



Excerpts from address of  
organization of women, last in  
series of three.

—Secretary

# BULLETIN

of the  
MAHONING  
COUNTY  
MEDICAL  
SOCIETY

Volume 1 • Ohio  
Vol. 1 • No. 3  
September • 1951

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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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## PRESIDENT'S PAGE



On July 25, 1951 Senator Ives of New York explained an amendment he introduced on the floor of the United States Senate. We, as physicians, should be very much interested as Senator Ives offered the idea as a Senate floor amendment to a tax bill and as such it will be thrust into immediate debate and consideration.

Briefly, the Amendment would, under certain circumstances, exempt from taxation premium payments for retirement plans of members of professional and other specified associations, approved by the United States Treasury Department. The plan would permit eligible persons to pay, tax free, 10% of earned income or \$7,500.00 whichever is less, each year toward pension plans approved by the Bureau of Internal Revenue. Upon retirement the insured or his beneficiaries could take a lump sum payment subject to a 25% capital gain tax or under yearly installment payments the income would be taxed as regular income, usually beginning at age 60.

This plan is something that would be beneficial to physicians in that they could pay into the plan while at the height of their productivity and receive benefits when income usually declines.

*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

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**PROGRAM FOR SEPTEMBER MEETING**

September 18, 1951

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**Subject:** "EPILEPSY"**Speaker:** MAX T. SCHNITKER, M. D.

The program committee headed by Dr. Paul J. Mahar announces that Dr. Max Schnitker has been selected to give the inaugural program in the first of the Fall series of Society meetings.



Dr. Schnitker is a diplomate of the American Board of Neurological Surgery, a fellow of the American College of Surgeons, and a member of the Henry Cushing Society of Neurosurgeons. He is chief of the Division of Neurosurgery at St. Vincent's Hospital, Toledo, Ohio, and is consultant neurosurgeon to Toledo, Mercy, Robinwood, Riverside, Flower, Maumee Valley and State Hospitals.

The program on "Epilepsy" should provide a timely review of a subject bearing interest to all practitioners.

*Attend.....Society Meeting.....Sept. 18*

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## *Editorial . . . . .*

### M. D. PENSION PLAN

A rising interest in pensions plans for professional or self-employed people comes with the realization that such persons are not given a reasonable tax break in setting aside funds for their retirement. Interest has chiefly centered in two courses of action which would end discrimination against a professional man and put him on a par with the industrial executive. The following are the courses of action which originated with the American Bar Association four years ago and have since been endorsed by the Michigan Medical Association and other groups.

One plan suggests an amendment to the pension trust provision in the tax law that would permit professional men to formulate pension plans, the costs of which would be deductible in computing current income tax but subject to taxes when the trust became effective later. The other course provides an individual retirement plan whereby a professional man with earned income would be permitted to set aside a fixed proportion of it each year. Funds, if invested in certain non-negotiable government bonds, would be exempt from current taxes but subject to taxation when cashed after maturity.

The inequity of tax burden on the physician and other self-employed men is becoming more and more apparent in the light of increased taxation. When one considers the negative financial balance with which every professional man sets up after a lengthy course of study and the imposition of heavy tax as soon as recompense commences, it is difficult to see how one can realize a just return from his investment in education. The tax wound smarts even more when one is aware of the option of a business man to build up a retirement fund through a company financed pension plan. True enough taxes are eventually paid but only after the individual is out of the high income bracket.

The promulgation of a professional interest in legislation to adjust the inequitable burden by constituting a pension plan seems well indicated and timely. The option to set aside a fixed percentage of earnings, tax free, towards retirement would certainly help to correct extant inequity and provide tangible balm for the tax burden now carried.

We would do well, therefore, to take definitive action and enjoin our legislators to correct the situation. This should start with each of us individually and our County Society should spur the action as the first or grass root level of Organized Medicine.

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## PROGRESS IN RHEUMATIC FEVER PREVENTION PROGRAM REVIEWED

R. B. Poling, M.D.

Considerable progress has been made in the rheumatic fever prevention program sponsored by the Youngstown Chapter of the American Heart Association, headed by Dr. W. H. Bunn, who is also secretary of the National organization. National interest has recently been centered about the plan evolved in Youngstown for the prevention of rheumatic fever in the school child.

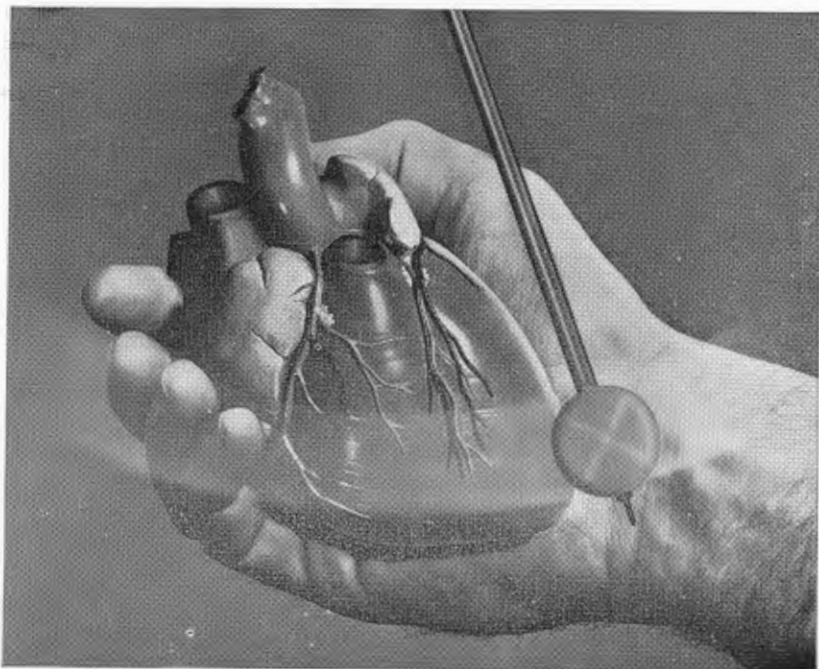
Subsequent to many years of laboratory and clinical research, it has been concluded that the streptococcic organism is the chief factor in the etiology of rheumatic fever. This conclusion was amplified by Dr. Charles H. Rammelkamp and associates in an article published in the May 13 issue of the *Journal of the American Medical Association*. This was referred to by Dr. W. H. Bunn in his letter to the doctors in this district December 9, 1950, acquainting them with plans to combat rheumatic fever in this area. In his letter to physicians, the various groups of patients and the details of the plan for the prevention of rheumatic fever were given as well as a suggestion for the proper treatment for those who had rheumatic fever.

The details of the plan for the Rheumatic Fever Prevention Program were published in the January 1951 issue of the *Bulletin of the Mahoning County Medical Society*.

To make certain that a Rheumatic Fever Prevention plan may be effective, the following steps were necessary for its organization:

### OUTLINE OF THE PLAN FOR THE PREVENTION OF RHEUMATIC FEVER IN THE SCHOOL CHILD

1. Presentation of plan to the Mahoning County Medical Society and to the Academy of General Practitioners.
2. Executive Secretary, Mrs. O. W. Haulman, met with Dr. E. R. Thomas of the School Health system to work out details.
3. A letter of information sent to each physician member of the Mahoning County Medical Society.
4. A letter of information to the Board of Education.
5. A letter to the Parent-Teachers Association.
6. Address of Dr. Rammelkamp to the Academy of General Practitioners and members of the Youngstown Area Heart Association December 12, 1950.
7. Plan explained to principals of elementary and junior high schools in the city.
8. Discussion meeting with Mr. Hathhorn, Director of Public Health in schools, and school nurses.
9. Contact with the leaders of health councils of P.T.A.'s, followed by a letter which was a resume of this talk. These leaders in turn presented this information to all P.T.A.'s in the city.
10. Instructions given to teachers in elementary and junior high schools in the city, of which there are 33. Left with the principal, a pad of a note to be sent home with the child with a sore throat.
11. Cards sent to doctors at end of each month to help evaluate the success of this pilot program.
12. Contacted Dr. Mylott, health director of parochial schools. It was found they had no teachers' meetings at which talks could be given, but a letter of explanation was sent to Dr. Mylott who passed on the information to all teachers and parents. Dr. Mylott was supplied with the note of explanation sent home with the sick child.



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The local Heart Association prepared the following forms used in the program:

1. A questionnaire card sent to physicians monthly to be returned indicating the number of new cases of rheumatic fever seen; the number of recurrent rheumatic fever cases seen; the number of patients receiving prophylaxis; and approximately the number of children brought to the doctor's office for rheumatic fever prophylaxis.
2. A note to take home to be given to the school child with sore throat.
3. A blue card—nurse's report as to what treatment, if any, was carried out.

It is noted that the doctors of this area cooperated magnificently in making the Rheumatic Fever Prevention Program a success. The officers of the local Heart Association wish to express their whole-hearted appreciation for the support given in this campaign.

The results of this activity by the doctors are herein tabulated:

**RHEUMATIC FEVER PREVENTION PROGRAM  
JANUARY - MAY, 1951**

	JAN.	FEB.	MAR.	APR.	MAY	TOTAL
1. Number of new cases seen -----	22	16	12	23	13	86
2. Number of cases recurrent rheumatic fever seen -----	22	35	16	21	16	110
3. Number of cases receiving prophylaxis -----	40	30	30	38	17	155
4. Approximate number brought for rheumatic fever prophylaxis -----	46	60	59	48	32	245
Number of cards mailed -----	275	245	196	195	187	1,098
Number of cards returned -----	102	117	89	77	71	456
All questions answered negatively_	72	69	61	43	48	293
Report from nurses -----	4	9	1	0	0	14

Dr. Rammelkamp states that he hopes that if the program is followed in the schools alone it should reduce cases of acute rheumatic fever in Youngstown to 50 per cent of their present rate of occurrence. This becomes more striking when expressed in economic terms—that the prevention of one case of acute rheumatic fever would save the community \$30,000.

Dr. John W. Ferree, Director of Public Health of American Heart Association, asked Dr. Bunn to set down details of the plan evolved in Youngstown for the prevention of rheumatic fever in the school child.

In this letter Dr. Bunn says, "It is my conviction that no plan of this sort can be successful unless it has the full cooperation of the physicians in the district where the plan is to be put into operation." Dr. Bunn then detailed the mechanism and function of the Rheumatic Fever Prevention Program started in Youngstown. It is hoped that other Heart Associations may benefit from this work.

It is too soon to make any statement about the success of last year's Rheumatic Fever Prevention Program as we had no base line. We again enlist the interest of the members of the Mahoning County Medical Society in the 1951-52 program with the hope that we may have the same enthusiastic cooperation as was shown last year.

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SEPTEMBER

**SPONTANEOUS RUPTURE OF THE SPLEEN DUE TO SARCOIDOSIS**

*Dr. A. K. Phillips, M.D. and Dr. A. A. Luchette, M.D.†*

Much controversy still exists over the question as to whether the normal spleen ever ruptures spontaneously. Some authors contend that all such spleens are pathological though the pathology is not always apparent even on microscopic examination. This phenomenon fortunately is not of very common occurrence. Spontaneous rupture of the frankly diseased spleen, however, is more frequently seen in connection with malaria, leukemia, portal thrombosis, Banti's disease, infectious mononucleosis, splenic infarction, puerperal sepsis, relapsing fever, pneumonia, typhus, hemangiomas, trauma and tuberculosis. Nevertheless, a fairly complete review of the literature reveals only a single case report of spontaneous rupture associated with sarcoidosis. This was the case reported in the British Journal of Surgery by James and Wilson in 1946. We wish to add another case which recently came under our care and to briefly summarize the existing literature on sarcoidosis.

**The following case history is presented with laboratory findings:**

This 21-year-old male stated that he was in his usual good health until about 5:00 p. m. of the day of admission. He had just finished his supper and was working on a model airplane at a bench when he experienced a sudden severe cramping pain in the epigastrium, which did not radiate to the back. There was no history of an ulcer and the patient stated he was an athlete and neither smoked nor drank nor was addicted to drugs. About an hour later he began to vomit and the pain became crampy and seemed to become localized in the lower abdomen; he experienced a sudden desire to defecate but could not. After lying down for a short time the cramping pain subsided but he came to the Emergency Department for treatment.

The family history was negative for diabetes, cancer, heart disease or tuberculosis. He worked in a lamp factory but on questioning denied contact with any volatile gases such as beryllium. Tonsillectomy had been done at the age of 7 years. There were no other operations. The patient had never been outside the states of Ohio and Pennsylvania. He had not been in the armed services.

Physical examination was essentially negative except for generalized muscular guarding and tenderness of the entire abdomen. Rebound tenderness did not point to any specific area. No masses were felt. Peristalsis was hypoactive. There was marked enlargement of axillary and inguinal nodes. These nodes were discrete, of rubbery consistency, and not painful.

A complete blood count showed red blood cells 4,000,000; hemoglobin 11.5 gms.; white blood cells 11,400 while the urinalysis was entirely negative. A tentative diagnosis of possible perforated ulcer, or possible ruptured appendix was made and exploration of the abdomen was promptly done. About 1500 cc. of blood was present in the peritoneal cavity. The spleen was found to be the source of bleeding. The tear was on the convex surface and measured about two cms. in length. The pathologist's diagnosis was Boeck's sarcoïd of the spleen. Postoperatively, the following laboratory tests were made with the following results: x-ray of the chest and terminal phalanges of the toes were negative. Corrected sedimentation rate was 26 mm.; total protein 6.4 with no change of A-G ratio. Agglutination tests were all negative. Cultures of sputum and urine and gastric secretions were negative for acid-fast bacilli. Intracutaneous test of old tuberculin .01 and 1.0 mg. were negative. Unfortunately, the spleen was preserved in formalin so that no guinea pig inocu-

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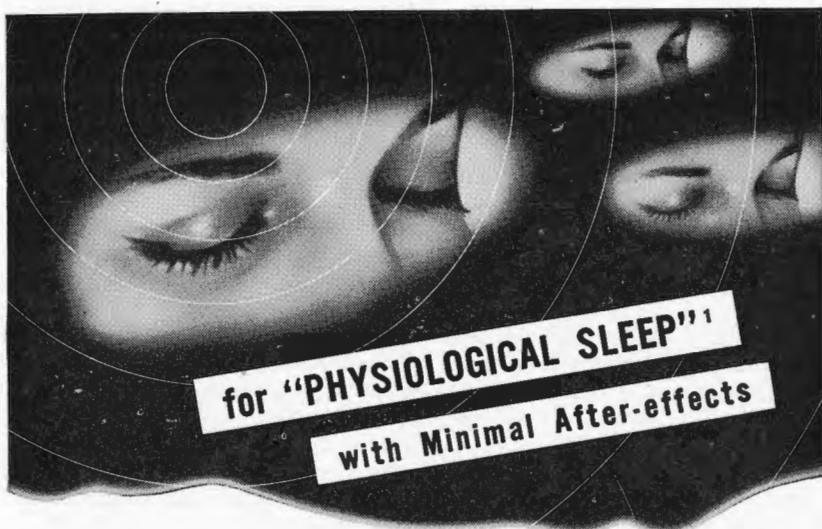
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lation of its extract could be made. The patient made an uneventful recovery and was discharged on the twelfth postoperative day.

The disease commonly alluded to as sarcoid (sarcoma-like), sarcoidosis, benign lupus, Besnier's lupus pernio, Mortimer's disease, Boeck-Schaumann's disease, benign lymphogranulomatosis and Boeck's sarcoid is described under at least thirty names. It is not nearly so uncommon as previously thought. The lesion in the skin was first described by Hutchison in 1875 and the name sarcoid was given to it by Kaposi in 1899. Boeck in the same year described a benign miliary sarcoid histologically, while in Europe it is commonly called benign lymphogranulomatosis. However, it was Schaumann of Stockholm who deserves the credit for extending the concept of sarcoidosis as a generalized systemic disease primarily affecting the lymphohematopoetic system and involving the skin only incidentally. Although much remains to be learned of the true nature of the disease, the name most commonly given to it is sarcoidosis.

Sarcoidosis is a specific chronic infectious disease of unknown etiology which may affect every organ in the body. It usually runs a chronic, mildly relapsing course and produces many confusing symptoms and clinical manifestations. The geographic distribution of the disease is of great interest since it is global in perspective. In Europe, the disease is most common among the fair-skinned natives especially of France, Switzerland, Germany and Sweden. This would lead one to suspect a high incidence in the midwestern states of Minnesota, Wisconsin, etc., due to the predominance of the Scandinavian population, but such is not the case. In the United States, negroes are more frequently affected even where the colored population is not very large. In the report of Michael et al, a sampling of cases showed a rather heavy concentration in the southeastern states. In their studies more sarcoid cases detected in the Armed Forces were found to have been born in the southern United States than in any other region. This held true for both white and colored. Another feature of interest was the fact that the birthplace of these individuals was rural. There is some evidence for a suspicion of familial tendency from their study and leads them to suspect that an etiologic agent may be more easily concentrated in this area or that residents of these areas are predisposed to the disease.

The disease may occur at any age. The incidence is greater, however, between the ages of 15 to 50, with a heavier concentration below the average age of about 33 years. Females are thought to be more frequently affected than males. Being an affection of the reticulo-endothelial system the clinical manifestation will vary according to which part of the system is involved in the individual case and the clinical picture is markedly variable. The organs most frequently involved in order of incidence are lymphoid tissue, spleen, liver, lungs, bone, uveal tract and parotid. Clinical symptoms depend on the localization. Extensive pulmonary lesions may be found accidentally on x-ray in a symptom-free patient. The symptoms when present vary in intensity and may include anorexia, low fever, articular pain and weakness. These symptoms usually disappear after the disease becomes stabilized or regresses. Biopsy is the only procedure that establishes the diagnosis. The disease usually pursues a benign chronic course, but about 10 per cent of those affected develop tuberculosis which eventually causes death. It is felt by some investigators that the acid-fast infection is not due to an etiological relationship to tuberculosis, but rather to the fact that the ensuing fibrosis of the lung in sarcoidosis provides a fertile ground for infection with tuberculosis much as does silicosis.



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<sup>1</sup>N.N.R., 1947, p.398.

<sup>2</sup>Goodman, L. & Gilman, A., The Pharmacological Basis of Therapeutics. MacMillan, 1944, pp. 177-8.

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The diagnosis may be confused with miliary tuberculosis, pulmonary carcinomatosis, Hodgkin's disease, leukemia or brucellosis. The intra thoracic lymph nodes are usually more often involved and show enlargement on x-ray. The spleen is affected in a high percentage of cases and splenomegaly is very common. In fact the splenomegaly is often not detected because the spleen is not palpable, but extensive involvement has been demonstrated in spleens weighing 200 gms. or less. However, one case was reported in which the spleen weighed 1000 gms. In the case of Dawson and Cameron splenectomy was done for a spleen extending to the level of the left iliac crest, but the diagnosis was not made preoperatively.

The laboratory findings in the disease are both inconclusive and inconsistent. X-ray examination of the chest may show either hilar adenopathy or extensive fibrosis to the extent that the so-called angel wing effect is present. The blood count may show leukopenia with eosinophilia or monocytosis or both. The sedimentation rate is usually not accelerated. Roentgenograms of phalanges when positive show the punched-out appearance of medullary substance which does not usually heal; 60 to 70 per cent are anergic reactors to tuberculin given in increasing concentrations. The total proteins should be increased with reversal of the A-G ratio. Hypercalcemia may be present. JA positive histoplasmosis reaction should be carefully interpreted in the absence of other features of the disease. The newly developed Kveim's intracutaneous antigen has not had sufficient clinical study. It is unusual for a case of sarcoidosis to have all or even a majority of laboratory diagnostic criteria present.

The prognosis of patients with sarcoidosis is good. They usually run a benign course even though new lesions may occur. Because of the nature of the disease it is hard to say how soon it takes affected tissues to return to normal. Death is due to tuberculosis in 10% of cases. Pulmonary fibrosis may cause death by right heart failure or a vital area may be involved by the disease such as the heart or brain, causing death.

There is no known treatment which is specific for the disease. Many and variable treatments have been tried with non-specific results. Arsenicale leprosal, ultra violet, x-ray, bismuth, gold and nitrogen mustard have been advocated. The use of antibiotics is still not sufficiently reported to be specific. The very nature of the disease with its exacerbations and spontaneous regressions make it difficult to evaluate therapy.

† Chief resident on Surgical Division, St. Elizabeth's Hospital.

#### BIBLIOGRAPHY

1. James I. and Wilson, A. J., *British Journal Surgery: Spontaneous Rupture Spleen Due to Sarcoid*, 33:280—282, 1946.
2. Freidman, D. G., *New Eng. Med. Journal: Sarcoidosis*.
3. Cameron, C. and Dawson, E. K.—*Edinburgh Med. Journal* 1942.

### CLINIC FOR ALCOHOLICS HAS NEW HOME

The Youngstown Committee on Alcoholism announces the opening of new and larger hospital quarters at 138 Lincoln Avenue.

The new quarters will signal another "first", according to Judge Robert B. Nevin, executive chairman, who states that the new clinic will be the only one of its kind with accommodations for women and men alcoholics.

Members of the County Society were invited to an open house of the new quarters on August 25 so that they might see the new facilities and observe the growth of the local answer to alcoholism.

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## TAX EXEMPTION FOR RETIREMENT INSURANCE AIREED

Senator Ives (R., N. Y.), on the floor of the Senate July 25, explained an amendment he introduced to the House-passed tax bill (H.R. 4473). The amendment would, under certain circumstances, exempt from taxation limited premium payments for retirement plans of members of professional and other specified associations—provided such plans have prior approval of the United States Treasury Department. Senator Ives explained such an exemption would correct an unfair situation. He pointed out that it was designed to bring relief to highly educated persons who are not covered by Social Security and who have, after prolonged schooling and training, fewer earning years than the average person now covered by Social Security. He said that lawyers and physicians, for example, do not reach peak earnings until late in life. Physicians, he explained, reach their peak from ten to nineteen years after commencing practice. Increased rates of taxation take dollars from professional persons at a time when they should be setting funds aside for retirement years.

The Ives proposal permits eligible persons to pay each year—tax free—to an approved organization's retirement plan 10% of earned income, or \$7,500, whichever is less. Professional, business, and other associations would submit their retirement plans to the United States Treasury Department for approval. To be approved, such plans must provide that premiums could not be withdrawn voluntarily before retirement age (60). The insured, however, could draw benefits before age 60 for total and permanent disability. Upon retirement, the insured or his beneficiaries, could elect to take a lump sum payment or accept annual installments. Under the lump sum payment arrangement, the total amounts would be subject to a capital gains tax not exceeding 25% (present rate). Under yearly installments the insured or his beneficiaries would be subject to regular income tax payments.

Several other bills with similar objectives have been introduced in the House of Representatives previous to this time. None of them has been scheduled for consideration by House Committee on Ways and Means nor has there been any indication that they would receive attention this year. However, since Senator Ives has offered the idea as a Senate floor amendment to the tax bill, the question is thrust into immediate consideration and debate. In the event the Senate should accept the Ives amendment it would be considered by conferees from both Chambers along with the revenue bill.

House bills on the subject are: H.R. 4371 (Keogh—D., Ny Y.), H.R. 4373 (Reed—R., N. Y.), and H.R. 3456 (Coudert—R., N. Y.).

The Department of Postgraduate Medicine of the University of Michigan Medical School announces that brief review courses for practicing physicians will be held at University Hospital, Ann Arbor, Michigan, during the fall of 1951.

The schedule of courses is as follows:

CLINICAL INTERNAL MEDICINE . . . (Thursday) October 4, 1951-April 17, 1952.

CLINICAL EXERCISES FOR PRACTITIONERS . . . (Wednesdays) October 10-December 19, 1951.

DIAGNOSTIC METHODS, CLINICAL AND LABORATORY INTERPRETATION . . . October 23-26, 1951.

PEDIATRICS . . . October 10-13, 1951.

The detailed program, tuition fees, etc., may be obtained by writing to: H. H. Cummings, M.D., Chairman, Department of Postgraduate Medicine, 2040 University Hospital, Ann Arbor, Michigan.

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## PROGRAM COMMITTEE ANNOUNCES FALL SCHEDULE

Dr. Paul J. Mahar, chairman of the program committee, announces the following program for the remaining monthly meetings of the Society for 1951. According to Dr. Mahar, efforts were made to secure speakers to present programs whetting the scientific appetite of all members of the Society. The program for the first six months of 1952 is rapidly nearing completion and will be published in an early issue of the *Bulletin*.

### SEPTEMBER

Dr. Max T. Schnitker will be the speaker at the September 18 meeting which will open the fall series. Dr. Schnitker, neurosurgeon, will speak on "Epilepsy."

### OCTOBER

The speaker for the October meeting has not yet been named. However, he will be the medical participant in the Preaching Mission to be held by the Federated Churches of Youngstown during October 15-18. The speaker will discuss the relationship of the clergy and physician in caring for patients.

### NOVEMBER

Dr. Joseph T. Beardwood, Professor of Medicine and Chief of the Division of Metabolic Disease at the Graduate School of Medicine, University of Pennsylvania, will speak at the November 16 meeting. Dr. Beardwood will discourse on the "Newer Aspects of Diabetes Mellitus."

### DECEMBER

The December meeting of the Society will feature election of officers and the usual buffet and social held thereafter. No scientific program will be presented.

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## DR. SKIPP CALLS ATTENTION TO A.M.A. MEMORANDUM

An important memorandum has been issued by Dr. John W. Cline, President, A.M.A., and Elmer L. Henderson, Chairman, Campaign Coordinating Committee, A.M.A.

Mr. William L. Green recently sent each member of the American Federation of Labor a letter requesting a donation for the Committee on Nation's Health, which is all out for compulsory Health Insurance, but, we have two powerful arguments in the reprints from two other powerful labor organizations that should be made available to each of our patients.

Orders from Labor for these reprints are increasing.

The first is "Socialized Medicine is No Bargain", by Wm. L. Hutcheson, General President of the United Brotherhood of Carpenters and Joiners of America, and Vice President of the AFL; and the second is "Government Medicine—Danger Ahead", by Dave Beck, Executive Vice President of the International Brotherhood of Teamsters.

Considering the powerful new efforts toward Socialization it is important that the two labor pamphlets have the widest possible circulation. Every physician, Auxiliary member, or, in fact, every member of an Allied Profession should be enlisted to aid in their distribution.

These pamphlets can be obtained from Ohio State Medical Association, 79 E. State St., Columbus, Ohio, or Campaign Coordinating Committee, 1 N. LaSalle St., Chicago, Illinois.

Order a few hundred. *Pass them out to your patients and your friends in the Allied Professions. Do it now!* We must keep the fires burning against Socialism in all forms.—*Wm. M. Skipp, M.D., Legislative Committee Chairman.*

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**KEEPING UP WITH THE A.M.A.**

*Wm. M. Skipp, M.D.*

..... Several Congressmen, all from New York, have introduced similar bills for the Federal Security Administrator to use funds available now to remodel the Ellis Island Marine Hospital to make the hospital available for the treatment of juvenile drug addicts under the direction of the Surgeon General of the Public Health.

The addict shall be under 21 years of age, and he, or his parents, can apply under recommendation of State or City correctional officers.

..... Several members of the House have introduced bills which would appoint a committee of seven members of the House to investigate the status of the older age group with regard to manpower, fields of employment, health education, and community services.

..... More than 630,000 reprints of Paul de Kruif's Reader's Digest article, "What About the Doctor Shortage?" have been mailed to physicians, dentists, hospitals, schools, and libraries, showing that people want to know whether or not there is a shortage of physicians.

..... Britain's health service is three years old. There are one half million patients on the hospital waiting list; 10,000 tuberculosis patients are seeking admission to sanatoria. Since the start of the program, druggists have filled five prescriptions for every person in the country. The cost for last year was 1.3 billion dollars.

..... "The Sign", a gold medal Catholic magazine, publishes an article on Oscar Ewing, written in popular vein, entitled, "The Glandular Mr. Ewing." The article was prompted by a picture caption quote from Mr. Ewing: "I am not afraid of controversy. I like it. It does something to my glands."

..... S337 amendment, Federal Aid to Medical Education, Hill, Ala., July 10, 1951: To amend the Public Health Service Act and the Vocational Education Act, 1946, to provide an emergency five year program of grants and scholarships for education in the fields of medicine, osteopathy, dentistry, dental hygiene, public health, and nursing. The program proposed is essential to meet "immediate and prospective requirements of the Armed Forces." This amendment would add the words "and Veterans Administration" after "Armed Forces", again showing the country's trend to make professional education a part of the defense program.

..... HR 4667, Mr. Brooks, La., June 29, 1951, would rewrite the reserve programs of the military, would amend public law 51, as there would be 850,000 entering service annually, a like number will complete service, so three classes of reserves will be set up, to be called depending on severity of emergency: (1) ready reserve, (2) standby reserve, (3) retired reserve.

..... Senator Humphrey's subcommittee's report to the Senate on Veterans Administration medical care is highly critical of management of the program by Administrator Carl R. Gray, Jr., but has only praise for Dr. Magnuson. Under Magnuson and Howley there was a close working relationship with the American Association of Medical Schools, Deans, and the medical profession generally. Shortly after Gray assumed control there was a vastly different feeling, uneasiness and distrust developed and the relationship became very strained. Gray assumed management of the Veterans Administration Hospitals thru his nine assistant administrators who had power to move in on the managers, so that it became an "administrator's nightmare". The mutual confidence of the Deans and profession was lost. The subcommittee states bluntly that it will not be satisfied with merely filing a report. It states that

the situation and status of the Veterans Administration is so bad at present that unless there are definite changes the medical care program is threatened with complete destruction.

These are proposed changes in the regulations:

1. That the chief medical director shall have complete charge of all medical care and hospital management.

2. That the law should be changed so that the chief medical director shall be appointed by the President on approval of the Senate.

3. (a) The medical advisory should be changed to advisory commission on veterans.

(b) Appointment of the commission members be made by the President.

(c) The commission should be composed of representatives of the public, veterans, and eminent authorities in the health professions.

(d) Continuous review of the medical and hospital programs with an annual report.

(e) Regular reports to Congress.

The subcommittee states that it is its firm conviction that Congress should be advised of the administration problems when they arise, not after they are completely out of control.

..... Senator James E. Murray (D., Mont.) is trying another stunt at the taxpayers' expense, when he asks all Governors to tell him how many doctors they have in their state, such as "does your state have too many, not enough, or just about enough doctors?" And "do the Governors think they could be relocated if the federal government would pay them for so doing?"

The following is part of the reply of Governor Sherman Adams of New Hampshire to Mr. Murray's wire:

"The use of federal subsidies to be used as an inducement to persuade doctors to move to areas other than of their choice is a bold, unwarranted step in the direction of socialized medicine which the people of this state have already registered strong opposition to in communications to New Hampshire's Congressional representatives.

"It is inconceivable that there will ever be a time when there will be enough physicians to take care of all the medical needs of any given community during every 24-hour period. To arrive at such an utopia would require the stationing of a physician at every country crossroad with medicine bag, car and assistant.

"A much more realistic approach to the question of physician requirements has been worked out cooperatively by community leaders, the country and state medical societies . . .

"Generally speaking, New Hampshire has good distribution of doctors with approximately one physician for every 810 persons. There is no area . . . where there is an absence of medical service . . .

"I know of no great demand in New Hampshire for physicians to move into what you might regard as critical areas. In my opinion, the New Hampshire Medical Society through its own efforts provides medical coverage for all of the people of this state."

..... HR 3298, Refilled Prescriptions:

1. To strengthen the protection of the public health against dangerous abuses of prescription drugs.

2. To relieve retail druggists and the public from restrictions on dispensing drugs which may be safe without physician supervision.

**Note:** The bill provides that when drugs are prescribed which are safe



and effective for lay use without medical supervision, and which could be bought freely over the counter without a prescription, the prescriptions may be freely refilled. But as to drugs which are habit-forming, or which are safe and efficacious only after medical diagnosis has been made or when medical supervision is exercised, and as to drugs which are restricted by new drug applications to use under medical supervision, the bill provides that prescriptions cannot be refilled unless the prescriber has expressly authorized the refill. This authorization may be either written or oral, but if it is given orally the dispenser must promptly reduce the authorization to writing and file it.

Under the present law no prescription may be lawfully refilled unless refilling is specifically authorized in writing by the prescribing physician. This makes it unlawful for the pharmacist to refill prescriptions without written authorization even for drugs which are suitable for self-medication. The bill would permit the refilling of prescriptions for such drugs without authorization from the physician. However, in the case of dangerous drugs, habit-forming drugs, and new drugs which are limited to use under medical supervision, it would prohibit refilling unless the prescribing physician specifically authorized the refill.

..... S 1875 Sen. Hubert Humphrey (D., Minn.) July 19, 1951, to provide federal loans to cooperatives offering prepaid medical services.

"What is Federal aid?" "Nebraska Agriculture", official publication of the Nebraska Farm Bureau Federation, hit the nail on the head when it defined federal aid in a recent editorial:

"Federal aid is a temporary expedient that was offered to state and local governments by idealistic bureaucrats at a time when state and local governments lacked the courage to face and meet squarely their own problems of administration. It is a delusion that has gained permanency because state and local governments have not had the courage to make an effort to solve the problems created by the depression years of the thirties and the war economy that followed. Federal aid has always carried with it the idea that it costs no one anything; it is just money that the federal government gives states and local governments out of the goodness of its heart.

"Don't you believe it.

"You and I and all the other American taxpayers pay dearly for federal aid. Every dime of federal aid is paid for in higher income taxes, higher costs of automobiles, higher costs of foodstuffs and everything farmers and consumers buy, because taxes are a big item in the costs of production of this nation.

"As a matter of fact, federal aid is the most expensive solution to problems faced by state and local governments, because taxpayers have to pay the costs of bureaucratic idealists who tell the states and local governments what share they shall have of the tax funds available and how they shall administer it."

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*"A Doctor for You"* is the latest pamphlet of AMA Public Relations Department for distribution by physicians to patients. It discusses in terse language what's being done to give the people good, well-trained physicians . . . supply of doctors . . . medical school problems . . . distribution of doctors, etc. They'll be supplied free in quantity on request. Contact the office of the Ohio Medical Association at Columbus for number you will need. This is public relations—

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## WENAAS-ROGERS TIE FOR M. D. GOLF CROWN

Shooting a pair of 77's, Drs. E. J. Wenaas and John Rogers divided honors for the M. D. Golf Crown on occasion of the annual golf party for physicians and dentists at the Tippecanoe Country Club, August 9.

The Lyons Cup Trophy winner went to E. J. Wenaas, who carried his success to the right flip of the coin.

Over 150 enjoyed an afternoon of golf and a splendid dinner during the outing. Drs. J. J. Wasilko and Edward Brown headed the committee for the annual links competition.

Dr. Bellino, erstwhile valley amateur, had a low gross of 75 and took the Dental honors for the day. Dr. W. Salinsky took second honors. Prizes for the closest approach to the eighteenth hole went to Dr. Rogers in the medical division and to Dr. Bellino in the dental group. Blind bogey prizes went to Drs. Harvey, Frye, Gross, Nicolette, Lyman, Goldcamp, Wasilko, and Zoss.

Plagued with his usual good luck, Dr. J. Brown was owner of the lucky ticket in the raffle for the set of golf woods.

Over ninety door prizes were raffled during the after dinner festivities and nearly everyone remaining won prizes which ranged from ties and braces to a portable radio and the beautiful wrist watch which went to Dr. W. H. Evans.

### *Gleanings On and Off the Fairways*

Sid Davidow easily established himself as the flashiest garbed of the parade of golfers. His canary yellow trousers and hat should have called for a prior distribution of sun glasses. As the foursome of **Rogers, Welsh, Salinsky** and **Bellino** successfully committed mayhem on their tee shots, it was suggested that someone cart the trophy behind the foursome so as to have it immediately available for the top award.

**E. J. Wenaas**, perennial winner, was not to be denied, however, and tied **Rodgers** for low gross. Upon being asked how his golf game was progressing, **George McKelvey** exclaimed, "It is short of miraculous—up to this point!" As one of the St. Elizabeth's interns lifted a beautiful approach shot to the 16th green, his caddy was heard to exclaim, "Better take a good look at it, you'll never do it again!" **Gene Frye** and **Gambrel** favored the trail to the left of the fairways but always managed to find the green. **Paul McConnell** patiently waited at the 18th for **Al Phillips** in order to present him with some Haig pinch. In the interim he invited everyone to the bottle opening with the result that **Al** became the recipient of an empty container. **Fred Schlecht** was seen scurrying to join his foursome of **Stertzbach, Calvin** and **McNeal**; an operating cap protruding out of his back pocket was not enough to explain his tardiness. Air conditioned golf shirts sported by **Zoss** and **Steinberg** caused considerable comment. The water level of the pond on the 18th rose appreciably as a result of generous contributions during the afternoon. **Residents** and **interns** from both hospitals were quite effective in the afternoon play, indicating that they had slipped in some practice between chores. **Ed Shorten** was a most genial host in the locker room as weary golfers finished their trek over the Tippecanoe lanes; some could have used plasma. The **Anvil Chorus** serenading returning players was led by **Lo Cricchio**, St. Elizabeth's Pathologist. Where did we get all of those coloraturas? **Clifford** was terrific on bass while **Munson** carried a questionable tenor. A number of the boys were rapidly initiated to the game of Wahoo. **Ondash** proved unsuccessful in tapping the golf ball vending machine—and at a price! The

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**Fuzys**, senior and junior, comprised part of the reception gallery on the 18th. **Wasilko** and **Brown** just managed to survive the distribution of the numberless door prizes. If you didn't get one you weren't there. **Miglets** was more concerned over sufficient food for **Gambrel** than in anything else. **Gustafson**, president elect, was seen sounding the boys off on plans for coming year; a go-getter and a hard worker, always nice to have around. **Hovanic** was major domo in a game at the Blue Room with **Paxton Jones**, **Phillips**, **Donley** and others providing color, if naught else.

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### ST. ELIZABETH'S HOSPITAL STAFF HAS OUTING

Members of the St. Elizabeth's Hospital Staff were guests at an all day outing at Dr. Marinelli's farm on Belmont Avenue extension Thursday, August 16.

Over seventy-five staff members participated in skeet and trap shooting, bocce, boating, fishing and a ball game. The ball game proved to be a test of cardiac reserve of the staff members who bowed to the resident nine as Bernat's pitching outlasted the slants of Conti and Ondash. Sofranec and Phillips did considerable calisthenics in the outfield at the risk of life and limb. LoCricchio was the arbiter and even his assistance failed to win for the staff.

J. M. Ranz gave an exhibition of some fancy shooting on the skeet range, which fortunately was remotely removed from the site of other activities. Jones, Marinelli, Raupple and others provided plenty of cannonading and disturbed gun shy war veterans no little.

Caterers provided an excellent steak dinner to culminate the day's festivities. R. E. Clifford, Social Chairman for the hospital staff, was responsible for the very successful outing.

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### DR. ELDER CAUTIONS ON REFERENCE TO SHOCK THERAPY

Dr. Eugene E. Elder, Superintendent of Youngstown Receiving Hospital, cautions against referring to *shock therapy*, when patients are referred to the hospital for electro or electric shock treatments.

The term "shock", according to Dr. Elder, suggests unconsciousness and being "knocked out" by electricity. He adds that patients have a morbid fear, anxiety and great apprehension toward these treatments. This ends many times in hysterical outbursts when they are forced to take these treatments. The word "shock" should be eliminated entirely, and when patients are advised to take treatment at the hospital, should they ask, "What kind of treatment will I get?" the answer should be "electric treatment." This same advice applies to insulin treatment, which is usually called insulin shock treatment. It is well known that the patients talk about treatment between themselves, and if the name "shock" can be eliminated by the doctors, they will accept treatment more readily and dispense with these fears.

Instructions have been given to all nurses and attendants not to mention the word "shock" and if we follow this rule generally also on the outside, the public attitude toward these treatments will undoubtedly change. Eliminating this word from the nomenclature may mean much more than we think toward the success of treatment.



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**BILLS ON FEDERAL AID TO MEDICAL EDUCATION SUMMARIZED**

There are seven bills in Congress which would provide federal subsidies for medical schools. One is in the Senate (S. 337) and the others are in the House of Representatives. The common denominator, or theme, in all is a presumption that there is a shortage of physicians which can only be overcome by subsidizing medical schools with federal funds. To accomplish the objective, several approaches are outlined in these bills.

The bill receiving the major emphasis is S. 337 (Murray). This bill had bipartisan support in the Senate Committee on Labor and Public Welfare and was reported out by unanimous consent of its members. Objection has been raised repeatedly when it has been called up on the Unanimous Consent Calendar. Technically it may be considered at any time.

S. 337 goes beyond the common theme by stressing the defense needs of the nation. Its method of approach is through aid to medical, dental, nursing, public health, osteopathy, and allied technical schools. It would grant money by formula to these schools based on the number of students normally enrolled, with additional money for those in excess of normal enrollment. For example, for each medical student through normal enrollment this would amount to \$500, and \$1,000 for each student in excess thereof. It would also provide \$10,000,000 annually for five years to enable the Surgeon General to make grants for construction and equipment of both existing and new schools. Scholarships and maintenance for accepted students are also proposed under certain circumstances. A National Council on Education for Health Professions and special technical committees would advise the Surgeon General in the administration of the program. The total money required is not indicated and is therefore unknown.

Two of the House bills, H.R. 1781 (Klein) and H.R. 2707 (Bolling), are identical with S. 337.

Another approach—through grants for construction only—is contained in H.R. 2152 (Burnside) which also adds to the common theme by stressing national defense and security. This bill would authorize a total of \$150,000,000 for a 5-year program of building and equipping new medical schools, no one school to receive over \$15,000,000. Another program in this bill would authorize a like amount for the same number of years for improving and expanding existing "health profession schools." These are defined as medical, dental, public health, nursing, or other schools for the education and training of health personnel, including teaching hospitals and other facilities related to such schools. Both programs would be administered by the Surgeon General with the approval of a National Council on Professional Health Education. Funds for scholarships and subsidization for costs of instruction are not proposed.

A quite different approach to the common objective is contained in H.R. 3371 (McKinnon), which would in effect turn the whole problem over to the National Science Foundation. The Foundation would be authorized to work up a 5-year program for federal aid to medical schools, to students, and to faculties. The program and administration would be left entirely to the Foundation after approval by Congress, and no administrative suggestions are offered in the bill. For operational funds the Foundation would receive annually a sum equal to one-fourth of one per cent of the annual Department of Defense appropriation. Based on the present fiscal budget this would amount to approximately one hundred million dollars.

A variation on the theme is the proposal of H.R. 3511 (Kelley) which would create a corporation within the Federal Security Agency called the

"Medical College of the United States." A medical college commission would be appointed for selecting sites for two medical schools to accommodate 400 students each. Graduates would be compelled to serve in either the military or some other federal service for a stated period—failing to do so they would be obligated to reimburse the government a part of the cost of their education. A permanent appropriation of \$3,000,000 annually would be authorized for administration of these schools.

Another bill creating a new medical school for producing physicians for governmental service is H.R. 3931 (Heller). This school would be called the "United States Medical Academy." Its administration would be patterned after the military and naval academies, with appointments made by members of Congress. On completion of training, each student would be commissioned and required to serve five years in the military or some other federal service. The appropriations would be determined by each Congress.

There is an eighth bill, H.R. 2571 (Burnside), not consistent with the central theme. Its objective is to create a commission to make a study of aid to medical education and to make recommendations to Congress for legislation dealing with both emergency and long-range aid to medical schools.

With the exception of S. 337, all of these bills are in the possession of congressional committees with no indication of early consideration of any one.—*Capitol Clinics.*

### BESIDE THE TRAIL

A half-century ago, Charles Wagner wrote, "A society in which each member is preoccupied with his own well-being, is organized disorder. This is all that we learn from the irreconcilable conflicts of our unpromising egoism." There is little to add to this clear statement, except that in our present-day society this "organized disorder", through labor unions and pressure groups and their control of government, has become organized tyranny. The simple life, of which he wrote so well, has passed into a strenuous and complicated existence, with the consequent increase in physical and mental hazards, which has little time for contemplation and less for ideals. However, we are seeking what had been left behind and lost, though we know it not. So we continue to hunger while we feast.

We have not yet become alarmed concerning our country's ultimate welfare. We have had confidence in its resilience; and could safely discount the effects of mistakes and confiscations, knowing that these could be corrected as they became known. We have been fortified by youth, expansion and the apparent exhaustlessness of our resources.

But the magnitude of our present affairs has changed the aspect of things and made caution necessary to our safety. We must face the consequences of our extravagance. We must also face the fact of our credulity. The exploitation of ourselves, which has been comparable to the wastefulness in our natural resources, must no longer be endured.

The destruction of our ideals has been even more costly. Nor can they be more readily replaced than can our expended material resources. We must again expect and require the same observance of principle in our social and governmental affairs that we adopt and enforce within our households.



## OHIO AGP ANNOUNCES SCIENTIFIC ASSEMBLY

The First Annual Scientific Assembly of the Ohio Academy of General Practice will be held Saturday and Sunday, September 22 and 23, at the Neil House, Columbus. There will be presented an exceptionally well-balanced program which will be of interest, not only primarily to the general physician, but to specialty groups as well.

Members of the American Academy of General Practice will be accorded eight hours credit for attending all clinical sessions of the Scientific Assembly.

Dr. Earl D. McCallister, Columbus, secretary-treasurer of the Ohio Academy of General Practice, announces the following program:

## SATURDAY, SEPTEMBER 22, 1951

- 9:00 A. M.—Registration. A fee of \$5.00 will be charged to non-members of the American Academy of General Practice. Residents, interns, and registered nurses register as guests, no fee.
- 10:00 A. M. to 12:00 M.—Annual Business Meeting of Ohio Academy of General Practice.
- 12:00 to 1:00 P. M.—Recess.
- 1:00 to 1:15 P. M.—Preliminary Program. Gordon Erbaugh, M.D., Dayton, President of the Ohio Academy of General Practice, is chairman of this session.
- 1:15 to 2:15 P. M.—“*The Latest Concepts in the Management of the Arthritic Patient*” - L. Maxwell Lockie, M.D., Buffalo, N. Y., professor of therapeutics, University of Buffalo School of Medicine.
- 2:15 to 3:15 P. M.—“*Recent Developments in the Management of the Allergic Child*” - Robert D. Mercer, M.D., Cleveland.
- 3:15 to 3:30 P. M.—Recess.
- 3:30 to 4:30 P. M.—“*Early Diagnosis of Lesions of the Lung*” - Maurice C. Buckles, M.D., Columbus, assistant professor of surgery (pulmonary), Ohio State University College of Medicine.
- 4:30 to 5:00 P. M.—“*Obstetrical Emergencies*” - Jed. W. Pearson, M.D., Washington, D. C.

Saturday evening entertainment for the ladies will be different, unusual, interesting, and profitable.

- 7:30 P. M.—*Banquet* - Grand Ball Room. Herbert Salter, M.D., Cleveland, is toastmaster. The speaker, James L. Doenges, M.D., Anderson, Ind., will speak on “*The Role of the Doctor as an American Citizen.*”

## SUNDAY, SEPTEMBER 23, 1951

Joseph Lindner, M.D., Cincinnati, Chairman of Session.

- 9:30 to 10:45 A. M.—“*Therapeutic Nuggets.*”
- (9:30 to 9:50)—“*The Neurotic Patient*” - George T. Harding, M.D., Columbus, president of the Board, Harding Sanatorium, Worthington.
- (9:50 to 10:10)—“*Head Injuries*” - Kenneth H. Abbott, M.D., Columbus.
- (10:10 to 10:30)—“*Menorrhagia and Menorrhagia*” - Allan C. Barnes, M.D., Columbus, professor, obstetrics and gynecology, Ohio State University College of Medicine.
- (10:30 to 10:50)—“*The Unconscious Patient*” - Robert C. Kirk, M.D., Columbus, clinical assistant professor of medicine, Ohio State University College of Medicine.
- 10:50 to 11:00 A. M.—Recess.
- 11:00 A. M. to 12:00 M.—“*The Injured Hand*” - Michael L. Mason, M.D., Chicago, associate professor surgery, Northwestern University Medical School.

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12:00 to 1:00 P. M.—“Jaundice” - Phillip Thorek, M.D., Chicago, assistant professor surgery, University of Illinois College of Medicine.

**HERE AND THERE**

Born: to Dr. and Mrs. Bryan Hutt, a boy, Herbert Bryan, at North Side Hospital, on August 17.

Born: to Dr. and Mrs. Paul Dobson, a boy, Paul A., at North Side Hospital, on August 9.

**NEW PRACTITIONERS:** Dr. Louis Gasser announces the opening of his office for the general practice of medicine at 651½ Indianola Ave. Dr. Gasser, a graduate of St. Louis University, recently completed his internship at St. Elizabeth Hospital.

Dr. Kalman C. Kunin announces the opening of his office for the practice of obstetrics and gynecology at the Home Savings and Loan Bldg. Dr. Kunin, a graduate of McGill University, recently completed his specialty training at Mount Sinai Hospital, Cleveland, Ohio.

Mrs. Mary Herald, executive secretary of the Society, recently sustained a fractured ankle. The injury didn't incapacitate her for long and she soon returned to full activity at Bureau and Society headquarters.

Quite a number of physician anglers made the long trek to Canadian lakes this summer but the "catch" reports have been dismal. Stories about the big ones that did or didn't get away have been very few and far between. One hears more about the hard trip to the fishing grounds and the unseasonable weather than anything else.

Dr. Arthur Rappoport has been named to the Mayoral committee for Youngstown Smoke Abatement.

*Health Department Bulletin*

CITY OF YOUNGSTOWN

REPORT FOR JULY, 1951

	1951	Male	Female	1950	Male	Female
Deaths Recorded	175	103	72	150	81	69
Births Recorded	512	253	259	585	307	278
<b>CONTAGIOUS DISEASES</b>	<b>1951 Cases</b>	<b>Deaths</b>	<b>1950 Cases</b>	<b>Deaths</b>		
Chicken Pox	0	0	19	0		
Measles	6	0	20	0		
Mumps	2	0	2	0		
Scarlet Fever	1	0	1	0		
Tuberculosis	12	7	4	3		
Whooping Cough	8	0	17	0		
Gonorrhoea	24	0	31	0		
Syphilis	23	0	29	0		
Poliomyelitis	1	0	0	0		
<b>VENEREAL DISEASES</b>						
New Cases		Male	Female			
Syphilis		13	12			
Gonorrhoea		17	10			
Total Patients				52		
Total Visits to Clinic (Patients)				416		

W. J. TIMS, M.D.

Commissioner of Health

## PROCEDURE FOR PROVISION OF MEDICAL CARE TO ARMY PERSONNEL OUTLINED

The Department of the Army, Office of the Surgeon General, has outlined the current policy on authorization and payment for civilian medical care rendered to Army personnel while on leave or duty status in vicinities where Federal hospital facilities are not available. A review of the policy seems well indicated in view of the enigma which oft presents itself to the practitioner when confronted with the matter of care to such personnel. The statement of the Department is as follows:

One of the most important and necessary services furnished the American soldier is adequate and timely medical care and treatment, including hospitalization. This service is provided for Army personnel in the United States generally by dispensaries, infirmaries, and hospitals located at the many Army installations throughout the country. There are many locations, however, where Army or other United States Federal medical service is required by Army personnel. In cases of this nature, the services of civilian physicians, clinics, and hospitals are necessary. With the expansion of the Army and the deployment of Army personnel to practically all points in the United States either on a duty, travel, or leave status, the continued cooperation of civilian physicians and agencies is of utmost importance in providing adequate medical service to the U. S. soldier in time of need.

Certain criteria and procedures have been established in connection with the furnishing of medical service to Army personnel by civilians in accord with the current laws and regulations. These criteria define the conditions under which individuals of the Army may be authorized civilian medical care at the expense of the Army. These procedures include methods for reporting and receiving payment for treatment or hospitalization of Army personnel by civilian medical agencies.

### WHO IS ELIGIBLE?

Civilian medical care (other than elective) at the expense of the Army is authorized for commissioned officers, contract surgeons when employed by the Army on a full-time basis, warrant officers, enlisted personnel, cadets of the United States Military Academy, general prisoners and prisoners of war when these personnel are on a duty status or when they are absent from their place of duty, on leave or informal leave (pass) status. Applicants for enlistment in the Army and selectees also are authorized necessary civilian medical care at the expense of Army funds while they are being processed for enlistment or induction into the Army. Payment for civilian medical expenses incurred by Army personnel who are absent without leave is not authorized. Any obligations resulting from civilian medical care to Army personnel who are absent without leave are the responsibility of the Army individual concerned.

Normally, civilian medical care for Army personnel is authorized only when there are no other Federal medical treatment facilities available. First aid or emergency treatment is authorized at any time, notwithstanding the proximity of Army or other Federal medical treatment facilities. In this connection, emergency medical care may be defined as that required to save life, limb, or prevent great suffering. Surgical operations should not be performed without prior approval of military authorities, unless indicated as an emergency procedure. Elective medical treatment in civilian medical treat-

ment facilities or by civilian physicians will not be authorized as Army funds cannot be used for payment of these services.

#### DEPENDENTS NOT INCLUDED

Due to limitation of funds available to the Army, medical care of dependents of military personnel from civilian sources, at Army expense, is not authorized. Dependents of military personnel may obtain available medical care at Department of Defense medical facilities only. Any obligations resulting from civilian medical care to dependents of military personnel are the responsibility of the dependents concerned or their sponsors.

As a general rule, local military commanders will furnish the civilian medical agency with prior written authority for ordinary medical care to Army personnel under his jurisdiction. In such cases, prior arrangements with the civilian medical agency will be made by the individual or by a proper military authority. For emergency cases treated without prior written authorization, the surgeon of the nearest military command should immediately be notified by the civilian medical agency, giving the individual's name, organization, nature of illness or injury and statement of the practicability of transfer of the patient to an Army or other governmental hospital. The civilian agency or physician then will be advised without delay by the appropriate military authorities as to procedures to be followed.

Bills for authorized medical care and treatment of Army personnel should be submitted to the commanding officer of the organization to which the patient belongs, or to the military authority who provided the authorization for the medical service. If the location of these individuals is not readily known or if such military commanders authorizing treatment have moved to another station, the bill should be sent to the military authorities listed. (For Ohio, The Surgeon, Second Army, Fort George G. Meade, Md.)

#### DATA NEEDED

The bill should show the full name, rank, and service number of the patient, place, and inclusive dates of treatment, diagnosis, and charges, all itemized separately. The duty status of the patient at the time of illness or injury also should be shown, such as duty, leave, or pass. Payment will be expedited if the following certificate is typed on the bill and signed:

"I certify that the above charges are correct and just; that payment therefor has not been received; that the services were necessary in the care and treatment of the person named above; that the services were rendered as stated; and that the charges do not exceed those customarily charged in this vicinity."

Answers to specific questions or further information concerning this matter may be requested of the military surgeons at the listed addresses or from the Surgeon General, Department of the Army, Washington 25, D. C. Any difficulties that are experienced should be called to the attention of these Army authorities in order that this program may function smoothly and render the American soldier the prompt and adequate care and treatment to which he is entitled.

*Pate* for the tuberculin patch test are available on request from the Tuberculosis Association. Physicians may obtain these patches in whatever quantity they desire; they are free of charge.

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## FROM THE BULLETIN

J. L. Fisher, M.D.

## TWENTY YEARS AGO — SEPTEMBER 1931

Meetings resumed this month at the Youngstown Club with Dr. John Erdmann, Professor of Medicine and Director of the New York Postgraduate Medical School, who spoke on "Diverticulitis and Diverticulosis."

At the annual Medical Society Golf Tournament held at Squaw Creek Country Club, the following prize winners were selected by due process of competition:

The Medical Champ: Dr. W. A. Welsh.

Low Net Winner: Dr. W. X. Taylor.

President's Cup (one year): Dr. Joseph Colla.

Blind Bogey Winners: Dr. J. S. Lewis, Dr. R. M. Morrison.

The laboratory at the Youngstown Hospital was collecting blood from individuals who had recovered from poliomyelitis to provide the convalescent serum for use in new cases.

Dr. Sam Klatman became a member of the Society.

## TEN YEARS AGO — SEPTEMBER 1941

The speaker that month was Dr. Milton Goldhamer from the University of Michigan, who spoke on "The Diagnosis and Treatment of the Anemias."

Featured articles were "Diverticulitis of the Colon" by Dr. Andrew Lasichak, interne at St. Elizabeth's Hospital, and "Obstruction of the Small Intestine" by Dr. W. T. Krichbaum, interne at the Youngstown Hospital.

Editor Norris was vacationing on his plantation in Virginia and Mary Herald wrote the editorial. Her theme was that since the cost of the *Bulletin* was carried by the advertisers, it was the duty and privilege of the members to patronize those fine business firms whose names appeared in the ads. Her remarks would be as timely now as they were then.

Lieutenant N. D. Belinky was transferred to the Philippines.

## CYNICAL SAM

If a person continues long enough avoiding contacts with those who annoy him, he will surely become of so little importance that nobody would consider it worth while to annoy him. He will have an undisturbed course to insignificance.

★ ★ ★

A fellow may seem to have progressed intellectually when he has simply selected some other person to imitate.

★ ★ ★

It isn't the person who has discovered a new element, or a new heavenly body, whose autograph is in demand; it is the one who has been elected to high office or has made a hit in the movies. Carlyle thought that an age was characterized by the way it welcomed great men. It is characterized as well by the way it neglects them and by the way it acclaims the mediocre and the unreal.

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