective Service on last October 16 — will be needed for active military service by July 1, at the latest, in order to supply the rapidly expanding armed services with an adequate number of medical officers, estimated at 13,000 under present expansion plans.

ST. ELIZABETH HOSPITAL STAFF MEETING

The regular monthly meeting of St. Elizabeth Hospital Staff was held February 6, 1951 with Dr. W. H. Evans presiding.

The scientific program consisted of the presentation of two recently hospitalized cases; one of Beck's sarcoid of the spleen and the other of peptic ulcer in an infant several months old.

The report of the Cancer Detection Clinic Committee was given by Dr. J. J. McDonough. He stated that a considerable sum of money had been appropriated for the Clinic by the American Cancer Society. He also announced that the Cancer Detection Clinic at the hospital was recently fully approved by the American College of Surgeons.

A building committee was appointed to receive suggestions from physicians in order to have all possible improvements in the new wing.

Following adjournment, the film "The Atom Bomb" was shown for the benefit of those who had missed the previous showing the week before.—*Asher Randell, M.D., Secretary.*

UNCLE DUDLEY

Is it reasonable to expect an intelligent and patriotic person to be tolerant of ideas that are subversive of good government? In theory, toleration is a virtue; but it can remain so only to those who know its limitations. It may serve as a productive soil for the growth of dangerous influence. Intolerance then becomes not only a virtue but also a salvation.

★ ★ ★

Green pastures lie on the other side of the street; but when the fellow who lives there keeps coming over, it makes us think.

★ ★ ★

Tyranny is always with us. We can scarcely escape that of external origin until we have originated it ourselves. What we are arrayed against may be no greater menace to our liberty than are complacence and self-indulgence. No longer must we look to ignorance and want as the origin of our oppressions; but rather, to ease and opulence, for on these tyranny thrives as well. It simply changes its garments.

NOTES ON BLOOD PROCUREMENT MEETING

(Editor's Note: The following report on the Blood Procurement meeting held in Columbus, Ohio on January 28, 1951, under the auspices of the A.M.A., is presented by Mrs. P. M. Tweeddale, R.N., director of the blood bank at the Youngstown Hospital Association).

Through its Committee on Blood Banks, the American Medical Association has co-operated with the American Red Cross in a national blood procurement program.

The American National Red Cross has been designated by the Secretary of Defense as the official procurement agency for blood and blood derivatives for the needs of the armed forces; and the National Security Resources Board has similarly designated the American National Red Cross to accept the responsibility of co-ordinating a nation-wide civil defense blood program for recruitment of donors and collecting, storing and processing for shipment of blood and blood derivatives.

All federal agencies designating the American National Red Cross in blood procurement will charge this organization with the responsibility not only of blood procurement, but also of securing necessary correlation and co-operation of other agencies interested in blood procurement. The Department of Defense expects to reimburse the American National Red Cross for actual costs incurred in procurement of blood and blood derivatives for the armed forces.

In its study , the American Medical Association has found that the thirty-four regional centers of the American National Red Cross issue less than fifteen per cent of the blood used as whole blood. The rest is from hospital and non-hospital blood banks. Hence, the American National Red Crosss must rely on the co-operation of the other blood banks which are currently procuring most of the blood.

COOPERATION OF ALL AGENCIES NEEDED

The Committee on Blood Banks is of the opinion that a large scale emergency blood program, whether regional or national, can be successful only if the American National Red Cross has the willing and whole-hearted co-operation of all the other agencies in the blood procurement field. It believes that other blood banks can procure emergency blood under the special motivation that would exist and channel it through the American National Red Cross to the official agencies for which it procures. Joint efforts at the regional, state and local levels are indispensable.

To assure that this co-operative plan be fully effective the A.M.A. has recommended to the American National Red Cross that the regional, state and local co-ordinating organizations of the American National Red Cross Blood Program include full and adequate representation of physicians, hospitals, non-Red Cross blood banks, and health departments, state and local. It was also recommended that all public relations, publicity and campaign efforts emphasize the co-operative nature of the National Blood Program, listing the names of the co-operating blood banks and hospitals in local areas.

On July 11 and 12, 1950 at a meeting in Boston of the Committee on Blood and Blood Derivatives of the American National Red Cross together with its Medical Advisory Committee on the National Blood Program there were present, by invitation, representatives of the American Medical Association, the American Hospital Asssociation and the American Association of Blood Banks. An agreement was drawn up and initialed by representatives of the American National Red Cross and of the other three organizations named.

The text follows:

In the interest of a blood transfusion service throughout the country, and the doctors, hospitals and patients who use blood, and in the interest of

national unity, representatives of the American National Red Cross, American Medical Association, American Hospital Association and American Association of Blood Banks have agreed to co-operate in time of peace or in a national emergency with the National Security Resources Board in the following way:

1. In time of peace:
   a. That there be a free exchange of blood between the American National Red Cross Regional Blood Centers and blood banks operating under other auspices on a unit for unit basis whenever and wherever it is needed to best serve the interest of the community. It is agreed that such units shall become the property of the recipient blood bank to be used in accordance with its usual policy of issuing blood.
   b. That as a principle, the American National Red Cross, American Medical Association, American Associationof Blood Banks and American Hospital Association favor making surplus blood available to the American National Red Cross or other agencies processing blood for the purposes of converting it into derivatives which will become available for the benefit of the people. By "surplus blood" is meant that all blood which is not required for use as whole blood, plasma or any other derivatives by the blood bank concerned.
2. In a national emergency:
   a. In the event of a national emergency or disaster, the American National Red Cross, American Medical Association, American Hospital Association and the American Association of Blood Banks favor, in those communities not served by an American National Red Cross Regional Center, the establishment of an American National Red Cross Donor Center and/or the use of existing blood bank facilities to procure the necessary amount of blood. The method to be used shall be determined in a manner which meets the approval of the county medical society and the local blood banks and the approval of the hospitals. Furthermore, it is agreed that, consistent with government regulations, the operation of the local blood bank facilities for civilian need shall not be interferred with by the emergency program.

STANDARD METHODS IMPERATIVE

It has been generally agreed that the use of standardized equipment and methods for the procurement and dispensing of blood is imperative in a national emergency and desirable in peace. In order to insure minimum standards, it has also been recommended that, subject to the resources of the National Institute of Health, all blood banks co-operating in the above program shall meet the minimum standards of the National Institute of Health.

After consultation with various advisors, the Committee on Blood Banks concluded that mass typing of the general population is costly and inadvisable for technical reasons, including that of the hazards to the patient introduced by dependence on such typing. Previous experiences in mass typing have been disturbing rather than reassuring. On the advice of federal officials, the Committee stressed the importance of increasing the production of blood substitutes as well as whole blood in the present emergency.

It was decided that a committee be named to carry out standardization of equipment, survey of methods, mailing of instructions and the forming of a liaison with the Red Cross as to disposal of blood collected.

LAY EDUCATION AND SPEAKERS' CALENDAR

Feb. 13: Dr. A. Goudsmit; Boardman Science Club, "Live!"
Feb. 13: Dr. E. R. McNeal; Mahoning County Mental Hygiene Society, "General Medicine and Mental Hygiene."
Feb. 14: Dr. Hugh Bennett; Central Christian Sunday School Class, "Medical Aspects of Socialized Medicine."
Feb. 15: Dr. Hugh Bennett, Uptown Kiwanis, "Youngstown Area Heart Campaign Talk."
Feb. 15: Dr. E. R. McNeal; Boardman Kiwanis, "Youngstown Area Heart Campaign Talk."
Feb. 27: Dr. M. C. Raupple; Business & Professional Women, "Tracking Down Number 1 Killer."
Feb. 27: Dr. C. A. Gustafson; Health Class Y. W. C. A.,

Heart Campaign talks were also given over local radio stations by the following Society members on station and date indicated.

Feb. 6: Dr. Paul Mahar ---------- WFMJ, 10:05-10:10 P.M.
Feb. 8: Dr. Paul Mahar ---------- WKBN, 5:15-5:20 P.M.
Feb. 11: Dr. W. H. Bunn ---------- WBBW, 2:05-2:10 P.M.
Feb. 12: Dr. W. H. Bunn ---------- WFMJ, 9:50-9:55 P.M.
Feb. 13: Dr. Paul Mahar ---------- WBBW, 11:05-11:10 A.M.
Feb. 15: Dr. M. W. Neidus ---------- WBBW, 2:00-2:05 P.M.
Feb. 16: Dr.. M. W. Neidus ---------- WFMJ, 1:45-1:50 P.M.

FROM THE BULLETIN

TWENTY YEARS AGO — MARCH 1931

J. L. Fisher, M.D.

The annual banquet was held this month at the Youngstown Club. Here is the menu:

SUPREME OF FRESH FRUITS COCKTAIL CORONETTE
Hearts of Celery Garden Radishes Queen Olives
CREAM OF FRESH MUSHROOMS JULIENNE
TOURNEDO OF FILET OF BEEF, MARROW BORDELAISE
Parisienne Potatoes, ROSETE New Brussels Sprouts in Butter
PRINCESSE SALAD, LORENZO DRESSING
Hot Toasted Crackers
FROZEN MERINGUE GLACE
Cigarettes Demmi Tasse Cigars

Dr. John L. Davis of New Britain, Connecticut, noted lecturer and author, spoke on "Echoes of Life." Harry "Speed" Brockman and his Melody Weavers Orchestra played during the dinner. The banquet committee was headed by Dr. Walter Turner.

TEN YEARS AGO — MARCH 1941

Selective service examinations were taken over by the Medical Society as a group activity. F. W. McNamara headed the Medical Defense Committee. Doctors were being urged to return their Medical Defense Questionnaires.

Dr. Sidney Davidow became a member of the Society. Births of William Dean DeCicco and Katherine Birch were announced.

Doctors were entertained at a dinner by the Isaly Company at their new tower on Mahoning Avenue.

There was much interest taken in the trial going on in Washington, the United States vs. the A.M.A. and Medical Society of the District of Columbia.

Dr. Murray Copeland of Johns Hopkins addressed the Society on "Tumors Of The Breast."

PROCEEDINGS OF COUNCIL

MONTHLY MEETING: The regular monthly meeting of the Council of the Mahoning County Medical Society was held at the office of the Society, 203 Schween-Wagner Bldg., Monday, February 12, 1951.

PRESENT: The following doctors were present: E. J. Wenaas, President, presiding; W. M. Skipp, C. A. Gustafson, S. W. Ondash, V. L. Goodwin, J. C. Vance, G. G. Nelson, John Noll and Asher Randell.

MINUTES: The minutes of the regular monthly meeting of January 8, 1951 were read and approved.

AMERICAN RED CROSS NATIONAL BLOOD PROGRAM: Mrs. W. K. Allsop and Mrs. L. McPhee of the local chapter of the American Red Cross, appeared before the Council to discuss the American Red Cross National Blood Program.

Objectives of the program are:

a) To make blood available to local physicians to help safeguard the health of a community. If there are existing blood banks in a community, it is not the intention of the Red Cross to close them out, but to supplement on a basis of need.

b) To meet large scale needs for blood occasioned by a disaster or national emergency.

c) To furnish blood for the Armed Forces.

The proposed local program is that when the Regional Center opens in Cleveland on or about April 1, 1951, the Mahoning Chapter will be one of 31 co-operating chapters served by mobile units from the Cleveland Center.

The Red Cross has asked for three or four doctors recommended by the County Medical Society to supervise and direct all technical operations and to survey hospitals to be served and arrange with them for their participation in the blood program.

MEDICAL ADVISORY COMMITTEE: Dr. Wenaas appointed the following committee as a Medical Advisory Committee to work with the Red Cross: Dr. J. A. Rogers, Chairman; Dr. J. B. Kupec, Dr. A. E. Rappoport and Mrs. A. M. Tweeddale, R.N. Mrs. Tweeddale is director of the blood bank at the Youngstown Hospital Association.

MEMBERSHIP: The following applications for membership were read:

ACTIVE MEMBERSHIP

Dr. Fred G. Schlecht, 2218 Market St., Youngstown, Ohio
Dr. Robert S. Donely, 1008 Central Tower, Youngstown, Ohio
Dr. Frederick A. Resch, 6 Court Street, Canfield, Ohio
Dr. Paxton L. Jones, 3100 Market Street, Youngstown, Ohio

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

LOYALTY GROUP DISABILITY INSURANCE PLAN: A letter was read from Stillson and Donahay, local underwriters of the Loyalty Group Disability Insurance Plan. It stated that the Commercial Casualty Insurance Company, through their local agents, Stillson and Donahay, are offering to open a special 45 day enrollment period during which every member NOW INSURED can increase his coverage, if desired, to $75.00 against the past limit of $50.00 weekly benefits. This enrollment would be done on the basis of waiving underwriting of risks with regard to past physical history and present physical condition of applicant providing at least 50% of the now insured members, under age 60, enroll for increased coverage.

Also they are offering to establish a re-enrollment period of 45 days during which all UNINSURED members, numbering about 58, who are under age 60, can again have the opportunity to secure the Loyalty Group coverage under any one of the six optional plans from $20.00 to $75.00 per week. This would also be made available with all underwriting restrictions waived providing 50% or about 30 of them enroll for some plan of coverage.

Stillson and Donahay asked for permission of Council to approve a letter of announcement of the insurance plan from the Society president to all of the Society membership. Council approved the request.—*Dr. G. E. DeCicco, Secretary.*

SHOE-FITTING FLUOROSCOPES

Raymond J. Scheetz, M.D.

Physicians must look upon all exposure to radiation as something to be avoided unless the advantages derived therefrom outweigh the possible harmful effects. In regard to shoe-fitting fluoroscopes, injudicious use might result in radiation burns of the skin and deeper structures and interference with foot development due to effects upon growing epiphyses. Until recently no disasters have been reported from the use of fluoroscopes in fitting shoes. Nevertheless, some thoughtful authorities have been disturbed about injuries which might result from careless use of such machines, and the members of the American College of Radiology's Commission on Radiological Units have stated "We prefer to have them not used at all."

The National Shoe Retailers' Association has sought advice about this problem from the American College of Radiology. The New York Academy of Medicine, the California State Department of Public Health, and a number of individuals (e.g., Henny, Hoecker, Williams, and Hempelmann) have all been interested in this problem and some manufacturers of shoe-fitting fluoroscopes have tried to build their machines to meet certain safety standards. It would seem that the limits and controls presently being accepted will give moderately good assurance that no injury will occur if the following precautions are observed:

1) The machine should be properly built. This means that the current, filter, and automatic cut-off device should be so adjusted that the total dosage to the foot per exposure will be approximately one to two roentgens. There should be adequate shielding to avoid undue exposure to the operator and bystanders.

2) If the radiation dosage to the foot is about one to two roentgens per exposure, the total number of such exposures should be limited to twelve per year. This is in keeping with the recommendations of Williams and Hempelmann.

3) Operators of shoe-fitting fluoroscopes should be fully indoctrinated in the possible dangers inherent in their use. Willful repetition of the exposure to satisfy the curiosity of children or parents, or the use of the fluoroscope in trying another or several pairs of shoes must be guarded against. Hempelmann has stated that several fittings within a day or two may conceivably lead to damage, especially if the machine is improperly built or regulated. Also, operators of these machines should have some instruction in the x-ray appearance of the foot. It is very doubtful that an untutored eye can tell from a five-second look at a fluoroscopic image whether the normal anatomy of the foot has been disturbed by an improperly fitting shoe.

If the problem is fully appreciated and adequate precautionary measures observed there is probably no danger from the judicious use of well-built shoe-fitting fluoroscopes.

$600,000 ALLOCATED FOR BLOOD RESEARCH WORK

Public Health Service, through its National Heart Institute, has set aside $600,000—all the money immediately available—for initiation of a broad research program in blood collecting, separating and preserving. Establishment of this special research program was agreed to by all agencies involved in other phases of the blood program—Red Cross, Civil Defense Administration, Defense Department, Agriculture Department, National Research Council, Bureau of Standards, the states and various private blood banks. National Security Resources Board continues its overall coordination, and Red Cross continues to be responsible for the collection and storing of whole blood, plasma and plasma substitutes. PHS probably will attempt to obtain about $1,500,000 additional for the research activities, which are divided into three phases:

1. Basic research on the separation, purification, storage and use of various formed elements of blood which can act as substitutes for whole blood.

2. Developmental research to improve methods of blood collection—$215,765 for this phase of the program will go to Dr. Charles A. Doan of Ohio State University to adapt research to large scale production of blood fractions and for development of special equipment (plastic transfusion kits, etc.).

3. Clinical research in the relative effectiveness of whole blood and blood substitutes in treatment of burns, shock and radiation injury.

In addition to the non-federal institutions, National Institutes of Health, Navy Medical Bureau and Army hospitals will participate in the program.—*Capitol Clinics.*

CYNICAL SAM

The trouble with the world isn't that people are not yet fit for civilization; but that they are unwilling to take the kind of culture we try to impose on them. We are the judges of values, but we are now learning that we have no power to enforce our decisions. The white crosses in Korea will remain to show how the East and the West have met.

★ ★ ★

Being grateful for favors rendered is no doubt an admirable trait; but if the apparent gratitude comes in response to flattery, it is really nothing but vanity on parade.

★ ★ ★

Dr. Sidney A. Portis of Chicago is authority for the statement that, "One can subject a normal person to boredom, and his blood sugar level may drop 10 to 15 mg. per 100 cc. while he is under the influence of that boredom." Passing the candy dish, as ladies are wont to do, may have a rational foundation. They may have the satisfaction of knowing that the laboratory has merely confirmed what they have long suspected and which they have wished to avoid. We may have been in error in declining the candy.

HERE AND THERE

Dr. John N. McCann was recently elected president of the Ohio State Board of Medical Examiners. Dr. McCann is also a member of the Executive Committee of the American Federation of State Board Examiners.

Dr. J. Burke, a resident on the surgical division of St. Elizabeth Hospital, received his commission as First Lieutenant in the Medical Corps of the U. S. Army and has left for San Antonio, Texas where he has been assigned to duty.

Dr. David Cox, a resident at the Youngstown Hospital Association, reported for active duty in the Army Air Corps at Dayton, Ohio on February 5, 1951. He is a First Lieutenant in the Medical Corps, U. S. A.

Born: to Dr. and Mrs. C. Edward Pichette, a boy, Richard Edward, at St. Elizabeth Hospital on February 4, 1951.

Dr. J. N. McCann attended the meetings of the Council on Medical Education and Hospitals of the American Medical Association and the Federation of State Board Examiners at Chicago on February 4 - 6.

Dr. Clyde K. Walter and Dr. William L. Mermis attended the combined Graduate Instructional Course in Allergy at the Seventh Annual Congress of the American College of Allergists in Chicago, February 9th to 14th. Dr. Walter became an Associate Fellow of the College. Dr. W. H. Evans and Dr. S. R. Zoss attended the Seventh Annual Congress of the College February 12th to 14th.

Dr. Ivan C. Smith attended the meeting of the American Society for Surgery of the Hand, held at Chicago on January 26.

Dr. W. H. Evans attended the meeting of the Midwest Section of the American Tri-Ological Association held at the Hotel Cleveland, Cleveland, on January 16.

Dr. Edgar C. Baker, radiologist at South Side Hospital, gave the address, "Atomic Bomb Defense", when seven Gray Ladies of the American Red Cross were capped in the home of the unit chairman, Mrs. Paul Haas, 4041 Hudson Drive.

Dr. J. B. Birch announces the removal of his office from 525 Wick Avenue to the corner of Illinois and Wick.

Recent literary contributors to the Ohio State Medical Journal were Dr. Leonard P. Caccamo and Dr. Leo A. Strutner, former residents in internal medicine at St. Elizabeth Hospital and at present ward physicians, V. A. Hospital, Detroit, Michigan and assistant instructors, Department of Internal Medicine, Wayne University School of Medicine, Detroit, Michigan.

Dr. Earl Brant, resident in radiology at the South Side Unit of the Youngstown Hospital Association, has completed a four weeks course in the technique of radio-isotopes at the Oak Ridge Institution of Nuclear Studies. He is spending an additional three months of study at the Institute's Cancer Research Hospital.

Health Department Bulletin

CITY OF YOUNGSTOWN

REPORT FOR JANUARY, 1951

	1951	Male	Female	1950	Male	Female
Deaths Recorded	168	95	73	172	103	69
Births Recorded	300	153	147	308	150	158

CONTAGIOUS DISEASES:	1951 Cases	1951 Deaths	1950 Cases	1950 Deaths
Chicken Pox	94	0	74	0
Measles	13	0	294	0
German Measles	0	0	3	0
Mumps	2	0	33	0
Ep. Meningitis	0	0	1	0
Scarlet Fever	7	0	3	0
Tuberculosis	12	3	2	3
Whooping Cough	4	0	20	0
Gonorrhea	22	0	26	0
Syphilis	19	0	28	0

VENEREAL DISEASES New Cases:	Male	Female
Syphilis	8	3
Gonorrhea	24	6

Total Patients 41
Total Visits to Clinic (Patients) 416

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

AID TO MEDICAL SCHOOLS

In appropriating one-half million dollars out of its National Education Campaign Fund as an initial contribution to an annual fund to assist our medical schools, the American Medical Association continues to advance its fight for medical freedom. It indicates a resolve of American medicine not to seek federal aid for medical schools until all other means of financing have been exhausted, for sizeable federal subsidy could well become incompatible with academic freedom.

The fund, earmarked for hard-pressed medical schools for their unrestricted use in their basic training of future physicians, will hardly solve the economic dilemma of our medical schools but it provides substantial indication that organized medicine aims to keep federal subsidy to a minimum. The move indicates that American medicine senses the growing public awareness that federal subsidy has come to be a burden by intolerable taxation and the increasing federal control over our institutions and the lives of our people. It gives practical evidence of our sincerity of purpose and keeps faith with the American people who have given voluntary medical practice such an assuring vote of confidence.

The American Medical Education Fund has been established as a not-for-profit corporation under the laws of the state of Illinois to receive and distribute contributions to the Fund for the individual members of the medical profession and friends of the medical profession. Such subscription to private institutions to assist in turning out American physicians from American institutions free of bureaucratic control has been widely applauded as one of the most constructive and important programs undertaken by the American Medical Association. All groups therefore, should receive a stimulus to further contribute to the all important cause of protecting and advancing the Nation's health.

The challenge of securing adequate support for medical education from voluntary sources has been made. Members of the profession can meet this challenge to the best of their abilities, by contributing to the American Medical Education Foundation, 535 N. Dearborn Street, Chicago 10, Illinois. Some of us may elect to assist by private endowment to our own medical Alma Maters. Whatever the case may be, we should recognize the fact that the medical profession has a primary responsibility of leadership in securing such funds. It is evident that without strong medical schools the future capacity of the profession itself to serve the society will be in jeopardy. We should lead the way to an assistance of our medical schools because continued academic freedom will provide a firm basis for our professional freedom.

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