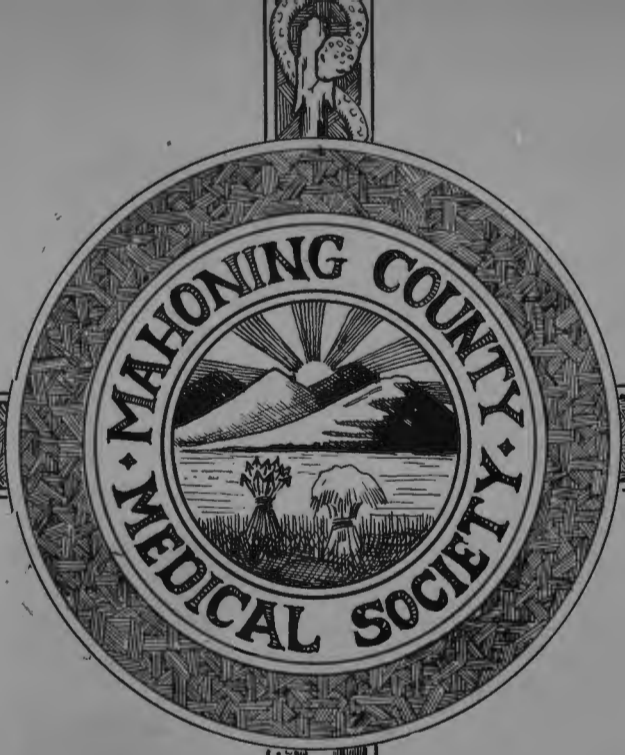


Man makes beauty of that which he loves.—*Renan.*

BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

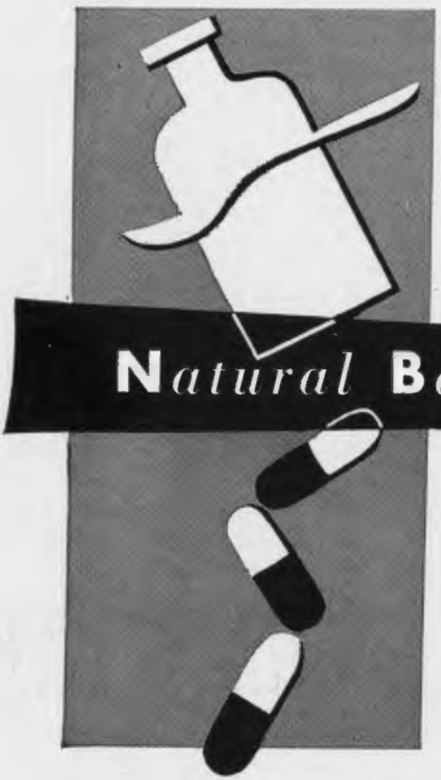
Youngstown • Ohio
VOL. XXI No. 5
MAY • 1951

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.
Riboflavin	3.5 mg.
Niacinamide	25.0 mg.
Pyridoxine (B_6)	0.056 mg.
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.

BASE: Rice Bran, Corn, Liver Concentrate.

SUPPLIED: in 4-oz. Rx size.

formula:

Each Capsule Contains:

Thiamine Hydrochloride	10 mg.
Riboflavin	15 mg.
Niacinamide	100 mg.
Pyridoxine	1 mg.
Calcium Pantothenate	10 mg.
Choline Dihydrogen Citrate	20 mg.
Inositol	20 mg.
Folic Acid	0.25 mg.
Liver Extract (secondary)	100 mg.
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., 129:618, Oct. 27, 1945.
2. Lewey and Shay, Dietotherapy, Philadelphia, W. B. Saunders Co., 1945, p. 850.

Samples on Request

Fellows MEDICAL MFG. CO. INC. Pharmaceuticals

26 CHRISTOPHER STREET NEW YORK 14, N. Y.

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Representative to the Associated Hospital Service
H. E. PATRICK

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PRESIDENT'S PAGE

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A well conceived public relations program has for its objective the promotion and protection of the public interest and through that method the promotion of the interest of its members and of the profession as a whole. Through such an effort the profession will earn and keep public understanding, confidence and support.

In order to have good public relations we must first have good relations within our own County Society. We are fortunate in that respect as we have very little of factions or cliques and every branch of medicine is represented. However, regular attendance at County medical meetings is absolutely essential to a closely knit organization. It will enable us to meet and understand our fellow practitioners. The *Bulletin*, medical banquets, social affairs and other gatherings promote good relations within the profession.

Care should be taken to eliminate the causes of malpractice claims such as negligence or ineptitude, criticism of a colleague's work, undue optimism in prognosis and failure to give a patient a clear picture of the diagnosis or treatment. Every malpractice claim is a source of bad public relations.

An enlarged Medical Economics Bureau designed to improve the doctor-patient relation economically, is a necessary requisite. An unsatisfactory doctor-patient relationship is often expressed by the patient's refusal to pay his bill and a clear understanding *previous* to treatments or surgery may well have avoided such undesirable public relationship. A bureau staffed with a trained personnel would help to minimize the number of patients who are dissatisfied and remain so in their contacts with medicine. Most dissatisfied patients could be satisfied if their difficulties were discussed openly and a fair adjustment made with assistance and encouragement where needed and the preservation of the individual's responsibility to work out his problems. Every dissatisfied patient is a potential follower or he may well become an active participant in the doctrines that lead to a socialized state.

E. J. Wenaas, M. D.

BULLETIN of the Mahoning County Medical Society

Published monthly at Youngstown, Ohio — Annual Subscription, $2.00

VOLUME 21 — MAY, 1951 — NUMBER 5

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

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

AUXILIARY WINS STATE AWARD

The Woman's Auxiliary to the Mahoning County Medical Society won the coveted honor of placing first in a state-wide "Credits and Awards" contest sponsored by the Woman's Auxiliary to the Ohio State Medical Association.

The announcement was made and the cash award presented to the president, Mrs. William H. Evans, at a meeting of the Ohio State Medical Auxiliaries in Cincinnati, April 25th.

A thirteen point system was used for the judging, and the following were some of the more important points of the program:

Civic and health projects (as aid to aged, indigents, mental, etc.)

Constructive activities as suggested by State and National Auxiliaries.

Community health programs (heart drive, hospital building fund, etc., aid to nurses).

Dissemination of information as outlined by the National Education Committee of the AMA.

Co-operation with the County Medical Societies on legislative and public relations activities.

The splendid achievement by the Mahoning County Medical Auxiliary is the result of conscientious effort on the part of all committees and their chairmen and the entire membership throughout the year. Most especially, is it a tribute to the efficient leadership of the president, Mrs. William H. Evans.

Mrs. J. L. Fisher

DELEGATES REPORT ON OSMA MEETING

The meeting of the Ohio State Medical Association held at Columbus April 24-26 was well attended. Total registration was twenty four hundred; a good attendance. Everyone attending both general sessions and instructional courses commented that all subjects presented were well worth their time.

Tuesday: 12 Noon—A complimentary luncheon preceded the first session of the House of Delegates, with a full House in attendance.

Thursday: 12 Noon—A complimentary luncheon preceded the second and final session of the House.

The President of the Cincinnati Academy of Medicine, Dr. J. W. Matthews called the meeting to order and welcomed the Assembly, then introduced Dr. E. O. Swartz, President of OSMA.

Our President gave a review of the work carried on by the State Association for the year past, stressing the time and effort spent by the Committee on Medical Service Plans and a Special Committee of Council in attempting to set up a new *"Payment in Full"* policy for Ohio Medical Indemnity Inc. He stressed the fact that the program under direction of Council was proceeding with caution and very little haste, explaining that our present policy does not cover the physicians' bill and, as good citizens, it is our duty to make it possible for low income groups to pay their medical bills in full with our help. He added that the State membership would be polled requesting that they accept the amount to be paid by the contract to cover the full physician's charge. He pointed out that all physicians should realize that this is one way to head off Federalization of Medicine.

He stressed the role played by the physicians over the State, not under direction of the Ohio State Medical Association, but as individuals and groups in getting people out to vote and instructing their patients on how to vote right.

Dr. Swartz directed attention to the good work carried on by the Rural Health Committees in showing the citizens of these areas that the physicians are interested in their health problems, and to the cooperation of the Ohio Committee with the National Committee.

He further stated that our public relations and physician relations had expanded under the direction of George H. Saville, enabling the public to understand the many benefits and improvements that have been made in caring for the sick, to wit: setting up of grievance committees, hearing complaints, 24 hour call and telephone service—stressing that service was available to all people, day or night. This cooperation is not only with the County Society but with newspapers, magazines, radio and television—furnishing speakers and literature on subjects pertaining to medicine and education in regard to Federal Medicine; working with the National Education Program of the AMA.

He thanked the Women's Auxiliary of the County Societies and the State in their all-out effort in last November's election and their various other programs of education of the public. He also emphasized many other important functions of the State Organization. His address should be read completely by everyone of us in the coming State Journal.

The President appointed various committees to carry on the work of the present session of the House.

The nominating committee is elected from the floor; one member from each district—he must be a resident of the district and a member of the House of Delegates; eleven members in all. This committee nominates all elective officers except the President-elect who is nominated from the floor.

At the second session on Thursday the committee returned the following

nominations, all being elected without a dissenting vote.

Councilors are elected in the even Districts in odd years, and one half of the Delegates to the AMA each year. Councilors and Delegates serve two year terms.

Councilors nominated and elected:—

2nd District—M. D. Prugh, Dayton, Ohio
4th District—C. S. Mundy, Toledo, Ohio
6th District—P. A. Davis, Akron, Ohio
8th District—C. P. Swett, Lancaster, Ohio
10th District—W. F. Mitchell, Columbus, Ohio
3rd District—To fill unexpired term, F. R. Berlin, Lima, Ohio

Delegates to AMA—with Alternates

(1) L. H. Schriver, Cincinnati
E. O. Swartz, Cincinnati
(2) C. C. Sheburne, Columbus
Ed. Artman, Chillicothe
(3) Frank Wiseley, Findlay
Ross Knoble, Sandusky
(4) A. A. Brindley, Toledo
J. C. Lindner, Cincinnati

The President-elect was nominated by W. F. Mitchell. H. M. Clodfelter, Columbus, Ohio, was elected unaminously.

The Resolutions Committee under the chairmanship of H. B. Wright of Cleveland, presented nine resolutions at the first session after hearings that lasted several hours. The Committee reported at the second session on the following:

RESOLUTION A— With regard to misleading articles appearing in popular magazines . . . that the AMA inform and educate the public with reference to the practice of medicine in Hospitals.

Approved.

RESOLUTION B—Regarding prepayment Health Insurance—that news and policies be published in a publication of the AMA.

Approved.

RESOLUTION C— Deals with the new Contract being proposed by OMI *"Payment in Full"*.

Opposition—

—1—Injected a third party.

—2—Making the psysician responsible for amount of income of patient.

—3—Does not say that one physician is better qualified than another and should get more pay.

—4—Continue present contract increasing amount paid.

—5—Opposed to " Payment in Full".

The Committee **did not approve** this Resolution and after much discussion, the resolution was tabled indefinitely for further study so that all members of the Association could be briefed on the pros and cons of this type of insurance.

RESOLUTION D—Regarding requirements for hospital approval for interns and residency have two accrediting agencies, and that only one body can be consulted regarding complaints and rules; that the AMA and ACS set up one agency with one plan.

Approved.

RESOLUTION E—Regarding unequal distribution of internes between University and non-University hospitals. Non-University hospitals take care of 75% of patient load with less internes.

That the AMA be requested for a report on ways and means for a solution of this problem.

Approved with some amendments.

RESOLUTION F—Regarding Blood Banks cooperating with Red Cross Program.

—1—Can the Red Cross Program carry this load?

—2—Will existing Blood Banks be closed?

—3—That the program be re-examined by the State Association.

—4—The Resolution Committee recommended a State Blood Bank Committee, one member to represent Blood Banks, one Red Cross, and one independent member.

Approved.

RESOLUTION G—Regarding widespread releases on all types of publications concerning a shortage of physicians, —2—that the AMA is obstructing plans for increasing the training program, —3—that the AMA publish, wherever possible, information as to why there is no shortage and that the AMA have plans for thusly acquainting the public.

RESOLUTION H—Dues of State and National organizations, that constitutions be amended to allow older members to retain their membership without the payment of dues but must be in practice 50 years or more.

Approved.

RESOLUTION I—That the AMA amend its constitution so that there will be a single membership and that Fellowship, including dues, be eliminated.

Approved.

The Committee, on time and place for the next annual meeting, agreed upon May 21, 22, 23, 1952, Cleveland, 1953—Cincinnati, 1954—Columbus if space is available, if not Cleveland.

The new President Fred W. Dixon of Cleveland was installed. He then requested the approval of his standing Committee of the House; approval was granted.

Ivan C. Smith, J. C. Vance
C. A. Gustafson, W. M. Skipp.

BESIDE THE TRAIL

It is strange for what men are willing to die. The slogans and battle-cries of one generation become the jest of the next. Men endure incalculable losses, and then prepare again to fight for a cause they do not understand. We are at present in danger of the most horrible conflict ever known to man.

The reason?—The belief that the evils from which man suffers are due, not to inherent human tendencies, but to industrial organization, a change of which would remove the causes of discontent and misery. Thus through the death of the old life and rebirth into the new, a universal brotherly love would replace the race-old instinct of competition. Looked upon objectively, this seems nonsense; but millions of men are likely to die in consequence of this delusion, half of whom would be our own. And when this becomes another lost cause, an equally fallacious one will follow.

Those who believe that civilization has corrupted mankind can not escape the assumption that it was corruptible. An idea of past perfection is incompatible with the possibility of deterioration. A much more sensible view is that an adequate conception of the human race has never been prevalent, and that the past has bequeathed us little in opinions that are of value in establishing our own view of the nature and destiny of man.

Man's struggle to improve his material condition is instinctive, fluctuating, and alternating between releases and control. The means he adopts to better his situation cannot remove the basic urge to acquire and retain. Peace is but an interval of diminishing satisfaction between recurrent periods of violence.

INJURIES AND DEFORMITIES OF THE NOSE

S. A. Myers, M.D.

Fractures of the nose may be classified as fractures elsewhere in the body, i.e., into simple and compound with the various degrees of comminution of the bones. With many of the fractures or injuries to the nose there may be an associated fracture or dislocation of the nasal septum and if the latter is to be corrected, it should be done as soon after the injury as possible.

When the inferior border of the septum is sprung from its bed in the groove of the maxilla and vomer, the groove becomes filled with blood clot which becomes organized and fibrous tissue is thrown down so that replacement of the septum into its normal position becomes impossible. This dislocation of the septum is especially apt to happen in children so that the septum has a C shaped deviation and being fairly strong, cartilaginous spring will cause a twist or external deviation of the nose, as well as causing an obstruction to breathing. Formerly, these cases were not subjected to corrective surgery until the patient was 16 years of age or older and by that time hypertrophy of one of the upper lateral cartilages with an atrophy of the opposite one usually occurred. Today, these cases are corrected by re-shaping and reinserting the cartilage so as to prevent the deformity.

In fractures of the nasal bones, too much reliance should not be placed on the x-ray report as what may appear to be a slight displacement on the film, may actually be considerable deformity as far as the patient is concerned. When seen early and before swelling takes place more can be told clinically by examination as to the deformity than can be evidenced by the x-ray. When there is swelling present one should be careful to keep the patient under observation until the swelling has subsided in order to be sure that no deformity exists.

Simple fractures of the nasal bones, without marked comminution of the fragments, will usually hold themselves in place after reduction without the use of intranasal splinting or appliances. Because the deformity of these fractures seems so simple to correct, many do not receive proper reduction. When the nasal bones have been fractured from trauma striking the side of the nose, there is usually a concavity on the side receiving the blow and a convexity on the opposite side. This is apt to give the erroneous impression that all one needs to do is to push the convex side back toward the midline of the nose. By doing this, the depressed bones are overridden by the arch of the opposite nasal bones and a deformity such as a nasal hump, flat side to the nose, or a twisted nose will be formed. It is necessary, therefore, in the correction of these fractures, to lift the depressed bones outward and upward before making pressure o nthe opposite side.

In some simple fractures the bones and septum are comminuted to such an extent that some form of intranasal splinting is necessary to hold the fragments in place. This can be accomplished with intranasal packing which can be removed in four or five days or if this is not satisfactory, some form of traction splinting may be used. There are a number of such appliances on the market or one may make an application which is fairly simple to use.

With the increase in the so called 'dashboard" injuries of the nose there is also an increase in the number of compound fractures of the nasal bones. There probably is no other compound fracture in the body which is apt to receive as little care as that of the nasal bones. There are probably several reasons for this: first, the compound area may not look too bad, and secondly, because of the excellent blood supply to the area and resistance toward infection ,one can get away with rather haphazard treatment which he could not

do in the case of the long bones or skull. However, an infection of a compound fracture of the nasal bones with the resultant absorption, sequestration or osteomyeltic spread to the surrounding facial bones, can cause a deformity which is difficult to correct and which is very disfiguring to the patient. A compound fracture of the nasal bones is no different from those in other parts of the body and should be treated as such. It is not enough to merely swab the area with some antiseptic solution and place a few sutures to pull the edges together. The compounded area should be thoroughly cleansed with soap followed by copius irrigation with sterile saline or water with thorough cleansing of the surrounding skin.

Because these injuries are usually caused by a blow of considerable force, the tissues along the sides of the nose are usually pulled quite loose from the supporting framework so that deep pockets are apt to be formed and these should be searched for the presence of any foreign body, especially for glass if the blow was from a windshield or window. Glass is hard to see so that it is first necessary to stop all bleeding and remove any blood clots which have formed in the pockets. After thoroughly cleansing the wound any devitalized edges of the skin can be carefully debrided and the wound closed. Closure of the wound should be done with a fine suture material and care should be taken to see that the skin edges are in good apposition, as on the bridge of the nose an overlapping or stepping of the skin edges will produce a rather unsightly scar. The fracture can then be reduced and the necessary splinting applied. I think these cases should receive adequate chemo and antibiotic therapy for several days to help insure against infection.

Most of these fractures can be reduced under nerve block or local anesthesia but if a more satisfactory repair can be done under a general anesthesia, it should be given.

Before leaving the subject of injuries it might be well to mention hematoma and abscess of the nasal septum. Hematoma of the septum may follow any blow to the nose even though the blow was not severe. Anyone who has had a blow to the nose and who has any difficulty in breathing afterwards should be examined for the possibility of a hematoma. There is always the danger of an abscess forming in a hematoma with a resultant absorption of the septal cartilage and a subsequent saddle deformity of the cartilaginous bridge. When a hematoma is present it should be evacuated and pressure applied to bring the leaves of the septum into close apposition again.

DEFORMITIES OF THE NOSE

Deformities of the nose may be the result of trauma or they may be congenital. Many of the so called deformities are not actually deformities but are normal noses for certain races and for certain individuals but because of the present day concept of what a well-shaped and sized nose should be, these noses have been classified under various forms of deformities.

During the past ten to fifteen years corrective surgery of nasal deformities has become much more common; posibly because people have become more self conscious of the size and shape of the nose and because of the improved technique, there is less danger of post-operative infection. In many of these cases there is a physiological as well as a cosmetic reason for doing a rhinoplastic operation. For example, a deviated nasal septum, a twisted nose, a drooping nasal tip, a wide columella, or a collapsing ala will all interfere with normal nasal breathing and aeration of the nasal cavity and they can all be corrected with various rhinoplastic procedures.

There may also be a considerable psychological factor as well in some of these patients. They frequently are extremely self conscious and may have a well defined introvert type of personality. It is amazing at times to

see the complete change of personality in these patients following correction of the deformity.

A well planned procedure should be formulated before the patient reaches the operating room so that the surgeon knows exactly what he is going to do before starting the operation. This can be done by taking preoperative pictures or casts on which the operation can be planned. It is also well to have carefully explained to the patient as to the change which will take place in appearance, as it may be quite marked and frequently changes the entire expression of the face.

In doing the rhinoplastic operation it is well to try and stay away from a stereotyped procedure so as not to make the noses all look alike. A nose following corrective surgery should look as if it were the normal nose the individual was born with and not one that had been especially built for him. For example, a person with a long angulated face should not have a short nose that would hardly complement the rest of the face. Most patients with a long nose are usually primarily interested in having a small nose after surgery. Roughly, a long face should have a long nose, a short face a short nose, and a broad face a broad nose. Sometimes a slight deformity may actually add to rather than detract from the appearance of an individual.

The operations which are most commonly done are the removal of the hump from the bony and cartilaginous bridge, shortening of the nose, straightening of the twisted nose, elevation and narrowing of the tip, narrowing or widening of the external nares as the case may be, narrowing of the columella, and grafts to the nasal bridge and tip.

As a rule these operations are all done under local anesthesia with adequate preoperative medication.

CITE VA MISUSE OF PHYSICIANS

The House Appropriations Committee believes Veterans Administration is wasting the time of too many physicians and dentists by keeping them on administrative jobs. After hearing VA officials testify, the Committee observed: "It was noted that many doctors and dentists are engaged in performing administrative work . . . The 1952 estimates indicate that 92 doctors are to be engaged in administrative work . . . In many instances this is a waste of trained medical personnel."

The Committee recommended a cut in VA's medical research program from $3,700,000 to $2,466,000, but ordered that the full budget figure of $800,000 be allowed for prosthetic research. For the total medical program, the committee recommended $658,518,760, an increase of about 15 per cent . . . House Appropriations Committee member John Taber (R.-N. Y.) criticized VA for staffing hospitals months in advance of opening date, charging the waste of $500,000 . . . Just under $20,000,000 let in contracts for construction of 1,000-bed VA hospital at Brockton, Mass. . . . It took Congress just one day to rush through a bill authorizing full VA hospital and medical service for Korean War veterans, after one Korean veteran had been turned away.—*Capitol Clinics.*

AUXILIARY NEWS

At the last regular meeting of the Woman's Auxiliary to the Mahoning County Medical Society, following a luncheon at the Women's City Club, action was taken to establish memorials in the name of the organization at the two local hospitals. Accordingly, two hundred dollars each was sent to St. Elizabeth Hospital and the Youngstown City Hospital for this purpose.

Appropriations for two or three year nurses' scholarships have been sent to the same two hospitals and the choice of girls eligible for these benefits is now under consideration. Six girls, to date, have received their training as outright gifts from the Mahoning County Medical Auxiliary.

Annual reports of various standing committee chairmen were submitted.

Mrs. Herman Ipp, Legislative Chairman, reported on Capitol Clinics Volume II, No. 15, Page III.

Mrs. K. E. Kamp of the Public Relations Committee gave a complete and comprehensive report in reference to Geriatrics. She reviewed a survey made by her committee of the various nursing homes, homes for the aged, welfare agencies, etc. as to what more could be done to help the aged and infirm.

Announcement was made of the dinner dance and card party for doctors, dentists and their wives being sponsored by the members of the Mahoning County Medical Society and the Corydon-Palmer Dental Society. It is to be held at 7:30 p. m. Saturday, May 12, 1951 at the Youngstown Country Club.

The program committee composed of Mrs. Raymond Lupse and Mrs. S. A. Meyers chose Civilian Defense for the day's study. Mrs. Craig Wales, chairman, presented Mr. Anthony Sebastian, Fire Inspector of the city of Youngstown and co-ordinator for Fire Services for Civilian Defense, who showed two documentary films, "A Tale of Two Cities" and "You Can Beat the A-Bomb".

Mrs. D. M. Rothrock, chairman of the Nominating Committee presented the following slate of officers for the year 1951-1952: President-elect, Mrs. W. O. Mermis; Vice-President, Mrs. R. E. Odom; Recording Secretary, Mrs. J. B. Birch; Corresponding Secretary, Mrs. Wm. Skipp; Treasurer, Mrs. Alfred Cukerbaum.

The new officers will be installed at the annual dinner meeting to be held at 6:30 p. m., Tuesday, May 22, 1951 at the Youngstown Club. A play entitled "Dodey's Fashion Review" will be presented by Mrs. Ada Chamber and Mrs. M. M. Diehl. Historical gowns dating from 1878, from a collection owned by Mrs.. E. E. Kirkwood and Mrs. Ada Chambers will be used. Musical accompanists will be pianist, Mrs. Herman Zeve and vocalist, Mrs. George W. Cook.

Delegates and alternates to the Ohio State Medical Convention in Cincinnati in April were Mrs. W. H. Evans, Mrs. C. A. Gustafson, Mrs. Dean Nesbitt and Mrs. James L. Fisher.

The retiring president from the Mahoning County Medical Auxiliary was installed as chairman of the program committee for the Auxiliary to the Ohio State Medical Association; her duties are to include coverage of 59 county auxiliaries.—*Mrs. J. L. Fisher.*

YHA NURSING RECRUITMENT

In one of the most extensive student nurse recruitment programs in recent years, the Youngstown Hospital Association has compiled a list of prospective students obtained in visits to high schools, from alumnae, and from doctors.

Those on this list are now being sent a series of letters, folders, picture post cards, and other materials—to acquaint them fully with the advantages of nursing as a career.

Prospects will also receive copies of the monthly student publication, "Nursing News," which was launched this year.

MILITARY NOTES

H. J. Reese, M.D.

Presidential Proclamation . . . Priority I and II men who indicated at the time of registration they would join Army reserves but have not done so will not be offered a commission "unless they reaffirm a positive desire for commission and volunteer for immediate active duty," according to new regulations.—*Capitol Clinics.*

Nearly All Deferments . . . granted physicians in Priority No. 1 will expire by July 1. May be extensions for a few but only when good cause can be proven. Navy now asking medical advisory committees for advice on availability before calling up reservists.

Conference To Iron Out Draft Bill Provisions . . . With House passage of a war man-power bill, final provisions now depend on decisions of the House-Senate conference committee. Whatever occurs, a sufficient supply of medical students seems assured; both Senate and House bills provide for deferment of a normal number of premedical studnets; House would also defer all medical students whose educational progress is satisfactory, but Senate language on this is more general. Other sections of two bills of interest to the medical profession include: Age — Both provide for registration at 18, but House wouldn't allow drafting until 18½. Service — House would require 26 months active duty with subsequent 46 months in reserves; Senate 24 and 48 months; effect of both bills would be early release of World War II reserves now on active duty. General deferments — House leaves up to President, Senate provides annual deferment of 75,000 for three years. Universal Military Training — Senate would authorize UMT program when either President or Congress decides time is right, House would have commission study problem, report back to Congress for approval before a plan could be put into effect. Doctor-Draft — continued in both bills.—*Capitol Clinics.*

Report on Reserves Presented to House Committee . . . The long-awaited Defense Department plan for re-organizing all military reserves has been presented to the House Armed Services Committee. It was drawn up in response to a demand several months ago from Chairman Carl Vinson for a program that would turn the "paper reserve" into a real organization, prepared to train the hundreds of thousands of men who will enter it under the new man-power bill.

. . . . . Part of the new plan would be put into effect by regulation, the rest with passage of legislation which Defense Department now is drafting. It is designed to revise and revitalize all phases of the reserve organization — training, promotions, benefits, priority of call. One of the major innovations would split the reserves into three new classifications, (a) ready reserve units and individuals subject to call at any time by the President, (b) standby reserves and groups to be called only in time of war or an emergency declared by Congress and (c) retired reserves who could be activated only in time of national emergency.

. . . . . At the same time Defense Department announced that Army and Marines will start releasing men called involuntarily from the inactive reserve, officers as well as enlisted men, this summer. Navy and Air Force at the same time will be releasing inactive reserve enlisted men, but have made no announcement about officers or enlisted men from the active reserve. Nothing was said of the National Guard. Present members of the reserve would be placed in the appropriate new classification.—*Capitol Clinics.*

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., Youngstown, Ohio, Monday, April 9, 1951.

PRESENT: Dr. C. A. Gustafson, President-Elect, presiding, John Noll, W. M. Skipp, A. K. Phillips, J. C. Vance, G. G. Nelson, G. E. DeCicco and S. W. Ondash.

OHIO MEDICAL INDEMNITY: A letter dated March 30, 1951 from Dr. Louis A. Witzeman, president of the Summit County Medical Society was read. He called attention to what he considered a threat more serious than the Wagner-Murray-Dingle bills, in the light of Ohio Medical Indemnity's proposal for a "payment-in-full plan" sponsored by the Ohio State Medical Association. He enclosed an editorial which appeared in the Summit County Medical Bulletin under his authorship and urged that it be read to our County Medical Society membership at its next meeting or that a special meeting be called so that every member will be thoroughly apprised of the seriousness of the situation before voting on it.

The editorial was read to Council and the opinion was that the pros and cons of the Ohio Medical Indemnity Plan be summarized by Dr. W. M.Skipp, Chairman of the Legislative Committee and that they be made known to the membership via the usual News Letter and by discussion from the floor at the next meeting, if the data can be compiled in sufficient time.

BLOOD BANK: The functioning and progress of the Blood Bank Regional Committee was discussed. It was the opinion of Council that until such time as their plans are in order we are unable to participate.

NEW MEMBER: The following application for membership was read.

INTERNE MEMBERSHIP

Dr. Wayne B. Hardin, Yo. Hospital Ass'n, Youngstown, Ohio

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

DISPLAY BOARDS IN HOSPITALS: The need for letters to equip the sign boards in all three hospitals was discussed. A motion was made, seconded and duly passed authorizing Dr. Steinberg to purchase letters in sufficient quantity to equip all three sign boards.

A.M.A. DUES: Attention has been called by the Ohio State Medical Association to the fact that some of our members are delinquent in the A.M.A. dues.

A motion was made, seconded and duly passed authorizing Dr. Skipp to so notify delinquent members.—*G. E. DeCicco, M.D., Secretary.*

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.

Your Next Society Meeting

TUESDAY, JUNE 19, 1951
ELKS' CLUB, W. BOARDMAN ST.
8:30 P. M.

KEEPING UP WITH THE AMA

W. M. Skipp, M. D.

. . . . . Memo from President Elmer L. Henderson:
"Though it appears to us that the medical profession's campaign has been eminently successful in marshalling and building public opposition to Compulsory Health Insurance, it appears that Mr. Ewing is still determined to prove that the job to be done can't be accomplished under the voluntary system."

"Under the circumstances, it appears more important than ever for the voluntary systems of medical care to continue to prove their adequacy in this field."

Excerpts of Mr. Ewing's report and recommendations to Congress are significant.

"While voluntary insurance has achieved considerable coverage, it offers only limited protection, mainly to middle-income groups in the larger urban areas, and cannot effectively meet the needs of the entire population."

"Social insurance against the costs of medical care is essential if we are to achieve comprehensive social security and if the benefits of modern medicine are to be available to everyone. "Private health insurance has achieved considerable coverage in recent years, but it cannot effectively meet the needs of all the people. "Publicly subsidized private insurance would be costly, complicated, and only partially effective. Government health insurance administered on a decentralized basis as part of a national contributory social insurance system offers the most adequate and economical method of guaranteeing that there will be no financial barriers to needed medical care."

. . . . . In 1951 it is very important that the public relations programs of both State and County Societies set up a substantial amount to carry on this work for, as you will note, Mr. Ewing is still pounding away. (Read The Saturday Evening Post for March 31, 1951, it carries a good editorial on some questions asked Mr. Ewing and his campaign for Compulsory Health Insurance).

All budgets for 1951 will have to be increased as the dollar will not buy as much as in "50". One third more will have to be added to carry on the work.

We cannot relax now because there was a good return in the November '50 elections. The proponents for Socialistic Compulsory Health Insurance are still working behind the scenes with the tax payer's dollar which is also the working dollar.

. . . . . This also brings to light that a number of our members have not paid their AMA dues, which will mark off a lot of the "fellows" that belong to special societies or boards, since they will not be carried if they are not members of the AMA.

The National needs your dues to carry on the work against Mr. Ewing's propoganda since he spends your money to sell you down the river.

. . . . . We must improve our service to the public by providing medical service, by keeping the cost down, by not over charging, and by encouraging the medical profession's Prepaid Voluntary Health Insurance.

. . . . . The AMA's PR urges that the County Societies put on a paid newspaper advertising campaign, setting forth what the Society stands for and what it is endeavoring to do for the Community. These articles should come under such headings as "Keep The Doctor Free" "Keeping Up with Free Medicine" and "Lets Not Shackle Your Physician".

The Lehigh County Medical Society of Pennsylvania used the medical Society in comparison to a union, a civic group, an association and an educational institution. Some ad topics were "Longer to Live", "The American Way", "The Doctor's Bill", "As Free as Taxes".

A similar setup here certainly would let our patients know how we feel and what our intentions are toward a better and freer medicine.

. . . . . We should all read "The Key to Peace" by Clarence Manion. The American Legion feels it is one of the best books written on re-statement of American Principles. Many others including National organizations say it is a must on every American's reading list. Dr. John Cline, President-elect of the AMA hopes it will be read by every American physician.

. . . . . Dr. Alan T. Waterman has been selected by the President to be the first Director of the National Science Foundation. He is outstanding in the field of radar development.

An agreement on Hospital standardizations has been reached by the four major organizations interested: AMA, AHA, ACS, and ACP, but no new program can take effect until 1952.

The conferences were started last August and required long and tedious hours of work but now all those interested in operating a hospital and in the care of the sick are on the ground floor rather than one specialist group telling all how they should practice medicine in an accredited hospital.

. . . . . Senator Dirksen, (Illinois) made a very timely warning statement when discussing S445 which is the Public Health Aid Bill.

"It is not an astonishing thing that the same President of the United States who asked for the initial $5 million in the budget for 1952 also asks for the beginning of socialized medicine by placing a tax upon employers and employees alike—Before we get through, I think we shall simply energize the force which is going to make the demand for socialized medicine even greater."

. . . . . .The Senate is expected to take action on S337 which is the Medical Education Bill. This bill is being opposed by the AMA because it lets the government get its foot in the back door by first giving aid to the schools of medicine and subsequently directing the teaching of our future physicians. Any monies coming to the school should have no strings attached and should be locally controlled. The AMA has approved the bill with certain changes, such as: local controls, no directives from Washington, non-interference on type of education and how many students admitted, and finally admission of students without political pull.

. . . . . New EMIC plan proposed by Daniel J. Flood, Rep. Pa. states that the wife of any man in service, regardless of rank, shall receive $100 from the Sec'y of the Service in which her husband is attached for medical or hospital care for pre and post natal care and childbirth if she states that the expense will constitute undue hardship. This is run by the Military. $100.00 will be paid to the wife or mother of dependents and not the medical attendant. She will make all arrangements for medical and hospital care.

In the last war $50.00 was paid by the direction of the Children's Bureau to the physician and was this a headache. Many physicians refused to do the work because of red tape and uncalled for interference from the Children's Bureau.

The Executive Committee of the Association of State and Territorial Health officers on March 6, 1951 did not see the need for such a program at present and felt such legislation is unnecessary.

. . . . . If your AMA Journal is not coming, would it be that you have not paid your 1950 AMA dues; that if paid in 1951 you will still be in arrears

for 51; If both are paid it will take several weeks to get you back on the mailing list. Some members who have not paid their AMA dues should give the matter very serious consideration since membership in special societies etc. depend on AMA membership.

. . . . . S 1, amended War Manpower Bill, was passed by the Senate March 9th. The bill contains legislation for deferment of pre-medical students, equal to enrollments of past years. 75,000 students, including medical, would be deferred. The President has the authority to pay all the expenses of needy students.

. . . . . Senate Bill S 1235, by Mr. Humphrey of Minn., would extend to persons entitled to receive medical care by or through the VA, the right to elect to chiropractic treatment. This has been requested by the Veterans of Foreign Wars. Also in the House there is a similar bill presented by Magee of Mo. which has the same effect.

These two bills should be watched by all of us, particularly by the veterans of all wars, because they will lower medical standards of the Veterans Administration., which is being kicked around a bit right now, with the taking over of all medical policy by Administrator Gray.

. . . . . H. R. 3511 by Mr. Kelley of Pa., would establish two federal medical schools, with an annual three million dollars for cost of administration. 700 bed hospitals would be connected with each; 20 million would go for construction of buildings, each school to accommodate 400 students.

The schools would have a Board of Regents, a chief medical officer, Department of Defense, Surgeon General, Public health, Commissioner of Education, Chief Medical Officer V.A., and six others appointed by the Administration. Students would be selected on the basis of competitive examination and serve in each branch of the service on completion of education equal to period of schooling.

UNCLE DUDLEY

If we be right in judging American sentiment, the time is nearing when it will be thought better to let our virtues be seen and appraised, than it is to denounce and destroy those who have ignored or opposed them. If we be not deceiving ourselves, our excellence should plead trumpet-tongued, and be more convincing than the force we hold in reserve.

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We do not wish to minimize the beneficial effect of public opinion; but what someone thinks about something you have done is not as important as what you thought before you did it.

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Much of what we do throughout our lives turns out to have been useless; yet we have never regretted the time we have spent in the company of wise men. How much smoother would have been our way had we then a keener sense of values! The day and the circumstance never herald their approach; we must experience and then evaluate. The quality of our lives is determined as much by our omissions as by our selections.

NOTES ON OHIO MEDICAL INDEMNITY, INC.

W. M. Skipp, M.D.

(Editor's Note: The following notes on OMI, Inc. are presented by Dr. William M. Skipp, a member of its Board of Directors. It is intended to provide background for future Newsletter reports and articles in the Bulletin on the "pros" and "cons" of an issue which merits careful evaluation by each and every one of us).

Within the next few months the medical profession of Ohio will be asked to vote on whether the Ohio Medical Indemnity should offer a *payment in full* type plan of insurance.

There has been a continuous demand for more coverage by the individuals that buy the indemnity contract of the Ohio Medical Indemnity because it does not begin to cover all the cost of the surgical procedures performed. A survey made by OMI found that only 20% of claims are being paid in full by the contract of OMI.

The same conditions were presented in Cleveland so that after much study the Cleveland Academy of Medicine set up its own plan of *payment-in-full* for subscribers under the $5000.00 a year income group. Meetings were held over the area; then a poll was taken asking all physicians to sign according to their approval or disapproval of the plan. Over 1000 members have approved indicating that the physicians in that area feel that there is a need for a better and more complete coverage for the low income groups.

The Board of Directors of OMI requested its stockholders, The Ohio State Medical Assn., to give directions on formulating such a plan which in turn was discussed by the Committee on Medical Service Plans. After much study a plan for *"Payment in Full Type of Contract"* was presented to the Council.

A special Committee of Council (OSMA) then called together groups of physicians over the state (G. P.'s and Specialists) to get their reactions. This has taken months showing that the OSMA Council has not proceeded hastily.

The OMI now writes only an Indemnity Contract which pays the patient less or more or the exact amount of his physician's bill. The proposed *"Payment in Full Contract"* would pay an indemnity equal to the average charge of the doctor and the doctor would be asked if he would accept this as payment in full for the specific service he rendered, providing the income of the patient was less than the ceilings. The same amount would be paid for all below the income ceiling which may be more than would be collected from that income group if he did not hold this contract. This contract is not a "complete service type contract". It would not provide home and office calls, laboratory service, etc.

There are 58 physician-sponsored plans in the country; 39 are offering *payment-in-full contracts*. They are operating in 29 states; 18 of the plans are statewide. There are four state plans with two New York plans covering several counties in New York State. These have ceilings that range in income brackets from $2400.00 to $5000.00 annually. Michigan, one of the early pioneers in the field of prepaid medical care has 91% physician participation and has just recently increased its ceiling to $5000.00. Massachusetts has a $5000.00 ceiling with 98% of its physicians working under the plan.

The reason that this new contract is being proposed is that various low income groups feel that the physicians should some to their aid and cover the entire bill. They want to pay but on a voluntary prepayment basis. Such groups as the American Farm Bureau and The National Grange are asking for this help. They do not want compulsory government insurance. Labor organizations are asking and receiving prepaid medical care on a payment-in-full basis in other states through physician sponsored plans. Labor and

management prefer physician sponsored plans because they do a better job at less cost.

Many employers in Ohio are not satisfied with our Indemnity plan inasmuch as they are footing the bill and want more coverage for the premium. This also includes many members of Congress who are fighting compulsory health insurance. They feel that there should be better coverage for the low income groups and that voluntary groups must do a better job. Many bills in Congress are getting bi-partisan support for assistance or control in the field of medical care but not for the compulsory type.

The cost to subscribers cannot be increased unless we give a better contract covering all costs and we cannot increase benefits unless the premiums are increased. This proposal would guarantee the full cost of the psysician's bill to those of low and moderate income grouping.

The Cleveland plan which is presented and accepted by the profession of the Cleveland area will be handled by a company which is not under the control of the medical profession. This control should rest in your hands. Such is the case with OMI which is under the direct control of the OSMA's elected Council.

OMI must have its share of large groups but the enrollment of the large group is only half the job; all citizens in all walks of life must be covered if we are to stop federal control of our profession. The OMI is attempting to cover all the "little fellows" small business, self employed men and women, and their families. This is not a gamble now since some of our colleagues have blazed the trail, and we should now be able to follow through in improving the original plan.

The new contract will have a schedule of fees which will be higher. The premiums wil lof necessity have to be higher. Physicians signing up would agree to accept these payments as *"payment in full"* for their services rendered to the subscriber or a member of his family whose gross family annual income will be $5000.00 or less. This will not apply to those making more than $5000.00. For the over $5000 group it is an indemnity plan and the physician may charge his usual fee for an individual in this grouping. If the physician is not a participating member his patient will receive the amount specified as an indemnity payment with no guarantee of payment in full.

The contract will cover surgery and anesthesia service, in home, office or hospital; it will also include fractures. Obstetrics will be paid on indemnity basis only; x-ray and radiation therapy with medical service in the hospital will be on a rider basis at a small additional cost to the subscriber. An attempt is being made to cover surgical assistants where this service is not covered by intern and resident training programs. A real effort is being made to set up a fair and equitable schedule which will be equal to present fees charged by Ohio Physicians.

Again ,it must be kept in mind that a high percentage of the eligible subscribers will be in lower brackets such as the $1800.00 to $3000.00 a year group. The OMI will still offer its present indemnity contract for those that desire to retain their present contract.

In the long run this type of contract *"Payment in Full"* will indirectly benefit the medical profession because of the lasting benefits derived by the subscriber. Since the public will want to obtain this contract, they will budget to secure it. As the OMI contract improves, more and more of Ohio citizens will want the benefits and more and more will buy it. Furthermore, when a person carries a contract like this he will more readily seek necessary medical service.

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The Company will see to it that the participating physician will receive his fee. The benefits will not be turned over to the patient. The physician should be willing ot accept this plan as a collective action; it will show that we all know that the voluntary methods can and will achieve what compulsory plans cannot. Only by collective planning can we hope to retain control over our future and welfare.

A fee schedule is being worked out. You will receive this schedule with both pro and con arguments for this plan.

I have tried to present some of the facts of the new plan which your OMI is proposing. When the times comes to vote please give this matter all the thought and understanding possible; we need your support; we cannot carry on unless you are willing to help. Your writer has served on all the committees of the OSMA which has worked for years to give you the present very successful OMI; but it is not doing as complete a job as you want. Therefore, we must meet the needs of the public or the bureaucrats will take away our freedom and liberty and give us a practice of medicine that will be entirely foreign to our concepts and teachings as American physicians which have given the American people the best medical service in the world.

The writer has served on the Board of Directors and on the Executive Committe of the Board of the OMI Inc. since its incorporation. He still continues in both capacities. I am still willing to serve you to improve our public relations with all of our patients. We will try to the best of our ability and judgment to answer any and all of your questions.

Since the OMI has done a worthwhile task in our Community and the State of Ohio, may its Board of Directors have your support to do a much better job for the low income groups of our State and Communities? We can, and we must, with your help continue to stop socialistic inroads into our profession so when you are called upon so sign do so for the good of the people, yourself, and the medical profession of this great commonwealth. As a final note, the OMI operates as an insurance company under the laws of the State of Ohio and must pay in full or go out of business therefore there cannot be any type of pro-rating of benefits.

CYNICAL SAM

When dining out, the dinners we enjoy most do not betray self-flattery either in the conversation or in the table arrangements and service. The ego is sometimes so insinuating that it can be tasted in the viands and imperils its wholesomeness. Guests come to enjoy, not to worship.

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The proverb that "forgiveness is better than revenge" doesn't discount the value of occasionally sending a malefactor to prison where he can meditate on the virtue of forgiveness.

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In these times of enormous spending in the guise of public welfare, and destruction of all possible legal restraint to use of public funds for personal political advancement, it is well to recall what Edmund Burke said in the British Parliament before our nation was born—"A disposition to preserve and an ability to improve, taken together, would be my standard for a statesman. Everything else is vulgar in the conception, perilous in the execution." Burke was a wise man. At present, what a contrast to his ideal, both in his country and in ours! What absurdities have we taken seriously!

FIBRO-LIPOMA OF MEDIAN NERVE

A. A. Luchette, M. D.†

The presentation of this paper will consist first, of a brief review of the anatomy and of the pathological physiology of the median nerve as it pertains to the hand and secondly, a review of a case with an unusual lesion of the median nerve.

Dr. N. C. Foot has written: "the histo-pathology of the peripheral nerve trunk seems quite simple and well understood if one reads but a single authoritative paper on the subject, but should one read several, it will take on more and more complexity." For the sake of the simplicity, let us briefly consider only the fundamentals of the changes in the injury and repair of a peripheral nerve.

Whenever a peripheral nreve is divided, the distal part of each fiber undergoes the changes known as Wallerian degeneration. The axis cylinder becomes fibrillated and disintegrates, the medullary sheath breaks up into droplets of myelin and the cells of the sheath of Schwann are converted into phagocytes which remove the remnants of the medullary sheath and axis cylinder. Similar changes occur in the proximal part of the nerve up to the first node of Ranvier.

Repair takes place by proliferation of Schwann cells at the divided ends by forming a skeleton of a tube along which the new axis cylinder grow. Within a few days, the axis cylinder grows out in search of the missing distal end. However, if the space between the two ends is more than an inch or is separated by scar tissue, the attempt at union usually fails. The grafting of a nerve between the divided ends serves as a bridge across the gap along which the new fibrils can travel.

The ultimate prognosis of nerve injuries will depend upon many factors. After division, if the ends are sutured, the Schwann cells in the distal segment multiply and form columns which functionally behave as guiding tubes when regeneration occurs. The axons of the proximal ends bud out, forming streams of axo-plasm in the hope that one will penetrate a tube of Schwann cells. However, only a certain number will find their way since a sensory fiber will grow down any Schwann tube which it meets but a motor fiber that has gone astray will not make a connection with any motor end plate. Fibrosis about the two ends of the nerve is the greatest enemy of reunion of two severed nerve endings.

A brief review of the anatomy of the median nerve will help us to better understand its distribution. It arises from the 6th, 7th or 8th cervical and 1st thoracic spinal nerves and passes into the forearm where it innervates all the muscles of the anterior aspect of the forearm except the flexor carpi ulnaris. In the hand, it innervates the muscles of the thenar eminence, namely, the abductor pollicis brevis, flexor pollicus brevis, opponens pollicis and the 1st. two lumbricales. Its sensory districution is to the lateral 2/3 of the palm and to the 1st three digits and a portion of the 4th.

Whenever the median nerve is severed at the wrist only these thenar muscles are affected, but the sensory loss may be more extensive and more disabling than the motor loss.

Most of the power of abduction of the thumb is lost although abduction can be performed partially by the abductor pollicis supplied by the radial nerve. There is also difficulty in apposing the thumbs to the tips of the fingers although here too the movement may be imitated by the flexor pollicis longus supplied by the median nerve high in the forearm. There is marked wasting of the muscles of the thenar emience. In making a fist, the index and middle

fingers lag behind the other two because the balance between the extensors and flexors is disturbed by the paralysis of the lumbricals.

The chief action of the lumbrical muscles is to help flex the proximal phalanx of the digit. Its function is not to produce actual motion but rather to steady the proximal phalanx and keep it straight so that the long flexors and extensors may act on the distal phalanges. Therefore, the index and middle fingers are slightly curved or hooked at the interphalangeal joint due to the loss of the stabilizing action of the lumbrical on the proximal phalanx and a trigger finger is the result in median nerve injury.

The sensory changes are probably more disabling than the loss of motor function. About 50% of the patients with high or low lesions recover to the point of having a safe hand. That is to say, pain can be appreciated, thereby avoiding such injuries as burns, cuts and trauma. The coarse protopathic sensations of pain and extremes of temperature return earlier because there is more of an overlap from adjacent nerves than from the more delicate sensations of temperature, light, touch and tactile discrimination. The enormous overlap of these coarser sensations become apparent rather rapidly and may be misinterpreted as early recovery. It is not clear why sensory functions of these overlapping healthy fibers do not take over immediately after nerve injury; however, we do know there is only a short latent period during which coarser sensations are absent. Delicate grades of sensation are really lost completely in the greater part of the area of distribution of the affected nerve. There is little overlapping of these types of fibers. The early return of gross pain sensibility, that is after 30-100 days, does not signify that there is incomplete severance of a nerve but that the overlap of adjacent nerves has taken over. The area known to be supplied exclusively by the injured nerve is very small in comparison with the total area of distribution of the nerve. The only area supplied exclusively by the median nerve is the tip of the 2nd and 3rd digit.

Sensory nerve lesions cause a peculiar unpleasant hyperesthesia like a diffuse pain in the affected area. Causalgia may appear in four to five months in the same or opposite hand following severance or injury to the median nerve, but this is said to be quickly and effectly relieved by sympathectomy.

Trophic changes are also present in median nerve injury especially in the distal portion of the 2nd and 3rd digits. The changes strangely enough, are less marked by complete severance of the nerve than in incomplete severance. Whenever the skin is insensitive to pain it is particularly liable to injury and ulceration. Relatively slight increases in temperature causes blistering and sometimes blood blisters arise spontaneously. Irritants applied to anesthetic areas do not induce hyperemia and swelling as in normal skin, yet healing of wounds proceed as in normal skin provided repeated trauma is not inflicted. The loss of the normal hyperemic response to surface stimuli is probably the chief factor in the production of neuro-trophic ulcerations. Frequently the skin becomes dry, rough and scaly; rarely does it become glossy.

The degree of atrophy and the rapidity with which it takes place are not decisive as to whether a lesion is reparable. No help in prognosis can be derived from the degree of trophic changes, changes in muscle tone, tenderness of muscle, nerve trunk or hypoesthesia. The great delicacy of nerve tissue and its very limited capacity for repair should always be kept in mind in prognosis of nerve injuries.

In reviewing the literature the consensus of opinion with regards to treatment is that primary end to end anastomosis is the treatment of choice. In conditions wherever there is injury due to trauma the preference is to first reconstruct the overlying tissues, that is, correction of fractures, etc., then

at a later date re-operate, and either use a graft or do an end to end anastomosis. Extensive dissection of the nerve may allow lengthening of a nerve up to three to four inches. Preservation of the longitudinal blood supply is probably the most important factor. Whenever secondary anastomosis is decided upon, the neuroma is resected at a level at which normal appearing fasiculi are seen and brisk bleeding occurs. This bleeding may be controlled with tropical thrombin. Non-absorbable suture is the suture material of choice since it cause least reaction, but the suture line must not be under tension. However, the median nerve, having both sensory and motor fibers has proved to be particularly difficult to anastomose whether with a graft or primary suture.

Now I would like to review a case with an interesting tumor of the median nerve. An eight year old white male, was admitted to St. Elizabeth Hospital for the first time on December 21, '50, with the chief complaint of pain and swelling in his left wrist. The mother of this patient died of tuberculosis six years ago. He has had only the usual childhood diseases. The stepmother is the informant and is apparently reliable. A small lump was first noted on the volar aspect of the left forearm just proximal to the volar carpal ligament two years ago. There was no complaint of pain except when he played "rough", then the member would develop a toothache-like throb and "swell up". The swelling progressed markedly in the past year and the patient has noted a weakness and atrophy of the hand but he still can play ball. More recently a second "lump" has developed in the palm of the hand. For the past two months, the pain which has been present mostly at night, is severe enough to awaken him from a sound sleep. He has not rested well since and has lost some weight. The patient has exhibited none of the symptoms associated with childhood tuberculosis. The essential laboratory studies were RBC-3,910,000; WBC-10,350; Hb.-11.1; 4 stabs. 45 segs, 5 eosinophiles, 46 lymphocytes. Urine is entirely negative. X-ray of chest also negative.

On physical examination, the only positive findings pertain to the left hand and forearm. There is an elevated diffuse fluctant mass which extends from the distal 1/3 of the forearm into the palm, ending at the level of the superficial palmar arch. It has a doughy feel and is freely movable beneath the skin. The overlying skin has a peculor bluish tinge, but no bruit is heard over the lesion. It is slightly tender to palpation. There is marked atrophy of the thenar muscles with weakness of abductor pollicis brevis, flexor pollicis brevis and some weakness of the opponens pollicis.

Neurological examination revealed only vague sensory changes over the tips of the index and ring fingers and the motor weaknesses, despite the atrophy of the thenar muscles, were not marked. The clinical and pre-operative impressions were:

1. Angioma of hand and wrist
2. Pressure upon median nerve secondary to (1)
3. Tuberculous tenosynovitis

Exploration of the hand was advised.

At operation, a large, pale, yellow, tubular mass in the left forearm was exposed. This was identified as the median nerve. The pathology extended proximally on the volar aspect of the forearm to the middle one-third of the forearm. The tumor mass continued downward distally into the hand where it appeared to be thicker. The nerve was severed at its division in the palm where it again appeared normal. The wound was closed and the hand was placed in a cast in the anatomical position. He was discharged on the fourth postoperative day. Further surgery was to be considered after observation under conservative treatment.

Pathological study of the excised tumor revealed it to be a fibro-lipomata of the median nerve.

A careful review of the literature has failed to reveal a report of a similar lesion and we feel the lesion is quite rare.

† Surgical Resident: St. Elizabeth's Hospital.

Paper presented before Mahoning County Medical Society—April 17, 1951.

G. P. ACADEMY ANNOUNCES INTERNE CONTEST

The Mahoning Academy of General Practice will hold its annual contest for internes at the South Side Unit lecture room on Thursday evening, June 7th, at 8:30 P. M.

Contestants are limited to first year internes or to residents who intend to enter general practice. A broad allowance is made in choice of subjects; case reports, reviews of the literature, reports of original investigation or other medical subjects are acceptable. Papers should be in the hands of the Program Committee (E. J. Reilly, P. B. Giber and L. Segal) by June 5th.

A prize of $25.00 will be given to the contestant presenting the best paper chosen by popular vote of the members present. Every contestant will receive a year's subscription to GP, the medical magazine published by the American Academy of General Practice.

FROM THE BULLETIN

J. L. Fisher, M. D.

TWENTY YEARS AGO — (MAY 1931)

That distinguished pediatrician, the late Dr. Joseph Brenneman of the Children's Memorial Hospital of Chicago addressed the Society on "The Acute Abdomen In Childhood". The subject was a favorite of his and his paper was a medical classic.

Dr. John McCann and Dr. Thomas Lander became members this month.

A leading articles was a paper on "Head Injuries" which had been presented before the Medical Arts Club by Dr. Dean Nesbit.

It was reported that the average net income of physicians throughout the United States was $5,059.00. This was the worst year of the depression.

TEN YEARS AGO (MAY 1941)

The program this month was again given by an eminent pediatrician, the late Dr. John A. Toomey of Western Reserve University who spoke on "The Treatment of Scarlet Fever" and "The Portal of Entry in Poliomyelitis." Dr. Toomey was a national authority on both subjects.

Dr. Fred Coombs and Alice Mae Walker were married on April 19th.

There was the usual triumphant return of doctors from southern vacations. Drs. Morrison, Rothrock, Tims and Bennett were back, all tanned and eager to work.

Dr. Samuel Epstein and Dr. Wasilko left for army camps.

The Cleveland Laryngological Club and the Pittsburgh Otological Society held their annual joint meeting at the Youngstown Country Club.

HERE AND THERE

Drs. T. K. Golden, C. S. Lowendorf and J. J. Sofranec attended the meeting of the Ohio State Orthopedic Society held in Toledo, Ohio April 12-14.

Literary contributor in the April issue of the Ohio State Medical Journal was Dr. J. J. McDonough. Dr. McDonough's paper was entitled "The Diagnosis and Treatment of Sterility in the Female".

Dr. M. M. Yarmy was recipient of the fellowship of the American College of Physicians in the convocation exercises during the clinical sessions of the American College of Physicians recently held in St. Louis, Missouri.

Drs. P. B. Cestone, H. E. Chalker, L. G. Coe, J. B. Kupec, E. Massullo, J. M. Ranz and E. A. Shorten attended the Bunt's lecture series conducted during a three-day symposium on gastro-enterology and gastric-surgery at the Cleveland Clinic May 4-6.

Dr. E. J. Wenaas was an invited guest of the Wilmer Eye Institute at Johns Hopkins during a three day clinical meeting and re-union of ex-residents of the Institute held April 12-14.

Dr. Paxton Jones spoke over WKBN on April 21, 1951. His subject was "The Special Need for Guarding Against Breast Cancer".

Registrants at the 1951 annual meeting of the Ohio State Medical Society held at Cincinnati, Ohio April 24-25-26 were Drs. W. H. Bunn, W. H. Evans, A. J. Fisher, J. L. Fisher, John Goldcamp, C. A. Gustafson, D. H. Levy, C. A. McReynolds, W. L. Mermis, Dean Nesbit, S. W. Ondash, E. J. Reilly, J. L. Scarnecchia, Samuel Schwebel, W. M. Skipp, I. C. Smith, O. A. Turner and J. C. Vance.

Dr. Andrew A. Detesco announces the removal of his office from 2636 Glenwood Avenue to 2921 Glenwood Avenue.

Dr. Raymond N. Catoline announces the removal of his office from 301 Stambaugh Bldg. to 3370 Wilson Avenue, Campbell, Ohio.

Drs. W. H. Bunn, R. A. Kiskaddon, E. R. McNeal, J. N. McCann and J. A. Rogers attended the meeting of the Association of American Physicians held at Atlantic City May 1-2.

Drs. Wendell H. Bennett, Murrill M. Szucs and Craig C. Wales attended a post-graduate course in Internal Medicine at the University of Pennsylvania School of Medicine, Philadelphia, Pa., May 7-14. The course was held under the auspices of the American College of Physicians.

Dr. William H. Bunn was recently re-elected president of the Youngstown Area Heart Association. Other officers are Dr. R. B. Poling, vice-president; Howard A. Welch, treasurer; William J. Brown, secretary, and Attorney James E. Bennett, Jr., legal counsel.

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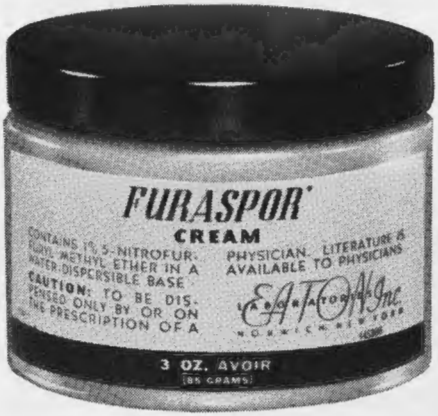

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HOSPITAL MEETINGS

ST. ELIZABETH HOSPITAL

The regular monthly meeting of St. Elizabeth Hospital Staff was held Tuesday evening, April 3, at 8:30 p. m. The scientific portion of the program consisted of the presentation by the resident staff of three recently hospitalized cases; one each from the departments of medicine, surgery, and obstetrics. There was considerable discussion following each of the cases by the attending physician and visiting staff.

At the conclusion of the scientific program, a short business meeting was held.—*Asher Randell, M.D., Secretary.*

YOUNGSTOWN HOSPITAL ASSOCIATION

The regular monthly meeting of the Youngstown Hospital Association was held on Tuesday evening, April 3, at 8:30 p. m.

Mrs. Mary Wick Miles spoke before the staff members and discussed "Medical Illustration in the Youngstown Hospital Association".

After a short business meeting and committee reports the meeting was adjourned.—*E. C. Baker, M.D., Secretary.*

HAVE YOU PAID YOUR OSMA AND AMA MEMBERSHIP DUES? . . . Pay your local and state dues to the Secretary-Treasurer of your County Medical Society . . . they were due January 1. . . . Pay your 1951 AMA membership dues of $25.00 direct to the Columbus Office for forwarding to Chicago or to your local secretary. If you do not pay 1950 AMA membership dues of $25.00 you should remit for $50 as AMA has ruled that a physician can't be a member of AMA in 1951 unless he pays, or paid, 1950 dues of same amount . . . All AMA members in 1951 will receive AMA Journal free . . . a new departure. To become a Fellow or maintain it requires $5 be paid additional to $25 AMA dues.

Health Department Bulletin

CITY OF YOUNGSTOWN

REPORT FOR MARCH, 1951

	1951	Male	Female	1950	Male	Female
Deaths Recorded	202	128	74	199	115	84
Births Recorded	613	308	305	517	252	265

CONTAGIOUS DISEASES:	1951 Cases	1951 Deaths	1950 Cases	1950 Deaths
Chicken Pox	76	0	78	0
Measles	15	0	206	0
German Measles	0	0	3	0
Mumps	1	0	53	0
Ep. Cerebro-Spinal Meningitis	0	0	1	0
Scarlet Fever	7	0	7	0
Tuberculosis	5	3	9	2
Typhoid	0	0	1	0
Whooping Cough	4	0	22	0
Gonorrhea	21	0	30	0
Syphilis	25	0	40	0

VENEREAL DISEASES

New Cases:	Male	Female
Syphilis	11	12
Gonorrhea	15	6

Total Visits to Clinic (Patients) 369

Total Patients 44

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

The Woman's Auxiliary
to
The Mahoning County Medical Society
ANNUAL DINNER — INSTALLATION OF OFFICERS
Youngstown Club
Friday, May 25, 6:30 P. M.
Play . . . "GODEY'S FASHION REVIEW"

GRIEVANCE COMMITTEE

All of us, it is certain, are indelibly impressed with the importance of public relations in the daily practice of our art. Good public relations spell doctor-patient understanding and a mutual respect for the problems peculiar to both. Good public relations keep criticism of the medical profession at a minimum and maintain proper respect for the doctor's effort to provide medical care in the American way.

The prominence attached to grievance committees at all levels indicates signal effort to iron out doctor-patient differences and complaints in a fair and equitable manner. The *grievance committee* subserves that purpose and strives to affect amicable and fair adjustment among all parties.

Our Society has an active *grievance committee*. It has heard and discussed a number of cases to the end that public relations have been improved.

As members of organized medicine, we should accept with pleasure, an opportunity to air differences such as may and do inevitably occur in any walk of life and the ultimate result will reflect itself in the highest order of community health and good will.

The *grievance committee* has the prime duty of reading and hearing complaints from physicians, patients, hospitals, laymen, organizations and the public generally—then to endeavor to adjust differences and controversies between physicians, physicians and patients, disputes involving fees for services rendered or complaints regarding the medical profession as a whole or any member thereof.

None of us wish to tolerate any unprofessional conduct prejudicial to the reputation of our Society; nor do we wish to tolerate any misdirected criticism that will unjustly incriminate any of its members. Existence of a *grievance committee* therefore, does not violate in any way the sanctity of professional or private domain; rather it serves to pave the way for discussion and clarification of issues. In effect, it helps to bring doctor and patient to an understanding—to an assurance of good public relations and subsequent justification for a continued vote of confidence from our fellow citizens.

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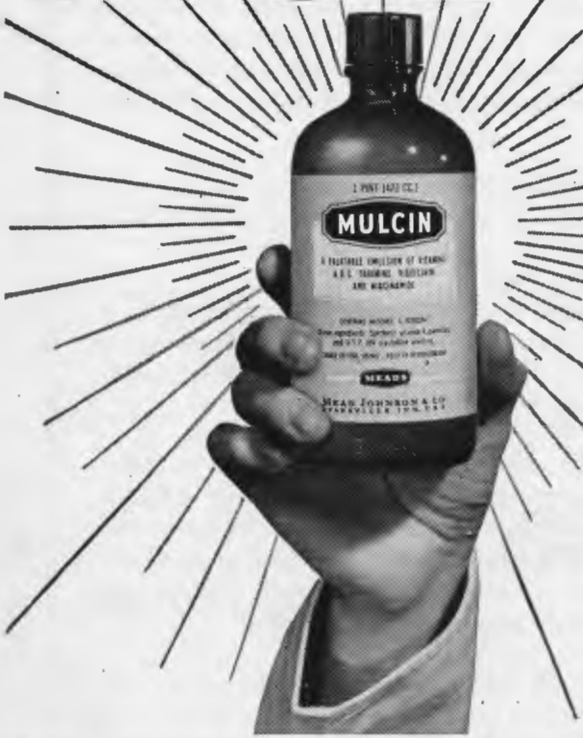

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Vitamin D	1000 units
Thiamine	1.0 mg.
Riboflavin	1.2 mg.
Niacinamide	8.0 mg.
Ascorbic Acid	50 mg.

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