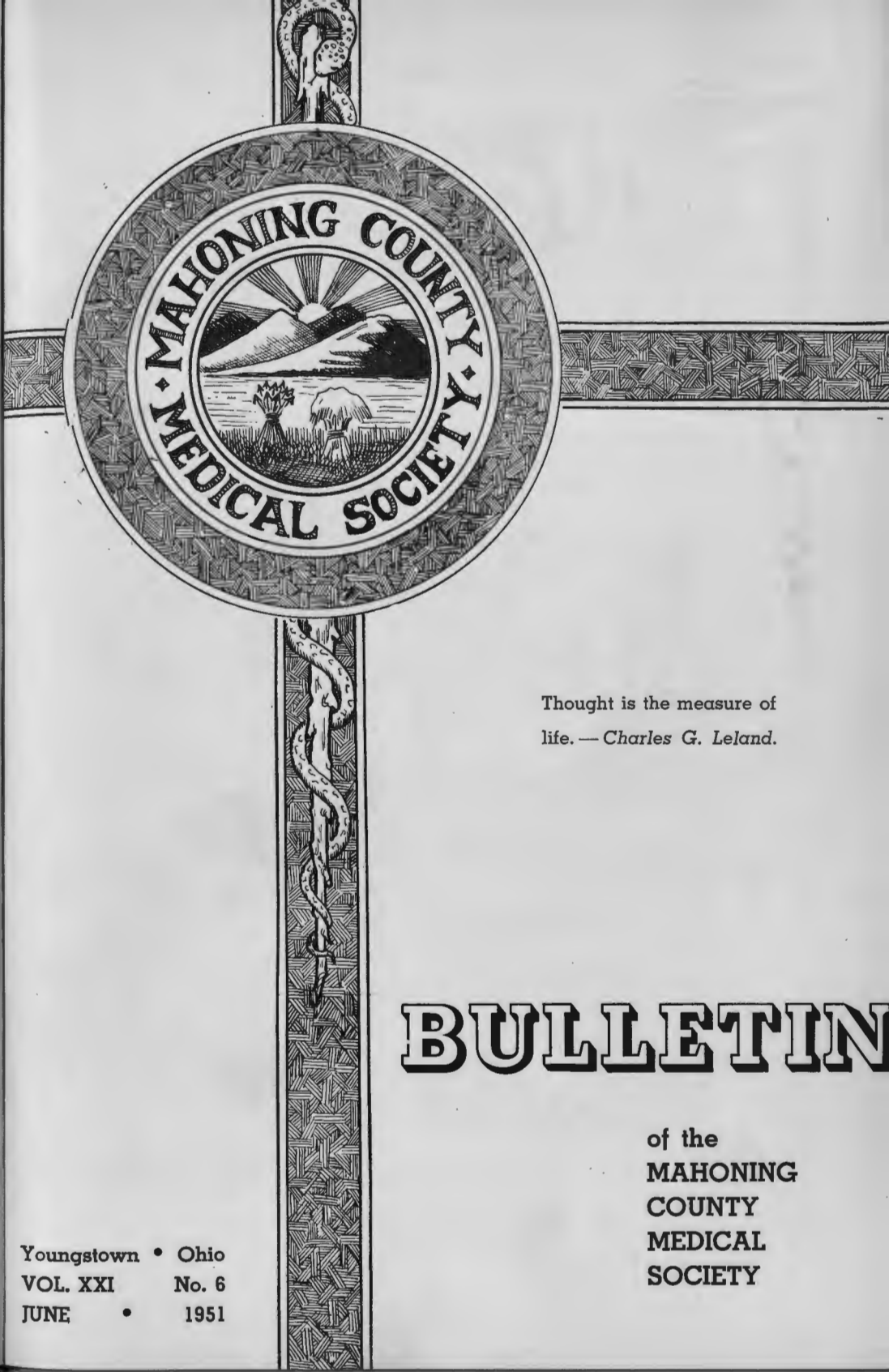

Thought is the measure of life. — *Charles G. Leland.*

BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

Youngstown • Ohio
VOL. XXI No. 6
JUNE • 1951

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Natural Base

formula:

Each Capsule Contains:

Thiamine Hydrochloride	10 mg.
Riboflavin	15 mg.
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Pyridoxine	1 mg.
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Choline Dihydrogen Citrate	20 mg.
Inositol	20 mg.
Folic Acid	0.25 mg.
Liver Extract (secondary)	100 mg.
Brewers' Yeast Extract	100 mg.

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BASE: Liver and Yeast.

SUPPLIED: in 50's and 1000's.

formula:

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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.

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.

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Representative to the Associated Hospital Service
H. E. PATRICK

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PRESIDENT'S PAGE

★ ★ ★

The education of the blind has always been a problem. In years past this public duty has been partially neglected. We now have a State School for the Blind and in Youngstown, children are started at Chaney School at the age of six. An important advance in the education of the blind would be the establishment of a nursery school.

Most parents are totally unprepared to take care of a blind child. As a rule they over-protect the child, sheltering him and depriving him of those very experiences which are necessary to normal development. The nursery school will accept the child as early as age three and one half, giving training three or four days a week, usually from 10:00 A. M. to 3:00 P. M. Teachers must be trained for nursery school work but need no special training in work with the blind.

Children usually remain in the nursery school two years. Through this early training, the child acquires an interest in and a knowledge of the world in which he lives, a foundation which will help him through life. At six years of age he is ready to enter the public school (in Youngstown, Chaney) on an equal basis with his school mates and no time is lost in getting adjusted. Without this previous training a child might well be retarded from one to two years in the first grade.

New York City maintains the Lighthouse Nursery School with an average enrollment of fourteen blind preschool children each year. They are under the supervision of three full time teachers and are assisted by a consulting staff composed of a pediatrician and a psychologist. The Buffalo Association for the Blind maintains a nursery school for seven blind children with two teachers. The first school of this kind in the state of Ohio has been opened in Cincinnati. The Youngstown Society for the Blind has planned to open such a nursery school this fall if there are five or more children of nursery age. The Lions Club would assist with the program and Superintendent Bunn has offered space in one of the public school buildings for that purpose.

The Youngstown Society for the Blind is making a survey of pre-school blind children in this district and they now ask that doctors report to them any blind child who would be eligible for this service. We would do well to fully co-operate in this program and thereby enhance the services to our blind.—*E. J. Wenaas, M.D.*

BULLETIN of the Mahoning County Medical Society

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

S. W. ONDASH, *Editor*

2710½ Mahoning Avenue

SOCIETY DINNER-DANCE SCORES SUCCESS

Easily the most outstanding social event since the pre-war period was the Society dinner-dance party held at the Youngstown Country Club on May 12, 1951.

Over two-hundred and thirty people, representing members of the Society, their wives and Corydon-Palmer Dental Society members and their wives, participated in an evening of conviviality which earmarked the party as an outstanding success.

Numerous cocktail parties preceded the dinner dance at the club. An excellent dinner followed by a pleasing floor show and subsequent dancing to the fine music of Lou Sikora and his "Society Notes" combined to produce a highly entertaining evening.

The success achieved in the delightful party is due to notable work of Dr. J. J. Wasilko, his co-chairman, Dr. R. Hall, and the following members of the committee: Drs. R. Clifford, M. Conti, W. Flynn, J. Harvey, W. L. Mermis, M. Raupple, and J. Steckshulte.

All party goers agreed that the affair should call for continued social activity within the Society. It would appear that such affairs could easily provide the basis for better fellowship, for easier acquaintance of the different age groups and a distinct impetus for better attendance at Society meetings.

DR. SHAPIRO DISCUSSES G-I HEMORRHAGE

An excellent talk was given by Dr. Nathan Shapiro, Assistant Professor of Medicine, Cincinnati University School of Medicine, before the *very poorly attended* May 15th meeting of the Mahoning County Medical Society.

Included in the presentation were statistics based on 640 cases of hemorrhage from the upper gastro-intestinal tract in the Cincinnati General Hospital from 1937-1947. Briefly 339 or 63% bled from peptic ulcers, 21% were undetermined, 12.5% from esophageal varices due to hepatic cirrhosis and smaller percentages including gastric carcinoma and hiatus hernia each 2.2%, and miscellaneous 7.5%. These hemorrhages were manifested by either hematemesis or melena.

Some interesting rules of thumb dropped by Dr. Shapiro were:

1. *Hematemesis* does not occur with bleeding below the ligament of Treitz.
2. *Melena* may occur from bleeding any place in the G-I tract if slow.
3. *Bright red blood from rectum* may occur with bleeding from as high as the esophagus if there is present a hypermotile gut.
4. *Stools may show occult blood* for 12 days after hemorrhage.

In diagnosis, it was stressed that in many cases the diagnosis of ulcer is not made because two or three weeks are allowed to elapse before x-ray studies are made. The Hampton x-ray technique is used. In the procedure there is no palpation and the normal stomach air bubble is used for double contrast effect by changing the position of the patient. Several interesting x-ray slides were shown to demonstrate this technique.

For controlling bleeding from esophageal varices, Dr. Shapiro showed an interesting three lumen naso-gastric tube with an esophageal balloon which has been very effective when used properly.

In the treatment of acute bleeding from peptic ulcers he stressed feeding of the patient immediately on a modified Muellengracht diet, the treatment of shock with blood transfusions and no need for anti-acids unless pain is present, no anti-spasmodics and no iron until after bleeding ceases. Dr. Shapiro especially forbids the use of enemas for at least five to seven days after the bleeding stops.

In the series reported on, the mortality was much greater in gastric ulcers and also shock was more often seen in gastric ulcer bleeding. Contrary to general belief, the first and second hemorrhages were more fatal than subsequent ones.

In recent times surgery is being resorted to more quickly and Dr. Shapiro stressed again that after age forty and in presence of continued hemorrhage surgery is indicated. Surgery is also indicated in instances where there is a recurrence of hemorrhage very promptly after the first episode of bleeding.

This excellent paper was very well received by the few members who attended the meeting and I'm quite certain much could have been gained by anyone who attended.—*E. R. McNeal, M.D.*

Death Certificates --- must be typed according to the Ohio State Code regulations. Dr. W. J. Tims, Commissioner of Health, City of Youngstown, reminds us of the importance of a legible, typed form — particularly with reference to diagnosis. You will assist in the proper compilation of vital statistical data by having your secretary type data required on death certificates.

KEEPING UP WITH THE AMA

W. M. Skipp, M.D.

. . . . . A few weeks ago the AMA Journal published a rebuke from Oscar Ewing over an article he wrote regarding the teaching of socialism and which was printed and published in an F.S.A. pamphlet. Mr. Ewing stated that the article was not published under his direction but was originally printed in 1945 before he became Federal Security Administrator. However, the article was reprinted in 1949 when Ewing was in office. The AMA has forced Mr. Ewing to back down and has ordered all the new pamphlets destroyed. This constitutes victory for organized medicine against those who would have socialism.

The House also cut Mr. Ewing's spending of taxpayers' money for propaganda activities to socialize medicine.

Rep. Smith (Re. Wisc.) introduced the reduction amendment. He said, "I believe the American people are fed up with handouts from the Federal government." Rep. Frank Bow (Re. Ohio) stated that this would save 100 million dollars a year. Rep. Williams (Dem. Miss.) offered an amendment to cut Ewing's office allowance because he had made 18 speeches for compulsory health insurance, traveling at government expense.

It appears, therefore, that some of the hard work of ex-Rep. Harness of Indiana and the man who was then Counsellor to Harness and who is at present Rep. Frank Bow, Canton, Ohio, is coming into its own for it was men like Harness, Bow, and Senator McClenan that several years ago brought to light the amount of our money some of these agencies like the F.S.A. were spending for propaganda for socialized medicine.

. . . . . A recent poll taken by the Minneapolis Sunday Tribune shows that the trend is away from Federal control of medicine.

The questions asked were (1) "Do you think National Health Insurance is needed in the United States?"

Feb. 1949		Today	
Yes	65%	Yes	37%
No	25%	No	53%

(2) "Are you personally in favor of or against such a National Health Insurance?"

Feb. 1949		Today	
In Favor	56%		32%
Against	23%		57%

It seems, therefore, that the national program of public education against compulsory health insurance is paying off both with regard to public opinion and to the reactions of the Democrats and Republicans in Congress opposing such a program. Better understanding of the problem by the people is notably shown in the fact that their representatives in Congress are opposing such a program.

. . . . . Frank G. Dickinson, Ph.D., addressed the American College of Physicians at St. Louis on "Some Social Implications of Medical Progress".

He traced progress from 1900 to the present, stating that to the family of the dying man, there is no adequate medical care. We can get enough bread, enough rest, enough excitement, but we cannot get enough of life. The doctor can save few accident victims who are dying because he cannot perform miracles; the doctor, however, has been attacked for not fulfilling his duties. Deaths due to heart disease and cancer are pointed out to us as evidence of the physician's failures. The physician can never triumph be-

cause his patient will die sometime, if not now, 20 years from now. The Public refuses to recognize this; demands legislation which will make the physician provide the Fountain of Youth.

. . . . . Dr. Richard L. Meiling, Chairman of Armed Forces Medical Policy Council will resign his post; he has fought a good fight but always a losing one, with the present administration. His successor Dr. W. R. Lovelace II, of Lovelace Clinic, Alburquerque, N. Mexico. General Marshall accepted his resignation with regret and pointed out that he was losing an able administrator and advisor.

. . . . . The Council on Medical Services has received inquiries relative to re-enactment of the Emergency Maternity and Infant Care Program for dependents of Servicemen.

There have been several conferences with Health Officers, hospital administrators and questions have been asked which has brought this to mind. The Committee on Maternal and Child Care participated in some of these meetings.

Chairman W. L. Crawford, Rockford, Illinois, says it cannot be done at present because there is no emergency to cause the setting up of such a program, but there are a few pressures being applied. Tracing these requests we find they come from sections near military installations. Planning in these areas will have to be given special consideration.

. . . . . Dr. Louis H. Bauer, Chairman A.M.A. Board of Trustees, addressed the National Editorial Association and told the Press that the newspaper men will find a powerful ally in the medical profession if it is threatened with government domination in the manner in which the medical profession has been threatened.

The A.M.A. advertising last fall, and for the last two years, has formed in a common crusade with newspapers to defeat forces that are threatening American freedoms. The nation has a tremendous, dynamic agency for liberty which can be found in the free unregimented press.

. . . . . The House-Senate conferees on the draft Bill (S 1) will leave deferments of students up to local draft boards. To the list have been added optometrists, dentists, and osteopaths, but chiropractors were not included.

The number to be deferred will fluctuate as the manpower requirements change.

. . . . . Dr. Gunnar Gunderson, Wisconsin, member of the Board of Trustees, A.M.A., testifying before the Committee on Interstate and Foreign Commerce, House of Representatives, on H.R. 274, a bill to amend Public Health Service to aid States and political subdivisions in the development and maintenance of local Public Health Units:

Since 1883 the Association has urged the proper creation and maintenance of local health units. We believe the properly maintained local health unit is fundamental to the maintenance and improvement of the health of the people.

In 1942, the House of Delegates of the Association adopted a resolution: "As there is a major inadequacy in civilian health units, many states and only one half the counties provide even minimum necessary sanitary and preventive services for health, that a full time, professionally trained, medical and auxiliary personnel are not used, where local and state taxes are inadequate that all the resources of the Association be used to bring about complete coverage of all divisions at the earliest possible date.

That these units be set up with no thought of diagnosis or treatment

(which would include industrial accidents) but that they should deal with public health, and preventive matters entirely and that all matters of difference should be settled at the local level rather than national."

. . . . . "Todays' Health, Lay Health publication of the A.M.A. was awarded one of six Public Interest Awards for 1950 by the National Safety Council for "exceptional service to safety". The Safety Council states "your efforts have helped to prevent many accidents and saved lives".

. . . . . Major-Gen. Geo. E. Armstrong on June 1, 1951, will succeed Major-General Raymond W. Bliss as Surgeon-General of the Army.

. . . . . An approval order must be obtained from the National Production Authority to obtain more than 25 tons of steel in the construction of any hospital. The approval will be obtained from The Public Health Service.

. . . . . The issue of refilling prescriptions by the druggists is still being heard by the House Interstate and Foreign Commerce Committee. The A.M.A. has not appeared either pro or con on HR 3298, but Mr. Ewing is trying to force the passage of the bill. Rep. Charles A. Wolverton (R.-N.J.) wonders why the medical testimony in this public health matter is not forthcoming.

Rep. Louis B. Heller (D.-N.Y.) wonders why the A.M.A. has not taken up this matter before the Committee. The Committee may defer action if expert medical testimony is heard, says Thomas B. Stanley, (D.-Va.).

Two questions are being asked:

1. Will the new amendment add safeguards?
2. Will it lower, or increase, cost of medical care?

The American Pharmaceutical Manufacturers Association says that if Mr. Ewing keeps on advocating Socialized Medicine "this will be one of the finest instruments he ever had to accomplish that purpose". The Bill "will enforce bureaucratic control of the drug industry and the medical profession" permitting the Federal Security Agency to usurp clinical medicine's authority to decide upon therapeutic values of drugs. This would make Ewing "Drug Czar". A drug must be efficient and safe for self-medication, as well as on a physician's prescription.

ST. E's EX-INTERNES PLAN REUNION

The Ex-interne Association of St. Elizabeth's Hospital will hold its annual reunion on June 28, 1951 according to an announcement released by its president, Dr. Richard V. Clifford.

Dr. Rienhoff, associate professor of surgery at Johns Hopkins School of Medicine will be the guest speaker at the scientific session to be held at the Nurses Auditorium following an open house at the Hospital at nine a. m. He will discuss the clinical manifestations, pathology and treatment of malignant tumors of the lung.

Association members and staff members will be luncheon guests of the hospital after the scientific program and business meeting. A banquet will climax an afternoon of golf at the Mahoning Country Club.

Assisting Drs. R. V. Clifford and S. W. Ondash in arrangements for the reunion are Drs. J. B. Kupec, H. J. Reese, J. K. Herald, J. J. Sofranec and C. E. Pichette.

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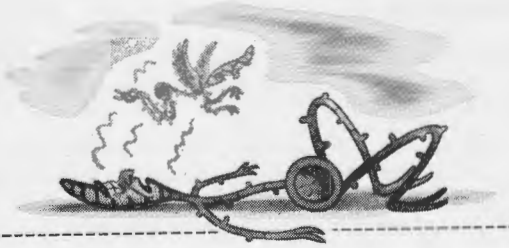

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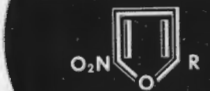

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DR. GLICKLICH WINS G. P. ACADEMY AWARD

Dr. Lucille Glicklich was the winner of first prize in the annual contest for internes and residents sponsored by the Mahoning Academy of General Practice at the regular monthly meeting of the organization held at the South Side Hospital on Thursday, June 7th. Dr. Glicklich, an interne at the Youngstown Hospital Association, was awarded a cash prize of $25.00 and a year's subscription to G.P., the medical periodical published by the American Academy of General Practice, for her presentation of a treatise on "Enuresis in Children."

Other contestants who also presented very interesting papers were Dr. Henry L. Shorr, interne at St. Elizabeth Hospital who spoke on "Cardiac Commissurotomy", and Dr. Robert Jenkins, first year medical resident at Youngstown Hospital Association, who spoke on "Bedside Chloride Determination." They were awarded a subscription to G.P.

Eleven district physicians were honored by being presented honorary membership in the Mahoning Academy of General Practice. Physicians so honored were Drs. C. R. Clark, F. F. Monroe, W. D. Coy, S. G. Patton, Sr., C. C. Stewart, G. C. Warnock, W. W. Ryall, H. E. Blott, M. E. Hayes, C. H. Beight and A. H. Alden.

Dr. Howard Mathay, president of the local Academy, announced that the organization would not meet during the summer months and that the next regular meeting would be held in September. A buffet luncheon was served following completion of the regular business meeting.

BESIDE THE TRAIL

The idea of a century ago that morality is the object of government will not find many adherents in these days of legislation for the special advantage of groups in return for political support. We cry injustice, but demand similar concessions. We accept bribes, as we pay them, connecting ourselves with the evils we decry. The present investigations by Senate committees uncover nothing but details of the squalor that follows government without principle, "moral blindness", as one senator has aptly called it. We should expect those findings. It might be well for us to go back a century for a revitalized concept of government, its proper aims and its possibilities. We may continue to grow large, but we cannot outgrow common sense.

We are not forgetful that internal harmony is necessary for our welfare and that an external foe is strengthened by discord and antagonisms among ourselves. We have been hearing pleas for unity for more than a decade; and these have been directed toward all groups of dissidents, the implication being that the fault lay elsewhere than in the central government.

We contend that to surrender principle in order to be in line with practice that is without principle, is both unpatriotic and immoral. Our duty is to expose and eradicate corruption in those who would demand our loyalty, and not to become a party to it through keeping still or by decrying its exposure. Government must justify our patriotism, and not alone demand it.

AUXILIARY REVIEWS CLUB YEAR

Mrs. J. L. Fisher

The following constitutes a report of the activities of the Woman's Auxiliary to the Mahoning County Medical Society under the leadership of its president, Mrs. William H. Evans, during the 1950-51 club year.

The membership, year book and program chairman and committees composed and prepared an attractive year book of blue mat finish, marking the tenth anniversary year. This revision brought up to date the names, addresses and phone numbers of all members. A copy of the year book was forwarded to the State Historian and National Program Chairman for display at the Board Meeting in Chicago. Our membership includes one hundred and sixty active members; four honorary members; four non-resident members; six practicing members and twelve hospital interne members.

The social program for the year was begun with a square dance at the historic Pioneer Pavilion in Mill Creek Park. Primarily, this was intended as a money raising affair for the Nurses' Scholarship Fund but it has proved to be so successful that it has become an annual affair. Three hundred dollars was added to the Scholarship Fund.

In June, members of the Public Relations Committee prepared and distributed to members of the Auxiliary, literature and information outlining the position of the Medical Profession on Re-organization Plan No. 27 before the Houses of Congress and Senate and urging each of the members to contact their Representatives in Congress to defeat the plan. In addition each member was requested to contact friends for the same purpose. As a result, three thousand letters and circulars were mailed. Follow-up telephone calls to this mailed information, indicated that the response and activity of the members was excellent.

During the months of June, July and August, the roster of physicians and their wives was obtained and compared with the list of registered voters at the Board of Elections. As a result of the following summer campaign, nearly one hundred percent registration was obtained.

In order to obtain as widespread a dissemination of information as possible on the subject of socialism in medicine and government, a luncheon was held in October with all the Presidents of Federated Woman's Clubs together with special guests invited. Sixty-seven Federated Club Presidents attended. Dr. Fred Dixon, President-elect of the Ohio State Medical Association, was the speaker and his subject was, "The Doctor Looks at Socialism". An interesting question and answer period followed. Among special guests were Mrs. Robert Lemmon of Akron, 6th District Director; Mrs. George Finnegan, President Federated Woman's Clubs; Mrs. Edward Doane, President, League of Women Voters; Mrs. George Thomas, President of Women's Republican Club. Unable to attend were Mrs. George W. Cooperrider, President of Women's Auxiliary to Ohio State Medical Association and Mrs. Adam Chesney, President of Women's Democratic Club. Dr. Dixon's address was well received and the response was so generally favorable that it is felt the luncheon served its purpose particularly well.

In co-operation with the Mayor of the City of Youngstown, the Auxiliary assisted in the observance of United Nations Day. United Nations and American flags were displayed and explanation of various departments was made. The observance was closed with a prayer for peace. At this luncheon, Mrs. R. M. Morrison, first President of the Mahoning County Auxiliary, and now a widow, was especially honored, as were other widows of physicians. Literature on Compulsory versus Voluntary Health Insurance which was made avail-

able through the National Education Campaign of the American Medical Association, was distributed to all persons attending the luncheon.

In September, the Committee visited all physicians in the County for the purpose of offering them a choice of various letters, to be printed without cost to them on their own letterheads, urging the re-election of Senator Robert A. Taft as an opponent of socialism in government. The response to this effort was great and it is estimated that approximately thirty-five thousand letters were distributed prior to the November election.

On November 14, a benefit card party and bake sale was held. This was tremendously successful. Three hundred women attended and as a result five hundred dollars was again added to the Scholarship Fund. Thirty-one door prizes were donated by the druggists and pharmacists of Youngstown and the members donated the baked goods. A member of the Mahoning County Mental Hygiene Association spoke informally to the group explaining the work of the organization and then conducted a question and answer period.

In December, an Executive Board Meeting was held at the Youngstown Club. All committee chairmen were guests of their president, Mrs. W. H. Evans. Reports to date were submitted by the various chairmen. A report on the six girls being trained by the Nurses' Scholarship Fund indicated excellent grades by the trainees. An announcement was made that the first two girls sponsored by the Auxiliary would graduate during 1951. Capping exercises for the two youngest students were attended by the president and scholarship chairman.

In January, the meeting was devoted to the study of Community services for the hearing-handicapped. Miss May Vetterle, Executive Secretary of the Youngstown Hearing Society, spoke on this subject. Under the direction of Mrs. Harold Ristle, a teacher from Bennett School, two pupils gave a remarkable demonstration of the methods used in teaching deaf mutes the art of speech. At this meeting, the legislative chairman reported on "The Doctor at War" and the draft status.

A benefit style show and tea was sponsored by the Auxiliary in February. One hundred and seventy-five women attended the affair which was open to the public. Ten physicians' wives modeled the latest spring styles in suits, topcoats, wet weather togs, afternoon dresses and cocktail costumes. The stage was massed with greenery as a background for a huge rococco frame through which the models stepped onto the stage. A three piece string orchestra played appropriate numbers throughout the afternoon and during the tea hour that followed.

Representatives of the Strouss-Hirshberg Company co-ordinated and narrated the show. As on all previous occasion adequate and complete newspaper publicity was given the organization. One hundred and ten dollars was added to the Scholarship Fund as a result of this occasion.

The March meeting was a tea for prospective nurses. This annual event is held for the purpose of stimulating interest in the nursing profession, and for entertaining our scholarship nurses. Mrs. Muriel Dunlap, Director of the School of Nursing at Youngstown Hospital, spoke on "Nursing as an Interesting and Satisfying Profession". A movie was also shown on the nursing profession. Senior student nurses of the North Side Unit assisted in acquainting these young women with the opportunities available in the nursing profession. In all, two hundred were in attendance. Special guests were Sister Adelaide, Superintendent of St. Elizabeth Hospital and Sister Margaret Louise, Director of Nurses at St. Elizabeth Hospital.

Following the business meeting in April, Probate Judge Clifford M. Wood-

side spoke on "Importance of Having a Will". The Legislation Chairman gave a report on current legislation.

The Club year closed with an annual dinner held at the Youngstown Club on May 11. Following Auxiliary pledge of loyalty, new officers were installed. A short skit entitled "Godey's Fashion Review" was enjoyed. This play displayed some rare, original gowns owned by members of the Society of Western Reserve. Auxiliary members furnished the musical background during the skit.

Sufficient funds were raised during the year not only to provide the two three-year scholarships for student nurses but also to subscribe an Auxiliary Memorial at the new Youngstown Association and St. Elizabeth Hospial buildings. Donations were also made to the Youngstown Hearing and Speech Center, to the Bennett School and to the Mahoning County Mental Hygiene Association. One year subscriptions to "Today's Health" were provided for the libraries of the 26 high schools of Mahoning County.

The membership took an active part in assisting with the work of the "Diabetic Week" and participated in the fund drive of the Youngstown Area Heart Association by distributing and collecting twelve hundred plastic hearts used for contributions. Fifty members were actively engaged in the campaign fund for the new addition to the St. Elizabeth Hospital.

The past year has demonstrated a definite improvement in relations and co-operation with the County Medical Society. The membership has shown a renewed interest in Auxiliary proceedings and has engaged in the varied programs necessary to fulfill the basic aims of providing the necessary aid to promote the highest order of community health.

The Auxiliary, in addition to pointing toward heightened activity during the coming Club Year, proposes to continue its work towards maintaining a program of sustained public education in matters of health and health education; furtherance of assistance in student training and co-operating with various charitable, philantropic and educational enterprises.

UNCLE DUDLEY

A columnist has recently written to the effect that a woman who knows how to manage her husband doesn't pass that information along to her envious friends. Such a woman wouldn't consider that there could be anything secret about it, or that she need call attention to her accomplishment. She will not know that she has done anything unusual. Neither will the husband be aware of it; he will be too proud of her to consider such a matter.

★ ★ ★

Experience isn't merely the incidents which come to our knowledge, but is really the thoughts to which these have given rise. Experience could well be called transcendent reality.

★ ★ ★

Cheerfulness amid trials is a valuable accomplishment, it conserves energy, it stimulates cooperation; but cheerfulness when disaster threatens, is imbecilic, and is not to be mistaken for courage. The trend of the world's thought has not been altered by those who are complacent, but by discontented men who knew when to rebel. It is difference, grown determinate, that projects the human pathway.

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, May 7, 1951.

PRESENT: The following doctors were present: Dr. E. J. Wenaas, president, presiding, John Noll, A. Randall, J. D. Brown, W. M. Skipp, J. C. Vance, V. L. Goodwin, C. A. Gustafson, S. W. Ondash, G. E. DeCicco, and I. C. Smith.

GRIEVANCE COMMITTEE: The Committee reported that it has been successful in satisfactorily settling matters referred to it. Establishment of such a committee was recommended by the Ohio State Medical Association as a means of maintaining good public relations.

OHIO MEDICAL INDEMNITY PLAN: Dr. Skipp reported progress by his committee and will submit details at a later date.

FULL TIME HEALTH COMMISSIONER: Action was taken to encourage the setting up of a full time Health Commissioner, in the interest of Public Health.

CLASSIFICATION OF MEMBERSHIPS: The different classification of memberships was discussed, especially Honorary Membership. Proposals for Honorary Membership may be submitted to the Society at any regular meeting but the balloting thereon shall be done at the next regular meeting or by a two-thirds vote of the Society, the rule may be suspended and vote taken upon the proposal immediately.

APPLICATIONS: The following applications were acted upon favorably by the Council.

FOR ACTIVE MEMBERSHIP

Dr. H. B. Munson, 1408 Central Tower, Youngstown, Ohio

FOR INTERNE MEMBERSHIP

Dr. F. M. Lamprich, 414 Home Sav. & Loan Bldg. Youngstown, O.

Unless objection is filed in writing within 15 days, the above applicants become members of the Society.—*G. E. DeCicco, M.D., Secretary.*

JUNE MEETING

TUESDAY, JUNE 19, 1951
Elks Club, 220 W. Boardman St.
8:30 P. M.

Speaker:

DR. ROGER B. SCOTT
Assistant Professor of Obstetrics-Gynecology
Western Reserve University
School of Medicine
Cleveland, Ohio

Subject:

"OFFICE GYNECOLOGY"

INTRACRANIAL ARTERIAL ANEURYSMS

Henry L. Shorr, M.D.‡

For almost two centuries aneurysms have been recognized and described pathologically. Literature on intracranial aneurysms dates back to 1761 when Morgagni of Padua described dilatation of the branches of internal carotid. However, diagnosis of aneurysms during life were very rare until 1923 when Symonds awakened interest in subarachnoid hemorrhage which he thought was caused by congenital intracranial aneurysm. Parker (1926), Bramwell (1934), Schmidt (1940), and Ayer (1934) have all made invaluable clinical contributions to diagnosis and treatment of intracranial aneurysms. Many valuable contributions in the past decade were made by Dandy, Magee, Richardson and Hyland.

The term "spontaneous subarachnoid hemorrhage" is a confusing term. I have found in the literature that some investigators feel that the spontaneous subarachnoid hemorrhage occurs only with rupture of intracranial aneurysm, while others feel that this condition has other etiologies as well.

In 10,000 routine autopsies, Martland found that there were 2,500 cases of sudden or unexplained deaths. Of these, 54 deaths were attributed to rupture of intracranial aneuysm. He concluded that two out of every 100 sudden unexplained deaths could be attributed to rupture of intracranial aneurysm. Wolf, Goodell, and Wolff go just a little further. They state that seven per cent of all cerebrovascular diseases are ruptured intracranial aneurysms and eight per cent of cerebral hemorrhages are the result of intracranial aneurysms.

Just what are intracranial aneurysms? There are the following types classified pathologically as:

1. Congenital or Berry.
2. Arteriosclerotic.
3. Mycotic.
4. Luetic.
5. Traumatic arteriovenus.

1. *Congenital* or *Berry aneurysms* are the most common. They are saccular aneurysms occurring in the angles formed by the bifurcation or branching of the arteries of the circle of Willis. Synonomous names are "developmental" and "miliary". Dandy explains congenital aneurysms are due to vestigial remains of embryonic blood vessels and that the reason so many aneurysms are on the internal carotid intracranially is because of the failure of many early embryonic structures situated there to atrophy completely.

The congenital aneurysm is from three mm. to five cms. in size. It is evenly rounded, oval or coarsely lobulated. It is usually attached to the artery by a short small neck. The aneurysm is usually lying free in the subarachnoid space, but this is not always the case. It may be imbedded in cerebral tissue. The microscopic picture shows that the arterial wall lacks a muscular wall.

McDonald and Korb, in a series of 1125 cases compiled to May 1938, try to show which arteries were usually involved in a congenital aneurysm. Of these 1125 cases, 489 (48%) were found to be located on the internal carotid or middle cerebral artery; 156 (15%) were found on the anterior communicating artery; 286 (28%) were found posterior to the internal carotid. Ruptured aneurysms were three times as frequent on the anterior part of circle of Willis as on the posterior circle of Willis.

Just who can have an aneurysm? What is the usual state of health? Can you decide when you see a patient whether he will have an intracranial aneurysm?

Hamby, in 130 cases, showed that 51 cases had no history of previous constitutional disease. Hypertension was present in 29 cases; diabetes was present in four cases; 11 patients complained of migraine-like headaches; and three patients were pregnant. Hamby agrees with Richardson and Hyland that the only constitutional disorder that might be connected with ruptured aneurysm is hypertension.

The actual rupture of an aneurysm occurred in a great majority of the cases when the patient was in bed, or at rest. Physical exertion that might incite rupture of an aneurysm is present in only 16% of the cases.

Hamby showed that in 130 cases the majority were either:

1. Driving a car.
2. At usual occupation (not strenuous).
3. Asleep.
4. Sitting or standing.

He found the minority were:

1. Wrestling.
2. Swinging a hammer.
3. Washing a floor.
4. Having intercourse.

Magee states that in 19% of his cases he found no history of extreme physical exertion.

Intracranial aneurysms are slightly more common in females than in males, but for practical purposes it may be stated that a 1.1 ratio exists. There seems to be a slightly higher incidence among negroes than whites. The average age differs only slightly in the experience of different authors. Hamby found that age of those who recovered averaged 45 years, whereas average age of those who did not recover was 48 years.

DIAGNOSIS: In many cases the diagnosis of ruptured intracranial aneurysm is not too difficult. In a person who was previously well, a sudden onset of a severe headache either in the back of the eye, frontal, parietal, or occipital region, severe prostration, meningeal irritation and diminished reflexes is a clear clinical picture. Other signs that add evidence to this picture are:

1. Blood in cerebrospinal fluid and xanthochromic supernatant.
2. Extraocular palsy and third nerve paralysis is added evidence.
3. Coma adds to the diagnostic problem if is occurs immediately. The patient who is comatose often has Cheyne-Stoke breathing and the extremities are usually toneless. There is an elevation of temperature and pulse is slow.
4. In about 12 hours after bleeding into subarachnoid space, there are signs of meningeal irritation—such as stiff neck, positive Kernig and Brudzinski signs.
5. Papilledema is rarely present in a ruptured aneurysm. If it does occur, it is usually 48 hours after rupture.
6. One type of retinal hemorrhage which is thought to be pathognomonic of ruptured aneurysm may be present. This is the large round subhyaloid type which is usually evident between ten minutes and one hour after rupture.
7. Hemiplegia may occur with the rupture of any aneurysm, but is more common in the aneurysms of middle cerebral artery. If hemiplegia is complete and does not improve, it may be considered to be of middle cerebral origin. If there is hemiparesis or partial hemiplegia which is only transient, aneurysm of another artery must be suspected. A monoplegia is usually suggestive of ruptured aneurysm of the anterior cerebral artery. If there is bilateral motor loss, one must think of an aneurysm of the basilar vertebral artery.

8. Convulsions are thought to be due to rupture of the aneurysm into intracerebral tissue. The various investigators feel that this occurs in anywhere from nine to twenty per cent of the cases.

Other signs and symptoms which may occur and thus help to localize lesion are: photophobia, diplopia, nystagmus, vertigo, paralysis of fourth and sixth nerve, trigeminal neuralgia, and exophthalmus.

DIFFERENTIAL DIAGNOSIS: One must always distinguish between ruptures of aneurysm and primary intracerebral hemorrhage. A good history can usually distinguish the two entities. In a cerebral hemorrhage paralysis is usually immediate, whereas in a ruptured aneurysm, there may be a lag of from seven hours to one, two or even three days. A bloody spinal tap taken from a patient that is conscious is usually indicative of a ruptured aneurysm, whereas if the spinal fluid is bloody in primary intracerebral hemorrhage, the patient is usually deeply unconscious. Cardiovascular disease is thought to be probably connected in 20% of the cases of ruptured aneurysm. On the basis of statistics, if a patient does have cardiovascular disease, one should first think of primary intracerebral hemorrhage.

However, to complicate the picture, there may be both ruptured aneurysm and second degree intracerebral hemorrhage.

Hamby, in 44 cases, reports rupture of aneurysm with concomitant intracerebral hemorrhage in 52% of these cases. The frontal lobe was involved in 17 cases; the hemorrhage was due to rupture of aneurysm of the anterior cerebral and anterior communicating in 12 cases; from the middle cerebral in three cases, and from the internal carotid in two cases. The temporal lobe was involved in five cases. The ruptured aneurysm originated from the middle cerebral in three cases and from the posterior communicating in two cases.

AID IN DIAGNOSING CONGENITAL INTRACRANIAL ANEURYSM: Besides signs, symptoms and history, there are the following diagnostic methods that may help in ruling in or out, congenital aneurysm.

1. The most important is cerebral arteriography. This procedure consists of injecting diodrast (iodopyracet) into the internal carotid artery nad visualizing the arteries of the brain. This substance is non-radioactive and rapidly excreted. Before the use of diodrast, cerebral arteriography had the following objections:

   a. The actual injection of thorotrast was hazardous because of its radioactivity and its failure to be excreted.
   b. The mechanisms of actual injection were also hazardous.

However, improved technique and the introduction of diodrast have made these objections invalid. Wechsler feels that cerebral arteriography is not only a useful diagnostic tool, but also is a reliable guide for instituting therapy. Consequently he feels that cerebral arteriography should be done in the acute stage of rupture of aneurysm so that heroic treatment can be instituted.

2. Another valuable aid is x-ray. There are, in a small percentage of aneurysms, small calcified shadows from which diagnosis of aneurysm can be made, either from shape or position of calcification. This calcification usually indicates a ruptured aneurysm of long standing. In an even smaller percentage of cases, destruction of the sellica turcica may be detected.

3. Ventriculograms are indicated if there is some question as to a diagnosis of tumor or aneurysm.

4. Woodhill thinks that electroencephalography might indicate side that the aneurysm has ruptured. He postulates that this is due to reduced blood flow which gives a decrease in amplitude of wave.

TREATMENT OF ANEURYSM: Aneurysms have been treated medically until approximately the last 15 years when surgery appears to be treatment of choice, whenever possible.

The following treatment is usually carried out:

1. Bed rest for at least six to eight weeks. This is to allow time for firm organization of the clot in the tear in the aneurysmal wall.
2. Elevation of the head to reduce intracranial pressure.
3. Sedatives:
    1. Codeine and Aspirin.
    2. Sodium amytal } To be used if severe
    3. Avertin rectally } restlessness is present
4. Lumbar punctures: Gunker feels repeated lumbar punctures should be done, removing 10-30 cc. at a time. Wechsler, Gross, and Hamby think only one lumbar puncture for diagnosing purposes should be done.
5. Prevent straining of bowels.
6. Good nursing care.

The present trend in thinking, however, is that aneurysms are extremely repetitious and that more heroic treatment is necessary. Present day surgery answers this problem.

Wechsler advises after there is a diagnosis of suspicion of a ruptured intracranial aneurysm, a cerebral arteriogram should be done to diagnose and localize the aneurysm. A decision is then made to determine what to do and what kind of surgical approach can be affected.

The treatment of choice in curing an aneurysm is by trapping it between an intracranial silver clip and ligating the carotid in the neck. Fincher first reported this procedure in 1939 and Dandy has done monumental work in this field. This procedure gets the best results with aneurysms of the carotid canal and of the internal carotid before it branches. When the aneurysm is situated on the branches on the internal carotid, the surgical results are not good. Surgical treatment of the middle cerebral artery gives an extremely poor prognosis. However Galbraith has reported four cases of ruptured aneurysms of the left middle cerebral artery which were repaired by electric coagulation in one case and by use of a clip at the neck of the aneurysm. This has been facilitated by the method of picking u pthe bleeding sac in a suction to create an almost bloodless field, so that the neck can be clipped off and coagulation carried out.

Complications may be divided into two categories—early and late:

1. Early cerebral complications are due to impaired cerebral complications. This is manifested by hemiplegia and aphasia which occur either immediately or in the first six to ten hours after operation. If these signs are noted, they may be removed by immediately removing the band occluding the carotid artery.
2. Late cerebral complications are thought to be caused by thrombi and emboli which originate in the carotid. This usually occurs within 24-48 hours. Halstead believes that thrombi occur due to injury of intima. This occurs during the ligation of either the internal or common carotid and thus this is the starting point for the thrombus. Dandy tried to correct this by first using a band of fascia for either partial or complete occlusion, and then using a silk suture over the fascia. The results have been favorable.

There is also a difference of opinion whether to use the common carotid artery or the internal carotid artery. Many observers feel that there are less complications in using the internal carotid artery; however, others find that there is no difference in their results in using either artery.

Surgery of the posterior cerebral and posterior communicating arteries is extremely difficult. The treatment of choice is removal or clipping at both ends of the aneurysm. The *S* shape aneurysms of the vertebral artery do not tend to rupture.

PROGNOSIS: Richardson suggests there is no greater danger of death than in a late second or third hemorrhage caused by ruptured aneurysm. He feels the great danger is caused by secondary bleeding during the second to the fourth week. He feels that therefore complete bed rest for the first six weeks to two months is indicative. Of 124 cases which he reviewed recently, he found a total mortality of 52%. Of this 15% was due to recurrent bleeding; all deaths were during the first three months.

Hamby found that in a series of 130 patients, 67 patients (51.5%) died in hospital, while 63 patients survived. Of the 63 who survived, 14 died of vascular accidents since discharge; five of original lesion within two weeks; nine died from one month to eight years after discharge. There are 48 remaining survivors. Of these only 21 have recovered sufficiently to work; 13 can do limited work, and 11 are unable to work at all. Thus of 130 patients that have had ruptured aneurysms, only 16.9% can be considered to have had complete recovery.

Wolf, Goodell, and Wolff report that 29% of patients that enter hospital with spontaneous subarachnoid hemorrhage die on first account; 14% die during recurrent bleeding between second and fourth week, and an additional 5% die by the end of the first year.

† Interne, St. Elizabeth Hospital. Paper presented before the Mahoning County Medical Society, April 19, 1951.

QUESTION TAX BREAK FOR PHYSICIANS

Many a physician hasn't drawn up a personal retirement plan because of the way income-tax laws discriminate against self-employed professional men. For example, a doctor can't take a tax deduction for the premiums he pays into an annuity fund.

A business executive, on the other hand, may belong to a company-financed pension plan, and the cash so stashed away each year is not considered part of his income that year.* Sure, the businessman pays a tax on the money he collects after he retires. But by that time he figures to be safely out of the high tax bracket.

The Michigan State Medical Society is one of several that's now urging professional men to launch a "concerted and determined agitation" to clear up the inequity. Its journal said last month:

"Doctors, lawyers, dentists, architects, who have a limited period of income should profit from the action of labor. The average union man never talks of his income—he talks only of take-home pay. We could well do the same, and demand that we be allowed to so arrange our income that we will provide for our future."

Doctors are being called on specifically to back a two-point program endorsed by the society and the American Bar Association. Briefly, it asks Congress to:

1. Amend existing pension trust provisions so that partners and individuals might deduct the cost of pension plans from their taxable income. Retirement benefits would then be subject to taxation only when paid.

2. Allow deductions to persons investing part of their yearly income in specified non-negotiable Government bonds for use in their old age. Income from this source, too, would be taxed only as received.—*Medical Economics.*

* A company with a legitimate pension plan, furthermore, may treat its contributions as income-tax deductions.

MILITARY NOTES

H. J. Reese, M.D.

COMMISSIONS STILL AVAILABLE TO DOCTORS FACING DRAFT . . . Selective Service assures us it will continue to help physicians get reserve commissions before the time comes for actual drafting. After Defense Department called on Selective Service to draft 1,202 Priority I physicians this summer, Selective Service officials made these points plain to us:

1. Men selected for drafting will be notified in time to apply for reserve commissions. Local Selective Service boards will have Defense Department Form 890 for those who previously indicated they were not interested in a reserve commission but who might now want to apply. Boards also will expedite processing of men who previously indicated they wanted commissions.
2. Within the priority, age will determine the order of call-up, with the youngest going first; the same system applies to reserve officers.
3. Priority I physicians classified 1-A may apply for a reserve commission thus avoiding induction by Selective Service and assuring an extra $100 monthly pay, but this will not mean a delay in going on active duty. Either as reserves or draftees, 717 Priority I physicians will enter Army or Air Force in July, another 333 in August and 152 in September.
4. Selective Service plans to allot state quotas based on the proportion of Priority I men in the state to the national total. However, as the number of reserves commissioned increases, the number to be drafted will decrease proportionately, both nationally and by state.—*Capital Clinics.*

POLICIES FOR RELEASE OF MEDICAL RESERVES . . . New Defense Department regulations for release of World War II reserves will not greatly affect the three medical services, which have had separation plans in operation for several weeks. Medical reserve policies are: Air Force: All in service are members of organized reserve units and subject to 21 months duty—no individual reserves called to date. Navy: Released 382 reserves since Korean War began, including organized reserves called before the doctor-draft went into effect, former V-12's who re-enlisted for one or two years during the "moral suasion" campaign of 1949 and other volunteers who have served two years. All organized reserves called involuntarily may apply for release and other categories are being released after the time for which they volunteered. Army: The 120 company-grade officers called involuntarily from the unorganized reserves since Korea are eligible for release but the 30 or 40 field-grade specialists called in the same period are not. Physicians who entered Army during "moral suasion" campaign releasable in July; others one year after the time for which they volunteered. Those serving internships in military hospitals (if not now subject to draft call) will be released after completing their internship.—*Capital Clinics.*

Physicians would be smart to ignore circulars asking them to supply biographical data for this book or that book of "important people in medicine" . . . commercial ventures of doubtful value for reference purposes . . . Publications such as the American Medical Directory and Directory of Medical Specialists are reliable sources of information on physicians and the only listings actually necessary for reference.—*OSMA Journal.*

CLARENCE W. SEARS, M.D.

1907 - 1951

The fellow colleagues, patients, and friends of Doctor Clarence W. Sears were all greatly shocked and disturbed, when on the morning of April 30, 1951, the news came over the radio and telephone that he had died from a gun-shot wound.

Dr. Sears was born March 18, 1907 at Onslow, Iowa. He graduated from the University of Iowa Medical School in 1932. He then came to Youngstown Hospital and served as an interne for one year. At the close of the internship he was appointed resident physician for the hospital. On completion of this appointment he returned to Iowa and engaged in general practice at Mechanicsville for about a year. In 1935 he returned to Youngstown and was associated with Dr. H. E. McClenahan in the practice of Obstetrics and Gynecology. Shortly after returning to Youngstown he went to New York Postgraduate Medical School and to the Margaret Hague Maternity Hospital, Jersey City, N. J. for postgraduate studies in Obstetrics and Gynecology. Resuming the practice of his chosen specialty, he conducted an evergrowing and successful practice until called to serve his country in World War II. He entered the U. S. Army Medical Corp with the rank of Captain in August 1942. He served at various posts in Texas, Alabama, and England until he was discharged in 1945 with the rank of Major. He then resumed his practice in Youngstown.

In 1948 he became a fellow of the American College of Surgeons. He was a member of the Mahoning County Medical Society, the Ohio State Medical Society, and the American Medical Association. He was also a member of the Masonic Order.

Clarence was a fine type of Christian physician. He was unusually concerned over the welfare of his patients and was ever conscientious and kind to them. His happy and cheerful disposition will be long remembered by his friends and patients. He was a member of the Pleasant Grove United Presbyterian Church. His chief interests were his family and his profession.

For recreation, he loved to take his hunting dog and tramp the fields, training the dog. In season, pheasant hunting added to his pleasures.

In his immediate family he is survived by his wife, the former Louise Foster, a son, Richard and a daughter, Mary Grace. His mother and brother live in Iowa.

I count it an honor and a rare privilege to have been closely associated with him for many years.—*H. E. McClenahan, M.D.*

RAYMOND E. WHELAN, M.D.

1869 - 1951

Dr. Raymond Edward Whelan, the first appointee to the Staff of St. Elizabeth Hospital, and its President for many years, was born in Youngstown, Ohio on November 27, 1869. In his early years he attended St. Columbus parochial school and Rayen High School. He received a degree in Pharmacy from the University of Maryland and subsequently studied Medicine at Western Reserve University where he received his Doctor's degree in 1890.

Dr. Whelan was a widely known surgeon. He was admired and respected by his contemporaries for his fine orderly mind and his retentive memory. He was an enthusiastic student and teacher, a thoughtful, thorough consultant and a careful, conscientious surgeon. His courage in the face of a painful physical disability was remarkable. He preserved his interest in the practice of medicine until the last few weeks of his illness. He brought to St. Elizabeth Hospital many years of constructive service which is reflected in the Hospital's excellent rating.

Dr. Whelan expired on May 6, 1951. He will long be remembered by his associates for his professional integrity, ability and leadership.—*F. W. McNamara, M.D.*

HERE AND THERE

Dr. W. J. Tims addressed the Tri-Osteopathic Association of Mahoning County at the Youngstown Country Club on May 2, 1951. His subject was: "Your Health Department Activities".

Dr. F. Gelbman was the guest speaker at the regular monthly meeting of the Lawrence County Medical Society held on May 9. His subject was: "Child Psychiatry".

Dr. A. Goudsmit attended the meeting of the Association of American Physicians held at Atlantic City on May 1-2. He also attended the sessions of the Society for Clinical Investigation held at the same city on April 30.

Drs. Kenneth J. Hovanic and Bryan H. Hutt announce the removal of their offices from 42 W. Midlothian Blvd. to 77 E. Midlothian Blvd.

Drs. B. M. Bowman, P. R. McConnell, C. E. Pichete, E. R. Thomas and H. S. Zeve attended the meeting of the American Urological Association held at Chicago on May 21-24.

Drs. S. Klatman and S. W. Ondash attended the sectional meeting of the American College of Surgeons held at the Book-Cadillac Hotel in Detroit, Michigan on May 10-12.

Drs. A. J. Bayuk and W. H. Evans were guest speakers at the meeting of the Belmont County Medical Society held at Bellaire, Ohio on May 17. Dr. Bayuk discussed "Office Anaesthesia" and Dr. Evans spoke on "The Diagnosis and Treatment of Meniere's Syndrome".

Dr. Gordon G. Nelson addressed the Lutheran Women's League at St. Luke's Lutheran Church on May 24. He discussed "Socialized Medicine".

Dr. Morris Rosenblum has completed a year of post-graduate study in Internal Medicine at the University of Pennsylvania School of Medicine and has resumed his full time practice.

Dr. W. H. Evans attended and presided at the Spring meeting of the American Society of Ophthalmological and Otolaryngological Allergists held at St. Louis May 30-31. Dr. Evans is president of the Society.

Recent Youngstown visitors were Dr. and Mrs. Samuel Schwebel. Dr. Schwebel is completing extended post-graduate study in Dermatology at the University of Cincinnati School of Medicine.

Dr. W. J. Tims spoke before members of the Youngstown Junior League at the Great Hall, Trinity Church on June 14. His subject was: "Health Department Activities".

Dr. Robert E. Odom has completed a year of post-graduate study in Ophthalmology at the University of Pennsylvania School of Medicine.

Dr. W. H. Evans attended the meeting of the American Tri-Ological Society held at Atlantic City May 5-11. He then attended the alumni meeting of the New York Eye and Ear Infirmary held at New York May 11-12.

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.

FROM THE BULLETIN

J. L. Fisher, M.D.

TWENTY YEARS AGO (JUNE 1931)

This month the *Bulletin* came out in a brand new cover, all done in scarlet and silver with the seal of Ohio in the center surmounted by the lamp of knowledge. Around it were smoking stacks, trains and trestles and in the foreground the long-talked-of canal with a tug chuffing by. These elaborate plates which could be printed in three colors (but seldom were) were the gift to the *Bulletin* by Dr. Armin Elsaessar who was a quiet but staunch supporter in those early days.

Doctors were urged to use the summer months to prepare the pre-school children for the next term by correcting physical defects and immunizing them.

President Thomas wrote that the Society should have its own building with an auditorium, a library and club facilities.

The fourth annual Post-Graduate Day was held at the Ohio Hotel on June 18th with a group from John Hopkins including Emil Novak, Thomas B. Futcher, William E. Reinhoff, Louis Hamman and Walter E. Dandy.

TEN YEARS AGO (JUNE 1941)

Because of the recent conviction of the A.M.A. and the Medical Society of Washington, D. C. of conspiracy to restrain trade, considerable space was devoted in the Bulletin to inveighing against government control of medicine.

The Medical-Dental Bureau announced its Budget Plan to finance patients' bills for medical and dental care.

Dr. R. B. Poling had a very fine article in this issue on "Purpura and Hemorrhagic Diseases."

McKelvey's advertised Palm Beach suits for $17.75.

CYNICAL SAM

When we hear a fellow berating himself for his own shortcomings, we feel disinclined to give him the compliment that he expects. We think it better to let his own spoken estimate of himself prevail unmitigated.

★ ★ ★

When someone has injured you, it is better to forget; but not to forget too completely, else you may be nicked again.

★ ★ ★

The oft-repeated statement that it is easier to die for a cause than to live for it, was the product of an age when every one was supposed to have a conscience. With the gradual disappearance of this salutary distillate of the ages, there isn't much concern about the righteousness of the cause. Living for the advantage of the group, doesn't require much soul-searching.

Society Meeting . . . . .

WERE YOU THERE?

Organization of the medical fraternity at the local or County level is mandatory if a community is to gain from an orderly and spirited activity of its practitioners. Only through active participation of *all* of *its members* can a County Medical Society carry on the work necessary to promote good fellowship among its members, a free and full participation in community enterprise and an order of public relations that will prove a credit to all concerned.

The first requisite to solidarity and effectiveness of a Medical Society is communal spirit and that is obtained, as in any other organization, by periodic meetings, active participation in their conduct and a constructive effort for the good of the group. The old refrain that "I'm a surgeon, an internist or other," and that "the guest speaker will discuss a subject of no immediate interest," bespeaks a contagion that becomes progressively worse and the scope of the practitioner less. He soon loses sight of a duty to attend sessions and to voice his opinion on matters which he so eloquently expounds elsewhere. To what avail?

Each and every one of us must be concerned with more than the practice of our art else we stagnate in the other elements allied to our daily life. We must carry firm convictions to discussion—thence to an action, thereby adding credit and strength to our fraternity.

When can we do it? Our monthly meetings provide the answer! Two hours spent during ten meetings a year can be productive of considerable benefit to ourselves and to our Society. There is no excuse for lack of good attendance. "Belonging", alone, doesn't add stature to an organization—rather, membership implies a duty and when we fail to meet the fundamental requisite of attendance at meetings, we would do best by abstaining as a member. Dues and a few work horses alone can't overcome the hypnosis placed on a Society by an abstaining membership.

Doubtless, there are too many meetings of other character, hospital staff, conferences, sectional meetings, etc., to the point that Society meetings are usually side-tracked in the boredom. That the number of those meetings should be materially reduced seems quite plausible; a constructive effort to do so would certainly help to impose a righteous importance on Society meetings and the more necessary medical meetings of other nature. Be what they may, Society meetings should always hold a pre-eminent position on our medical calendar.

The last meeting was held May 15. The speaker was excellent; his talk was of broad scope but were *YOU* there?

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