



Nature suffers nothing to  
remain in her kingdoms  
which cannot help itself.

—Emerson

# BULLETIN

of the  
MAHONING  
COUNTY  
MEDICAL  
SOCIETY

VOL. XXI • No. 11  
NOVEMBER • 1951  
Youngstown • Ohio

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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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Representative to the Associated Hospital Service

H. E. PATRICK

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## PRESIDENT'S PAGE



After considerable study, the formulated policy of the Mahoning County Medical Society with reference to participation of the Community in a blood procurement program follows one of the three alternatives offered by the American Red Cross. With Dr. J. Rogers as chairman ably assisted by Dr. J. Kupec, Dr. A. Rappoport and Mrs. Pauline Tweeddale R. N., the committee recommended that the blood collected should be solely used for the armed services and none of the blood collected will be used for the local blood banks.

Cleveland is the original center and the quota for our community has been set by the Defense Department of the Armed Services. In some localities where they have no blood banks, some of the blood will be used locally.

With the need for blood increasing by virtue of the prolonged Korean conflict, we as physicians, should encourage donors so that our quota may be filled to required expectancy.

—E. J. Wenaas, M.D.

# BULLETIN of the Mahoning County Medical Society

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NOVEMBER, 1951

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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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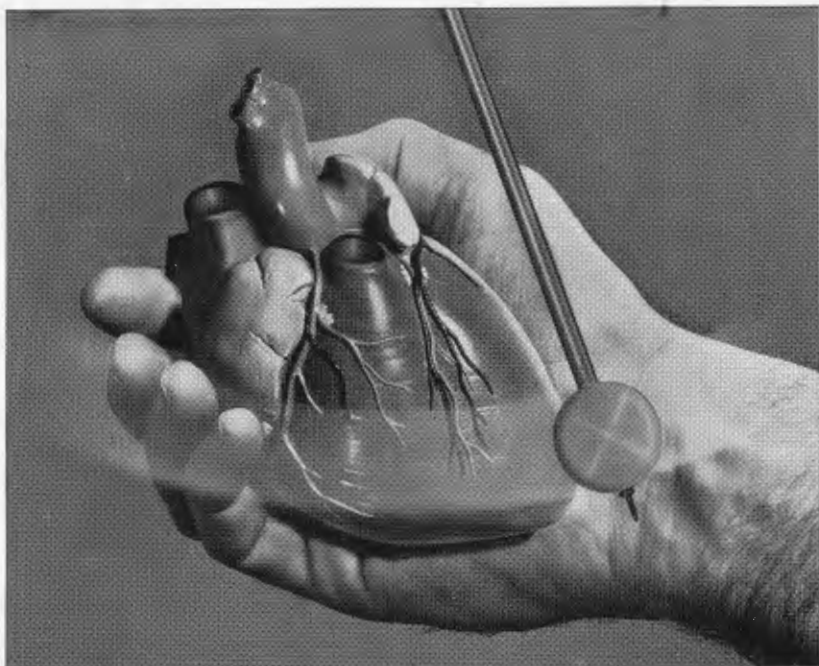
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## DROP O. M. I. PAYMENT-IN-FULL PROPOSAL

Further consideration of a proposal that Ohio Medical Indemnity, Inc., offer a payment-in-full contract to cover subscribers with an annual income of \$5,000 or less, has been dropped by the Council of the Ohio State Medical Association.

Council of the State Association however, has recommended that the Ohio Medical Indemnity initiate steps for the drafting of a new indemnity contract providing for increased indemnities. It was also recommended that consideration be given to including additional services and benefits, if they can be offered on a sound actuarial basis and at a cost within the purchasing power of a substantial number of O. M. I. subscribers.

Of particular interest is the Committee recommendation that Council act immediately to impress upon each member of the Association and the officers of each county medical society the necessity for setting up at once a plan for close cooperation with Ohio Medical Indemnity on the handling of complaints from subscribers and for follow-up action for disciplining members who engage in unprofessional and improper practices. Obviously, Ohio Medical Indemnity needs the active interest and support of the entire medical profession. Its continued success will naturally depend on real cooperation between the company subscribers and all physicians.



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## *Editorial . . . . .*

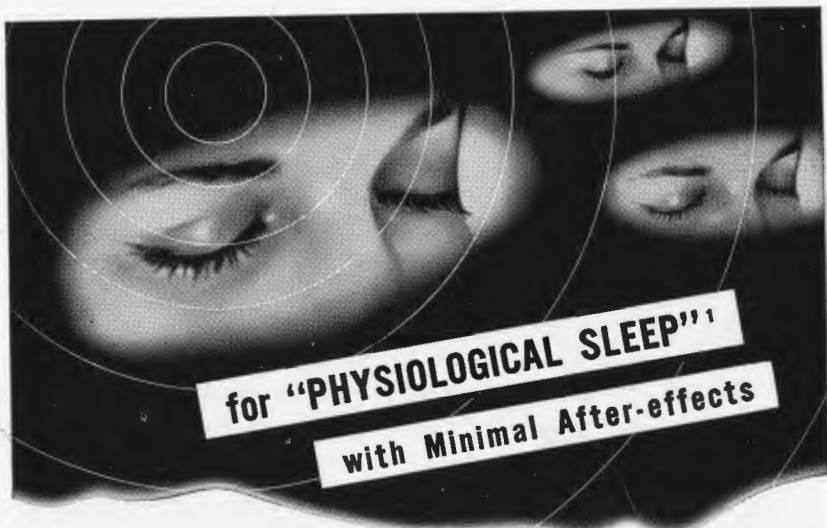
### BLOOD PROCUREMENT PROGRAM

Approval of the Red Cross blood procurement program by our Society signals the acceptance of a recognized responsibility in providing blood for the armed forces and civilian defense.

Action of the Society in accepting one of three alternatives offered by the American Red Cross has resulted only after a thorough study of the local situation by our medical advisory committee headed by Dr. J. Rogers and consisting of Drs. Kupec, Rappoport and Mrs. Pauline Tweeddale. Final arrangements for blood procurement were made after the committee had met with members of the local Red Cross Chapter and Dr. W. Geoghegan, director of the Cleveland Regional Blood Center.

Acceptance of a plan whereby complete provision of blood needs would be met by the Red Cross was deemed non feasible and inadvisable by our committee and justifiably so. To have a blood bank out of the city to take care of our needs would hardly seem practicable particularly when our blood banks have proven eminently satisfactory for our local needs. In any case our blood banks would have to operate on some scale in the hospitals in order to provide "Johnny on the spot," properly typed and cross matched blood if we are to prudently meet the needs of our patients. We can hardly allow this dependency for their needs to go beyond the immediate hospital.

Whole hearted acceptance of the blood collection program to meet the needs of our armed forces and civilian defense is mandatory, yet, we must not allow a blood procurement program to be such that it will imperil the immediate needs of our patients. As physicians we have actually increased our responsibility in the provision of blood as there has been some laxity in the past in getting relatives to replenish blood banks for blood to our patients. This laxity must be dissipated and as physicians we must insist upon immediate replacement by donors so that our civilian blood banks will maintain expectancy of requirement as they have done so notably in the past. We must be ever conscious of the needful cooperation with our banks by attempting to anticipate our needs and directing a traffic of donors to our blood banks so that we can meet the needs of our patients. Similarly we should continue the high spirit of cooperation with the local Red Cross Chapter in the provision of the community blood commitment for our armed services and for civilian defense needs.



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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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## Guest Editorial.....

### SOCIALIZED MEDICINE IN GREAT BRITAIN

FOR MORE than three years, the British people have endured socialized medicine. Supposedly intended to provide a first-class national health service, the scheme was politically conceived and is rapidly becoming politically administered. It failed to fulfill its promises and obligations because politics and medicine do not mix. The art of healing has nothing in common with the craft and craftiness of vote-catching.

In its evolution from private practice to State control, the profession of medicine is losing its independence, integrity and indispensable privacy in the relationship between physician and patient. A lay bureaucracy impinges itself on medicine. The profession is cluttered with orders, rules and regulations. It is overwhelmed in an avalanche of forms, questionnaires and certificates which reduce doctors to impotence and patients to despair.

For some years, the American public has been invited to accept politically-planned and controlled medicine because, among other things, it is claimed that such a system is imperative to overcome a potential shortage of doctors. But nationalized medicine has not solved the problem of too few doctors in Britain. On the contrary, some of the best men and women in the profession steadfastly refuse to associate themselves with the scheme. Others who gave it a fair trial are deserting it, by premature retirement, seeking other employment, or by emigrating and requalifying for service abroad where the ethics of private medical practice still prevail.

ONE WELL-KNOWN doctor said upon giving up practice, "I cannot cope with the situation. To make an adequate living, you must have so many patients that you can't look after them properly. What worried me most was not being able to prescribe what I thought was good for my patients. Instead, we are supplied with a list of what we are permitted to prescribe, and I found myself thinking not what is good for a patient but whether a particular prescription is on the list. That is bad medicine."

Broadly speaking, there are not enough doctors, nurses, hospitals or clinics to service the Service efficiently. The maximum panel of patients allotted to one doctor is 4,000 and the minimum is 2,500. The average time available to the doctor for both diagnosis and treatment under nationalized medicine is from three to five minutes per patient!

The first estimate of the cost of this co-called "free" medical service was \$500 million a year. Despite the fact that patients now make part payments for dentures and spectacles, nationalized medicine now costs British taxpayers roughly \$1,960 million a year, an increase of nearly 300 percent since 1948. Of this expenditure, only \$143 million reaches general medical practitioners. When nationalized medicine was inaugurated their per capita fee was a fraction more than five cents a patient, and this scale still applies today when bare living costs have advanced.

According to the Auditor General, Sir Frank Tribe, (and he should know) nationalized medicine has produced a swollen, expensive bureaucracy of non-professional "administrators." He points out that "of the total hospital expenditure, 9.9 percent goes in doctors' salaries, 23.8 percent for nurses,

By Cecil Palmer—

\*English Publisher, Author and Journalist and a signatory of the famous "Manifesto on British Liberty" issued by the Society of Individualists, of which he is a leading spokesman.

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and 26.5 percent represents salaries and wages of 'other officers and employees' including administrative staffs."

LARGE SECTIONS of the British public have become "bottle-and-pill" conscious. We are extending and fostering a brand of petty hypochondria, hitherto the almost exclusive prerogative of the self-pitying few who imagine that they enjoy being ill. The very sick are herded with the very slick and must wait their turn. The old, the dying and the desperately ill are forced by circumstances beyond the control of either doctors or patients to enter a competitive struggle with their relatively healthier rivals.

There are tragically long waiting lists for admission to hospitals. The number is officially admitted to be more than 500,000. There are also at least 10,000 serious tuberculosis victims awaiting admission to sanatoria. At the same time, there are thousands of empty beds because the available professional personnel cannot cope with the demand for its skilled services.

It is not surprising, therefore, that the Association of Municipal Corporations, representing local government in contradistinction to national government, strongly criticized hospital administration. Appalled by weighty evidence of waste in nationalized hospitals, the association declared that "the direct accountability of the local authorities to the electorate for the expenditure they incur is more likely to conduce economy than the present system."

The blunt truth is that nationalized medicine is facing a financial crisis. Overburdened British taxpayers now realize that they are paying far too much for far too little. Doctors and patients alike are bewildered and viciously frustrated. They are in temporary bondage to the totalitarians. It is possible that all concerned are waking up to Herbert Spencer's classic generalization that "the ultimate result of shielding folk from folly is to fill the world with fools."

The British people are not fools and cannot be fooled by knaves and so-called "do-gooders" indefinitely. The pregnant point at issue is not free medicine, which is a palpable lie, but freedom in medicine which is an eternal, fundamental truth. Nationalized medicine is operative socialism; and socialism begins in the benevolent tyranny of the Welfare State and inevitably reaches its climax in the malevolent, tyrannical Serf State.

### *The Most Ordinary.....*

There are too many ordinary men in professions. They look away when the conversation turns to literature, science or art.

It is sad when a doctor sees nothing more than technical perfection in a Millet. If he never pauses when a languid morning throws shadows across the harvest field. If he doesn't hear the plaintive loon, nor scent a rose. If he never gazes at lambent northern lights, merged like million chameleons. Lights that fade like shrouds in evening mists or strike in flashes. If he doesn't want to weep when misty drops touch the pillow in a public ward. Drops that crystallize the tragedy of failure of simple souls. If he doesn't respond to these, he should be in a laboratory searching only for accumulation of knowledge.

There must be a place for ordinary men. There are so many millions. Aristotle mentioned them. Their place is not in medicine.—James B. McClinton, "The Doctor's Own Convention", *Canad. M. A. J.*, April 1951.

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**FRAZIER FLETCHER MONROE, M.D.****1882-1951**

Dr. F. F. Monroe was born on March 15, 1882 in Falworth, Kentucky. He was third in a family of nine children. He lived in Kentucky until he went to Cincinnati to attend the Ohio Medical College. He was graduated from this school in 1908. After serving his internship and residency in Internal Medicine at Cincinnati General Hospital from May 1908 to October 1909, he went to the Panama Canal Zone where he was a ward physician at Ancon Hospital under Dr. Gorgas. He served on the Medical service and was assistant to the chief Dr. R. C. Connor, from 1914 to 1919. In 1918 he was President of the Medical Association of the Canal Zone.

In 1912 he married Belva Hennigh, who was on the nursing staff at the hospital. In 1919 Dr. and Mrs. Monroe came to Youngstown to make their home. He served on the attending staff of the Youngstown Hospital Association. In 1948 he became a member of the Emeritus Staff.

Colleagues will long remember Dr. Monroe's retiring but pleasant personality, his modesty and his zealous devotion to the practice of his art. Similarly we shall remember the high quality of his work and the unassuming skill which typified its execution. Verily, it can be said that Dr. Monroe has left us only after attaining the high stature of the ideal physician. —*Albert J. Brandt, M.D.*



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## PEACE

W. D. Coy, M.D.

There is a great difference in the minds of the so-called thinking men as to what constitutes peace. The internationalists envision a world in which there would be no armed conflict and no preparation in any nation for the encroachment upon or the destruction of any other nation or groups of nations. There would be good-will everywhere, created and preserved by the knowledge of an irresistible combined force that was ready at once to come into action. Thus would peace be maintained and the horrors and destruction of war never again be experienced.

Leaving out of consideration human inclinations, deep within each succeeding generation, what kind of peace would this be and what would be its cost in terms of the satisfactions which give value to life?

The physical evidence of this postulated power could conceivably be everywhere in order to enforce its edicts, and still be unable to conceal the psychic tumult awaiting the time of revolt. Neither morality nor spirituality have their origin in force, nor do they depend on duress for their continuance. In men of quality these virtues are self-induced, almost spontaneous.

And what of those who, without considering the basis of ethics, still strive for the comforts and pleasures of life in their own way, which objective has been the origin of our strength and has long been considered legitimate? Call this liberty, if you wish, or just simple animal instinct.

We submit that the super-statist's concept of peace through conformity, though intended to be on international level, would find little support from the independent thinker and worker who seeks within himself, and in the effects of his labors on his fellow-men, for the sanctions that hold him in restraint.

The mass of people who give these matters no consideration might be induced to support the idea of miraculous unification of divergent interests through force of arms, until they had discovered they had been deceived, had surrendered their own choice and means of defense and had given their chance of security into the hands of aliens. When this enlightenment has come, revolution is ripe; and peace is but a passing dream.

A little authority is all these theorists ask; and that little authority is the nation's power to make war or to refrain from entering a war! In reality, this is the basis of a nation's strength, its power kept in abeyance. Upon it the citizen depends, for it makes him confident that his labors are worth while, that there is possibility of achievement.

To whom would this power be given? Would it be delegated to a group of united nations that could sit and debate on the advisability of designating the quality of a deed in the light of its economic effects? There is much to be learned from our experience in Korea; and we have paid dearly for it. Our sacrifice may not have been too costly, if through it we have learned the way of nations when their material interests are at stake.

This Asiatic expedition has shown definitely that in a military project the most powerful nation must bear the burden of grief. How does this apply to a super-state with unlimited power? It is plain that the choice is between Russia and ourselves to dominate that force and to endure the consequences. And this brings us at once to the present unprecedented world-wide strife and the struggle for that dominance.

So peace, in whatever form it is conceived, peace by force cancels itself out by the process of its attainment. If that force be alien, we cannot conceive of our people accepting it; if it were to be our own, it would soon be dissipated in pursuit of a figment.

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## ST. ELIZABETH BUILDING GOAL REACHED

With the subscription of \$309,761 in the second phase of its campaign, the St. Elizabeth Hospital campaign fund drive for its \$3,000,000 expansion program was successfully reached on October 11.

A total of \$2,011,165 was subscribed in the entire campaign, \$1,701,401 having been achieved in the first phase and the remainder in the second phase of the successful campaign. An additional Federal grant of \$1,000,000 is expected to meet the \$3,000,000 expansion program planned by the hospital.

General chairman of the campaign was Judge John Ford who hailed the drive as the largest money producing campaign ever held in Youngstown and signaled it as a glowing achievement by the citizenry of the Valley.

A big factor in the success of the drive according to Dr. F. W. McNamara, chairman of the medical division of the campaign, was the subscription of the hospital staff members and colleagues of the Mahoning County Medical Society. A total of \$192,800 was subscribed in the first phase and an additional \$100,865 was added in the second phase so that a total of \$293,665 has been pledged by the medical division. "This," said Dr. McNamara, "is a glowing tribute to the generosity of a medical fraternity cognizant of its responsibility in the provision of medical facilities for the local citizenry." He was prolific in his appreciation for the cooperation of his able committee whose tireless efforts spelled a successful culmination to the drive. Members of the medical division committee were Drs. S. Tamarkin, M. J. Kocialek, D. H. Levy, J. N. McCann, A. K. Phillips, W. H. Evans, J. J. McDonough, J. J. Wasilko, A. J. Brandt, and S. D. Goldberg.

While no date has been set for the building, Sister Adelaide states that authority is being sought from Washington and that architects, in the meanwhile, are preparing final plans for the structure which will increase bed capacity to 525 beds and result in renovation of the present units.

Dr. McNamara desires to convey his thanks and appreciation for the splendid cooperation of St. Elizabeth Hospital staff members and medical men of the Valley for notably assisting in the realization of funds for the new structure. "Without the wholehearted support of the medical division and its exemplary action in its subscription it is unlikely that success would have marked the drive," concluded Dr. McNamara.

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## AUXILIARY NEWS

The Annual Fall Conference of Presidents and Presidents-Elect of the component auxiliaries of the Woman's Auxiliary to the Ohio State Medical Association was held September 21st and 22nd, at Hotel Fort Hayes, Columbus, Ohio. The meeting was an orientation course and outline of projects including among others, Nurses' Scholarship Funds, Civil Defense and Geriatrics.

The State Committee Chairmen met with them and one of our local members, Mrs. Craig C. Wales was appointed State Chairman of Civil Defense.

Those attending the meeting from Mahoning County were Mrs. C. A. Gustafson, President, Mrs. W. O. Mermis, President-Elect, Mrs. W. H. Evans, State Program Chairman, and Mrs. Craig C. Wales who is both the local and State Civil Defense Program Chairman. —Mrs. Dean Nesbit.

## PANHYPOPITUITARISM

Report of a case treated with ACTH and Cortisone

Ivan C. Smith, M.D.

This case is reported because it presents several interesting features. This condition, sometimes called pituitary cachexia or Simmond's Disease, is usually characterized by weakness, cachexia, and ultimately, death. There are symptoms referable to a suppression of function of most of the endocrine glands, especially the adrenal the thyroid and the gonads. In most case reports, the history is that the onset follows a prolonged and difficult labor, or a septic puerperium. The symptoms referable to the hypo-thyroidism and hypo-adrenalism with suppression of ovarian function usually occur together with one or the other symptoms playing the major role. There are many case reports in which cachexia is not a feature. Usually the diagnosis is not accepted unless there are autopsy findings of destruction in the pituitary gland.

A rather cursory review of the literature does not reveal any case reports in which eosinophilia is a prominent feature. In this patient, eosinophilia was marked, eventually reaching a total count of 2800 per cu.m.m. or 40% of the leukocytes. Moreover, the eosinophile level closely reflected the clinical course in this patient.

In this patient, there was a history of prolonged labor (retained placenta) with severe blood loss and sepsis. However, some of the symptoms were present prior to this delivery. The cranial injury sustained in 1930 may have been a causative factor. The symptoms occurring prior to the delivery were weakness, loss of libido and diminished vitality. The exact date of onset is obscure.

The predominant features early in the course of the disease were due to hypo-thyroidism. There were loss of body hair, mental depression and lowered basal metabolic rate with anaemia and amenorrhoea. Some of these symptoms responded to thyroid extract therapy. Later the clinical picture closely resembled Addison's Disease.

The true nature of the diagnosis was first suggested by Dr. H. E. Hathorn who was asked to see the patient in an effort to explain the anaemia which resisted all efforts toward correction. Anaemia is a constant and troublesome feature of this syndrome.

ACTH was tried first because it seemed the rational choice in a primary pituitary deficiency. While the immediate response to this agent was dramatic the results were inadequate. When improvement failed to advance Cortisone was started and apparently brought about a complete remission.

At the time of maximum improvement from ACTH, the eosinophile count had dropped from 2,800 per cu.m.m. to 750 per cu.m.m. The patient was able to sit up for periods of an hour or two and walk across the room. After Cortisone therapy the eosinophile count dropped to 50 per cu.m.m. and the patient was able to be up all day and walk the length of the hospital corridor several times a day. Probably the most striking evidence of the improvement was the return of normal libido, which is still normal, one year after starting treatment. There has been no return of body hair, but the red blood count and hemoglobin have returned to approximately normal and remained there without special treatment.

It is difficult to explain the apparent success of the Cortisone and relative failure of the ACTH. Knowlton et al (1) state that, "it is possible to explain

the overall minimal response — to ACTH on the ground that many years of adrenal atrophy from lack of endogenous pituitary stimulation had permanently altered the ability of the gland to respond to exogenous hormone." These authors further state, "in addition, it seems reasonable to postulate that the atrophy did not involve all functions of the gland to an equal extent."

In this patient however, the evidence of adrenal insufficiency was of relatively short duration. Another factor tending to obscure the effects of the ACTH and Cortisone was the recent implantation of desoxycorticosterone pellets. These were apparently maintaining the electrolyte balance satisfactorily and the last severe episodes were due to hypoglycemia.

At this time, nearly a year after the implantation of the desoxycorticosterone pellets, she is being maintained on 50 mg. of Cortisone every three days. Her blood pressure is tending to become lower (100/70) at the last observation on October 19, 1951. She has symptoms occasionally lasting for one or two days, especially if she neglects to take salt tablets. Her last blood count in August 1951 showed Hg. 90% and R. B. C. 4,230,000.

#### CASE REPORT

R. A., a 43 year old white female was first seen February 22, 1946 with complaints suggesting disease of the gall bladder, with hot flashes, nervousness and amenorrhoea since the birth of her only child, a daughter, in May, 1942. Gall bladder X-rays indicated some impairment of gall bladder function. G. I. X-rays were normal. The physical examination was negative except for moderate hypo-tension (110/70) and tenderness over the gall bladder.

Her past history indicated that she had had measles and chicken pox as a child. She had a furuncle of the upper lip complicated by erysipelas at the age of 14. In 1930 she was in an auto accident and suffered moderate cerebral concussion and shock.

The menarche occurred at the age of 13 and the periods were regular but painful. She had one miscarriage in 1941 of unknown cause and in May 1942 was delivered of her only child. Labor started at 4:00 A. M. and delivery occurred at 8:55 A. M. by low forceps with episiotomy. The placenta could not be expelled and eight hours after delivery she was given an anaesthetic and the placenta was removed manually. She developed severe shock due to blood loss and was given 2,000 c.c. of whole blood and 2,000 c.c. of plasma. During the shock period the blood pressure dropped to 40/0. The temperature was septic for eight days following delivery and the patient was treated with sulfathiazole.

Following discharge from the hospital, she received therapy for the anaemia apparently until it was satisfactorily controlled.

Although she did not feel well and suffered considerably from weakness, there apparently was no further treatment until seen by me in February of 1946.

Her gastric complaints improved on bile salt therapy and diet regulation and the menopausal symptoms responded to 10,000 units of estrogen twice weekly and elixir of pheno-barb 3-1/1 q.i.d. Her blood pressure ranged between 120 and 100 during the period between February and November, 1946.

In October 1946, she complained of numbness and coldness of the hands, cold intolerance and pronounced weakness. On November 5, 1946, the basal metabolic rate was found to be -31%. She was started on 1/2 gr. Armour's thyroid extract t.i.d. and 2.5 mg. benzedrine sulphate t.i.d. There

was considerable improvement in her condition. The face had presented a puffy appearance, and during a month of the above therapy, this improved and her weight reduced from 136 to 132 pounds.

On November 22, 1946 the thyroid extract was increased to 3 grs. daily. She remained on this medication until October 1947.

During the latter part of this period, she complained more of weakness and on several occasions was found to have a blood pressure of only 90/60. She was sent into the hospital for study. During this hospital stay, she was found to have lowered blood chloride (as low as 280 mg. per 100 c.c.), moderate anaemia, and consistently low blood pressure. X-ray failed to reveal any evidence of pulmonary tuberculosis and there were no calcifications in the region of the adrenal glands. She responded to injections of Cortate with 15 gr. Sodium Chloride q.i.d. and a low potassium diet. She was discharged with a diagnosis of Addison's Disease of undetermined cause.

After discharge she maintained a fair condition on 5 mg. Cortate once or twice weekly, a low potassium diet, and 15 gr. Sod. Chloride t.i.d. Her blood pressure remained between 100 and 120 over 60 to 80 and her weight remained fairly stationary for several months. She required estrogen in doses of 10,000 units every two or three weeks to control the hot flashes and nervousness. Thyroid Extract made her "jittery" and she frequently neglected to take it. She also neglected to take the salt tablets and became irregular in her eating habits sometimes eating nothing all day. By May 1948 her weight was down to 118 lbs. and she required 5 mg. Cortate every day or every other day to enable her to remain out of bed. Her husband administered the medicine as needed.

During the summer of 1948, her blood pressure was frequently below 100/60. In August 1948 the B. M. R. was -6. Finally in November 1948 six 75 mg. pellets of Cortate were implanted under the skin. She was quite apprehensive about the procedure and required daily injections of 5 mg. Cortate in oil for the first week, after which she had only to take the supplementary injections on rare occasions. She was markedly benefited by the implantation and carried on her own duties satisfactorily. Her blood pressure was maintained usually from 110/70 to 120/70. Her weight gradually increased and in December 1949 was 128 lbs. There was no improvement in sexual function.

She was seen at infrequent intervals for the next few months but continued intermittently on her diet, salt therapy and on Cortate administered by her husband. Part of the time she received lingual tablets of Cortate 2 mgs. daily instead of the injections. In July 1950 she had neglected to take the salt tablets and became extremely prostrated in spite of frequent injections of Cortate. She was readmitted to the hospital. She responded promptly to intravenous sodium chloride and intramuscular injections of Cortate. X-rays of the chest and abdomen again failed to reveal any evidence of pulmonary tuberculosis or calcified shadows in the region of the adrenal glands. Electrocardiograms made on July 20 and July 28 did not reveal evidence of hyper-potasseemia. She was discharged after 10 days to continue treatment at home.

In August 1950 she was started on injections of 10 units of liver extract and 15 micrograms of Rubramine twice a week in addition to two injections of 5 mg. Cortate daily. On September 12, 1950, the Cortate was reduced to 5 mg. daily. Her blood pressure remained above 100 m.m. Hg. and she felt fairly strong and did part of her work. The blood count did not improve.

On October 5, 1950, six 75 mg. pellets of Cortate were again implanted

subcutaneously. She was extremely apprehensive about the procedure and went into a state resembling shock. There were periods of extreme shock with stupor or unconsciousness, vomiting and inability to eat. She was readmitted to the hospital October 8, 1950. The history given was essentially as previously noted. The physical examination revealed the following abnormalities:

The patient's mental processes were slow, the skin had a rather pronounced pallor, there were some light pigmentations of the skin of the face and neck and there was edema around the eyes. There was an absence of axillary and pubic hair. The blood pressure was low most of the time. Otherwise the physical examination was essentially normal.

The patient remained dull and lethargic and was very reluctant to eat. She was largely maintained on intra-venous fluids. On several occasions she went into severe shock and coma, always in the morning. During these attacks she responded to intra-venous glucose and saline. She was given daily injections of Cortate as well as salt tablets and a low potassium diet.

Her blood chlorides were 500 and 540 mg. per 100 c.c. on two occasions, and the blood sugar was 264, 195 and 80 mg. per 100 c.c. on the occasions when it was tested. The reading of 264 was made after administration of 10% glucose in saline intra-venously.

Repeated blood counts showed that the hemoglobin ranged from 8 to 9.6 grams with the red cell count usually from 2,900,000 to 3,400,000. The leukocytes were from 3,400 to 5,700. The eosinophiles were always elevated in one specimen reading 40%. Urinalyses were essentially normal.

The course of the disease was gradually down hill until on November 20 the patient was practically moribund. She was started on 10 mg. ACTH q.i.d. gradually increasing to 15 mg. q.i.d. The results were immediate and striking. The patient became alert, her appetite returned and she was soon sitting in a chair for several hours a day and walking across the room two or three times. Her total eosinophile count soon dropped to about 750 per cu. m.m. as shown in the accompanying chart. However, the improvement did not continue and the condition became stationary. She was then started on 50 mg. of Cortisone daily. The strength soon returned to normal and the total eosinophile count dropped to 50 per cu. m.m. She was discharged from the hospital on December 20, 1950.

She was maintained on 25 mg. Cortisone intra-muscularly daily, 60 gr. Sodium Chloride daily, 3 grs. Armour's Thyroid Extract daily and 2 mg. Testosterone sublingually daily. She has remained well and everything has returned to normal except that there has been no return of body hair. In the early spring of 1951, she was changed to oral Cortisone which has seemed to be as effective as the parenteral preparation. The dose has gradually been reduced to 50 mg. every three days.

On one occasion, during a period of extremely hot weather in August 1951, there was a period of weakness and muscular cramps. She had neglected to take the salt tablets as ordered. She responded promptly to two injections of 5 mg. Cortate and the dose of Cortisone was increased to 50 mg. daily for two days.

The hemoglobin has remained about 90% and the red cell count above 4,000,000. The last blood pressure reading, on October 19, 1951, was 100/70, but she was symptom-free. It is anticipated that additional Cortate pellets will be implanted if the blood pressure falls below 100.

#### SUMMARY

The case report of a patient with a presumptive diagnosis of panhypop-

tuitarism is presented. The case is interesting in that the diagnosis was obscure and the presenting symptoms were predominantly those of hypothyroidism. Later, the chief features were those of Addison's Disease. The treatment of the condition with ACTH was probably life saving, but the use of Cortisone apparently brought about a complete remission of the disease. The patient remains well nearly a year after starting treatment.

(1) *The American Journal of Medicine* Vol. VIII No. 3, page 281.

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### SOCIETY TO BEGIN RADIO PROGRAM SERIES

A series of radio programs jointly sponsored by the Mahoning County Medical Society and the Mahoning County Tuberculosis Association will soon begin, according to an announcement made by Dr. E. L. McNeal, Society's Lay Education committee chairman, and Mr. John D. Jones, Health Educational Secretary of the Mahoning County Tuberculosis Association.

The talks will be aired over WKBN and will be given at 7:15 p. m. on Saturday evenings, according to Mr. Jones, who was instrumental in obtaining the radio time. An initial series of fifteen broadcasts will be made. If a successful response is received the programs will be continued for a year.

First in the series of fifteen broadcasts will be the one to be given on November 10. The programs will consist of a series of recordings procured from the American Medical Association and the first program will either be "Doctors Make History" or "Living Proof," depending on which is first available for the use of the Society.

Dr. McNeal, the Lay Education chairman, considers the project worthwhile in public relations and urges the cooperation of all Society members in publicizing the airings of these programs dealing with medical men and medical history.

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### DR. BAUER URGES SUPPORT OF VOLUNTARY HEALTH INSURANCE

In an address to scientific assembly of District of Columbia Medical Society, Dr. Louis H. Bauer, president-elect of American Medical Association, expressed view that medical profession must be brought "100 per cent behind the voluntary health insurance program." Too many physicians are indifferent and some even antagonistic toward it, he said, adding: "Time is running out and unless we move fast the solution will be taken out of our hands."

Dr. Bauer said three defects of current insurance programs must be eliminated before they meet the needs of the population. He listed the needs as (1) individual insurance, in addition to group protection, (2) provision for persons over 65 years of age and (3) protection against financially catastrophic illness. Dr. Bauer noted the medical profession is ready to cooperate with any group in bringing improved medical care to all people, but it "will never yield to having the public receive its medicine by spoon feeding from politicians."

## PROCEEDINGS OF COUNCIL

**MONTHLY MEETING:** The regular monthly meeting of the Council of the Mahoning County Medical Society was held at the offices of the Society, 203 Schween-Wagner Bldg., on Monday, October 8, 1951.

**PRESENT:** Doctors C. A. Gustafson, presiding in the absence of Dr. E. J. Wenaas; I. C. Smith, V. L. Goodwin, W. M. Skipp, J. N. McCann, S. W. Ondash, J. Noll, G. G. Nelson, A. K. Phillips, A. Randall, J. D. Brown, J. C. Vance, and G. E. DeCicco, comprising the Council, and Doctors J. A. Rogers, A. E. Rappoport and J. B. Kupec were guests.

**BLOOD BANK COMMITTEE:** Dr. Rogers, Chairman, Dr. Rappoport and Dr. J. B. Kupec reported on progress of the American Red Cross Blood Procurement Program. There is to be a joint meeting of the Mahoning County Medical Society Committee and the American Red Cross Committee at noon Thursday, October 11th, 1951, in the hope of arranging a satisfactory basis of exchange.

**NEW MEMBERS:** The following applications were presented by the censors:

### ACTIVE MEMBERSHIP

Dr. M. D. Evans, 2514 Mahoning Ave., Youngstown, Ohio

Dr. E. E. Brant, North Side Hospital, Youngstown, Ohio

### JUNIOR ACTIVE MEMBERSHIP

Dr. K. C. Kunin, 314 Home Savings & Loan Bldg., Youngstown, Ohio

Dr. J. N. Gordon, 130 Bridge St., Struthers, Ohio

Dr. J. L. Calvin, 3718 Market St., Youngstown, Ohio

Dr. Harry A. Smith, 422 Dollar Bank Bldg., Youngstown, Ohio

### INTERNE MEMBERSHIP

Dr. J. J. Campolito, Youngstown Hospital Ass'n, Youngstown, Ohio

Unless objection is filed in writing within 15 days, they automatically become members of the Society.

**COMMUNICATIONS:** Council approved radio broadcasts sponsored by the Mahoning Tuberculosis Association and furnished by the A.M.A.

A letter from the Ohio State Medical Association, President Fred Dixon, regarding members delinquent in their A.M.A. dues was read. The Secretary was instructed to comply with the request and notify all delinquent members.

**BLOOD PROCUREMENT:** Council voiced appreciation regarding participation by the Woman's Auxiliary in a program to obtain donors for the local blood banks.

**COMBINING MEETINGS:** Council advised the appointment of a committee consisting of the program chairman of each of the hospital staffs, the Mahoning Academy of General Practice and the Heart Association to study ways and means of combining meetings.—G. E. DeCicco, M.D., Secretary.

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NOVEMBER



## KEEPING UP WITH THE A.M.A.

W. M. Skipp, M.D.

..... During the latter part of August, the A.M.A., through the Chairman of the National Emergency Service, Dr. J. G. Sargent, made some suggestions regarding students in pre-professional education:

1. That these youths be classified through aptitude or previous accomplishment before reaching induction age, which will permit the continuation of professional education without interruption.
2. Should have pre-induction and reserve physical examinations made by civilian physicians on a fee basis or by reserve personnel, for which reserve credit would be given.
3. A. Corrective treatment of a 4F should not be assumed by the federal government as this would be another form of socialized medicine.  
B. Medical care during basic training should be the same as that furnished the personnel of the armed forces.  
C. Medical care should not be provided during reserve status for conditions not arising as a direct result of active duty.
4. Opposed to extension of such care (medical) to non-service-connected conditions.
5. Suggests establishment of National Civilian Agency to insure proper distribution of medical and other health reserves. (Note: I hope, if granted, that the agency will have some authority not just advisory, like the present Military Advisory Committee).

..... *Senate Hearings*: S. 1186 and H.R. 3298—Prescription Drug Bills, September 11, 1951. Oscar Ewing and Charles W. Crawford for the Bill; Representatives of the National Association of Retail Druggists: Roy S. Warnock and Herman S. Waller, opposed.

September 12, 1951. Robert P. Fischelis, American Pharmaceutical Association; C. W. Dunn, General Counsel, American Pharmaceutical Association; Leslie D. Harrop, American Drug Manufacturers; J. F. Hoge, Attorney, Proprietary Association; Dr. F. J. Cullen, Executive Vice President, Proprietary Association; J. Ryan, National Dietary Food Association; all opposed to bills.

September 13, 1951. Dr. Walter B. Martin, A.M.A.; and representatives of Eli Lilly & Co., N Y. Pharmaceutical Co., Abbott Labs.; E. R. Squibb & Son; Smith, Kline & French Labs., opposed with qualifications.

September 11, 1951. Medical costs are going up, but much slower than other costs in the family budget; medical care and drugs cost 54.7% more than pre-war. Medical care, minus drugs, 60.5%; food prices over the same period, 126.8%.

September 11, 1951. Indiana loses first court test against Oscar Ewing in cutting off welfare funds, because State law permits publishing names of recipients. Judge A. Holtzoff denied Indiana's writ to force payment.

September 6, 1951. Senate Finance Committee voted to permit the deduction from taxable income medical expenses, including health and accident insurance premiums for taxpayers over 65 and spouse. Present law permits deduction of medical expenses exceeding 5% of maximum gross. Maximum is limited to \$1,250 for taxpayer, \$2,500 for taxpayer and dependents.

..... A.M.A. Secretary reports that the lawyers of the country are beginning to awaken to the threat of socialization. They are requesting from the medical profession counter-offensive methods, and how to go about it.

..... Eight physicians are serving as officers or committee members of the National Committee on Alcoholism.

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..... "The Southern Optometrist" has this to say: "Optometry renders a superior service in the field of refraction. Therefore, we believe that medicine has no more professional or moral right in the field of refraction than optometry has in the field of medicine. We believe the time has arisen for optometry to step out of a defensive position into an offensive position and remain so until the field of non-pathological eye care is relinquished by medicine and assumed in its full scope by optometry. Our public relations department should educate the public that refracting, prescribing and fitting glasses are not any part of medicine and, therefore, occupy no important position in medical education. For his professional self-respect and for the benefit of the public who receives superior service from the optometrist, the medical man should retire from the field of refraction."

..... Dr. A. Lawrence Abel, President of the London Area of the British Medical Association, addressed the International College of Surgeons in Chicago. His talk was rather depressing because the pitfalls recited are the same as shown in the path of the medical profession in this country by vote-conscious politicians. They promise the sky knowing full well that they cannot deliver. The cost has exceeded all estimates. The Exchequer of England has realized they cannot afford the unbridled use of such essential service. A few weeks ago patients were ordered to pay 50% of the cost of dentures and spectacles. Not one single promise has been kept to either physicians or patients by the politicians.

..... On September 18, 1951, Rep. Frances Bolton (R., O.) called for speedy consideration of H.R. 910, Nursing Education Bill. She insists (1) Nursing schools are short of instructors; (2) There is a definite shortage of nurses; (3) The bill have a proviso for court appeal if funds are withheld.

Urging the committee approval, with some minor changes, are Mrs. Eugenia K. Spalding, American Nurses Association; Dr. Leonard A. Scheele, Surgeon General of Public Health Service; Dr. James C. Sargent, Health Resources Advisory Committee; Mrs. Ruth Kuehn, registered nurse; support Dr. Sargent.

Opposing the bill: Dr. Walter B. Martin, A.M.A., and Miss Dana Hudson for Georgia State Board of Nurses.

Dr. Martin proposed:

1. One-time construction grants on matching basis, similar to Hill-Burton program.

2. A grant of federal funds to Committee on Careers in Nursing.

3. A temporary grant-in-aid not to exceed 5 year scholarships for advanced nursing education, administered by states.

..... The Health Insurance Council made its 1950 report which set the socialized medicine advocates back on their heels. The report showed that half of the nation's population was covered by some type of voluntary sickness and accident insurance. 77,000,000 people are covered for hospital expense; 54,500,000 for surgical expense; 16,900,000 for medical expense.

..... The Consumers' Price Index reveals that the price of medical care was relatively 14% cheaper in 1950 than in 1935-39.

There has been a 72% rise in the cost of living since 1939, medical care rose only 48%, increase for food 104%, apparel, 88%, rent 31%, etc. In 1950 a dollar could buy 68 cents worth of medical care, but only 58 cents worth of all goods. Physicians' fees rose 40% while the entire cost of living rose 72%. Hospital room rates rose 135% which is faster than the entire Consumers' Price Index rose.

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..... Dr. John Cline talked to the Medical Society of Pennsylvania on what makes the A.M.A. tick: "The responsibilities are yours because you are the A.M.A. You elect the officers of the County and State organizations, you finance its activities through your annual dues. In an organization as large as ours it is regrettable that so few do the work for so many. You share in its accomplishments, you must share in its criticisms."

..... Dr. E. J. McCormick talked on, "You Are the A.M.A." before the Colorado State Medical Society: "If someone stopped you on the street and asked, 'Say, Doctor, just what is the A.M.A.?' you would explain about the House of Delegates, the Chicago headquarters, etc. You would be wrong. The A.M.A. isn't a big stone building, a bunch of councils, committees and bureaus all lumped together; but you are the A.M.A."

..... On September 18, 1951, Senate Finance Committee reported the Revenue Bill did not include the Ives Amendment which would permit certain professions to deduct a certain amount from taxable income, a limited amount of money used for insurance annuities. So the cause, before it even got started, has been dropped. We pay in too much money in taxes to permit us to deduct a certain amount for our old age.

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### A. M. A. OPPOSES SICKNESS SURVEY BILL

The American Medical Association opposes S. 1328, 82nd Congress, a bill to provide for a survey of sickness in the United States, on the basis that several similar studies are now proceeding under the auspices of responsible groups. The Commission on Chronic Illness was established in the spring of 1949 for the purpose of studying the entire subject of chronic diseases, including a comprehensive survey of the extent of such diseases and the programs, federal, state and local, being conducted to meet their needs. This study is now in the process of being extended for a period of three to five years and is being supported financially by a large number of voluntary health organizations and by the Public Health Service of the Federal Security Agency.

The Brookings Institution is also in the process of making a study of the health resources of the United States and its report should be ready for publication soon. There is little doubt that most of the information that would be developed through the operation of S. 1328 has already been gathered by the Brookings Institution for its study.

A new commission for the study of hospital financing has been established this year, with financial support from several philanthropic foundations, which will conduct a three year survey in this important field. Included in its study will be the problem of chronic illness with special reference to the cost of hospitalization.

The American Medical Association does not presume to question the right of the Congress of the United States to make a study of any problem in order to provide information, on the basis of which suitable legislation can be drafted. It objects to this survey however since it is apparent that the problem is being carefully studied by several reliable commissions or agencies which will be happy to make their findings available to the members of the Congress. This new proposed survey would overlap existing studies and constitute an additional federal expense that is not now necessary.—*Capitol Clinics.*

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## DR. SLADEN REVIEWS PHYSICIAN-CLERGY RELATIONSHIP

"It would be better if members of the clergy knew more about medicine in general and thereby satisfy an intense hunger to know more about the health personality factor; on the other hand, it would be equally better for the doctor to know more about religious needs in the treatment of organic disease," declared Dr. Frank Joseph Sladen in his address to Society members at their regular monthly meeting held October 16, 1951.

In Youngstown for participation in a Preaching Mission held by local Protestant churches, Dr. Sladen, chief of Internal Medicine at Henry Ford Hospital, carried the flavor of his talks to the medical profession. Dr. Sladen declared that his interest in the relationship of clergy to members of the medical profession stems from the realization that the relationship of the individual's personality grows in importance in a consideration of organic disease and its treatment, particularly in these times when people are feeling the tension of these critical days. The importance of religion, therefore, becomes progressively greater since in many instances the personality factor is unresolved in the etiology of organic diseases.

With FAITH in the drugs he administers being such an important part of his armamentarium in treating disease, a rediscovery of the patient as a person and a reinstitution of his FAITH appears mandatory. It becomes more necessary, therefore, to study the patient from these circumspect angles. Furthermore, the reassessment of science in relation to other situations seems well indicated, declared Dr. Sladen.

The speaker emphasized that professional schools must broaden their curriculum so that students will see the background of life in its totality. With that background and his professional knowledge of medicine they will be able to find a possible basis for functional or even organic diseases in their patients. Worry and concern over many things may either aggravate conditions or bring them on in some instances.

Professional men, declared Dr. Sladen, should always attempt to have the public understand new developments in their field and should not use technical terms in prescribing therapy. Professional men, he emphasized, should be active in the support of democratic institutions and help preserve basic freedoms. We must not, he warned, isolate medicine as a profession but solve the needs and demands of the general public. Fortunately the ways of quackery exploitation are virtually non-existent and provide all the more reason why we should give the patient an understanding of his needs and provide a full cooperation in the management of his particular problem. At all times, we should look for the rediscovery of the individual as a person.

Emotional problems play such an important factor that they must not be discounted. We should study man as an integrated personality if we are to understand the basis of many conditions. There is no more excuse for the orthopedist or the surgeon to overlook this factor than the general practitioner. We must realize that we have to use weapons that are not in our medical bag, that we must be aware of the *supernatural* power of God and its effect on life. We must institute *hope* in the patient and use the quality of *faith* in therapy.

Prayer has been shown to have helped many out of hysterical despair where other things have failed; for that reason the importance of prayer must be born in mind and used as an adjunct in therapy. As doctors we must remember that prayer is a consultation with the Highest Authority.

Monsignor Heinrich and Rev. Mr. Gauss made many timely remarks on

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the necessary cooperation between the doctor and the clergy and pointed out that the relationship was to the definite interest and advantage of the patient. Monsignor Heinrich, in his remarks, emphasized that we must appreciate the full personality of the patient and make an admission of his total destiny, that we should cooperate with those charged with leading man to his eternal destiny and that such a high spirit of cooperation will often alleviate disorders of the mind.

### G. P. POSTGRADUATE STUDY THEME OF A. M. A. SESSION

Postgraduate study primarily designed for the general practitioner will be the theme of the 1951 Clinical Session of the American Medical Association to be held in Los Angeles, December 4 through 7.

"Therapy will be stressed in a broad presentation of clinical studies on problems the general practitioner meets in daily practice," Dr. George F. Lull of Chicago, secretary and general manager of the A.M.A., stated. "Subjects of interest to the specialist will also be presented."

The four-day scientific program will include discussions and presentations on urology; general practice; general surgery; cardiovascular diseases; industrial medicine and surgery; eye, ear, nose and throat diseases; diseases of the chest, and neuropsychiatry.

Others will be on medical banks, radiology, anaesthesia and pathology, traumatology as related to civil defense, obstetrics and gynecology, dermatology, internal medicine and pediatrics.

"In addition," Dr. Lull added, "practical clinical discussions, scientific exhibits and general lectures on basic problems are planned."

Color television to demonstrate surgery, clinical treatment and examination procedure will be one of the highlights of the convention, according to Thomas G. Hull, Ph.D., Chicago, director of the scientific exhibit.

"The scientific exhibits will include those on cancer, diabetes, heart disease, obstetrics and gynecology, pediatrics, internal medicine, surgery, dermatology and others of interest," Dr. Hull stated.

Registrants will be afforded the opportunity of spending many pleasant and profitable hours examining the latest in medical books; instruments and apparatus; infant, special purpose, and general foods; achievements of pharmaceutical manufacturers, and miscellaneous commodities useful in everyday practice.

"Physicians may solve many troublesome problems by conferring personally with the qualified men and women in attendance at the technical exhibits," Thomas R. Gardiner, Chicago, director of the technical exhibits, said.

Both the scientific and technical exhibits will be located in the Shrine Convention Hall, adjacent to the Al Malaikah Temple, where the lectures, clinical presentations, television reception and motion picture showings will take place. Approximately 2,100 lineal feet of space will be used for exhibits, with about 165 firms having technical displays.

In addition to the activities planned for the physicians attending the session, special interesting and diversified activities have been planned for wives accompanying their husbands.

More than 2,000 hotel rooms have been reserved for attending physicians planning to attend the session. Doctors, however, are urged to make their hotel reservations in advance by writing to Chairman, American Medical Association Subcommittee on Hotels, 1151 South Broadway, Los Angeles 15, California.

## BESIDE THE TRAIL

Ruskin thought that "the greatest thing that a human soul ever does in this world is to see something, and then tell what it saw in plain words."

Yet, most of us do not have the penetrating power that would enable us to see the essence of things or recognize their relative importance. We must reply on others who may possess that faculty. Our difficulty is less in understanding their interpretation than it is in knowing if these molders of thought can be trusted.

Intellectual honesty is a prerequisite in science, and any departure from it is readily recognized. In economic, political and historical matters, observation and interpretation become so altered by prejudice and purpose that there is difficulty in forming sound judgment. Different standards of honesty in different branches of learning is not compatible with progress.

The development of cynicism as a defense measure is understandable; yet it leads to excess. Above everything else, our day is in need of trustworthy men, leaders in thought whose integrity turns even their errors into assets. We need more profound thinkers who may help us to understanding. We surfeit from brilliant expositors, while we stand in need of sustenance.

## UNCLE DUDLEY

In speaking of something being good, the inference always is that it relates to human needs or desires; and still some persons oppose the idea that the human being constitutes the measure of worth of all things. There may be other criteria of value than man, but he remains a vocative assessor whose judgments can alter the pathway of the race.

★ ★ ★

Doing your work so well that others can find no fault with it, is doubtless a commendable way of performing your duties; but if you also can find no fault with your accomplishment, you are on the way to mediocrity.

★ ★ ★

Recalling the by-gone days need not embitter us to the present with its evident follies. Each epoch has its own, and each becomes the source of our wisdom. And fortunate are we if throughout the years, we have kept a course that has enabled us to witness, and in some measure experience, the splendors of life while we have also known of its squalor. The satisfactions of life must come through this blending of time and incidents.

## ST. ELIZABETH HOSPITAL STAFF MEETING

The regular monthly staff meeting of St. Elizabeth Hospital was held Tuesday, November 6, 1951, at 8:30 P. M. with Dr. W. H. Evans presiding.

The scientific program consisted of the presentation of two recently hospitalized cases from the Department of Surgery and one from the Department of Medicine.

The business meeting followed with reports from various committees and heads of departments. Appreciation to the medical staff for their generous support in the recent building fund campaign was expressed by the superintendent in a letter addressed to the staff.—*Asher Randell, M.D., Secretary.*

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## AMA VIEWS MEDICAL ASPECTS OF TRAINING PROGRAM

Dr. James C. Sargent, chairman, Council on National Emergency Service, AMA, has presented to the National Security Training Commission for consideration "five cardinal elements, essential to the health and medical care of our Nation." Points made by AMA:

1. Continuation of pre-professional and professional education for qualified students—youth whose aptitude or previous accomplishments indicate they can make their best contribution to the nation as trained professional men should be placed in a category at or before reaching age of induction that will permit them to continue their education without interruption.

2. Performance of pre-induction, induction and periodic reserve physical examinations—use of full-time medical personnel of armed forces for these purposes is undesirable and unnecessary. Accordingly such examinations should be performed by civilian physicians on a fee basis or by reserve personnel, for which reserve credit would be given.

3. Extent of medical services to be provided members of National Security Training Corps—(a) Corrective treatment and rehabilitation of 4-Fs should not be assumed by the Federal government as this would merely be another form of socialized medicine. (b) Medical care during basic training should be same as that currently furnished personnel of armed forces and whatever added medical personnel is required should be obtained without enlarging medical corps of the three services. (c) Medical care should not be provided during reserve status for conditions not arising as direct result of active duty.

4. Eligibility of National Security Training Corps members and reserve components for veterans medical benefits—AMA opposed to extension of such care for non-service-connected conditions, to peace-time veterans. Use of VA facilities for such purposes would add growing strain on health and medical manpower resources.

5. Source and selection of medical and allied professional personnel—AMA favors establishment of a national civilian agency to insure the proper distribution of medical and other health reserves between civilian and military needs.—*Capitol Clinics.*

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## MEDICAL STUDENTS TO PUBLISH MAGAZINE

The first issue of the Journal of the Student American Medical Association, a 72-page publication, will make its appearance in January, Russell F. Staudacher, executive editor, recently announced.

Published nine months of the year—skipping July, August and September when schools are closed—the magazine will have a circulation of more than 33,000. It will be sent to 26,191 medical students and approximately 7,000 interns.

The Journal's contents will be approximately one-half editorial and one-half advertising. About 80 per cent of the editorial space will be equally divided between scientific articles and socio-economic articles.

Remaining space will be taken up by special features. These will include a newsletter—tightly—written items of interest to medical students and interns, such as new pharmaceuticals, equipment and instruments. There also will be book reviews, a questions-and-answers page, letters to the editor, editorials, a diagnostic problem and a pictorial feature on a medical school.

The staff will also include Walter H. Kemp, Chicago, managing editor; Philip Corso, a senior at Tufts College Medical School, Boston, student editor; and Thomas R. Gardiner, Chicago, advertising director. Headquarters will be at 535 North Dearborn Street, Chicago 10, Ill. The magazine will be printed by Von Hoffman Press, Inc., St. Louis.

The cover design, title page, newsletter and part of the feature layout were done by Charles W. Bracken, prominent Chicago artist who worked on the layouts of *Look* and *Life* magazines.

The Student American Medical Association, organized in Chicago in December, 1950, is composed of medical students in a majority of the 79 medical schools of the United States.

Objectives of the organization are: (1) advancement of the profession of medicine; (2) contribution to the welfare and education of medical students; (3) familiarization of its members with the purposes and ideals of the medical profession; (4) preparation of its members to meet the social, moral and ethical obligations of the profession of medicine.

"The Student American Medical Association will provide the young doctor with a broader realization of the socio-economic aspects of medicine," Mr. Staudacher said. "It will demonstrate to tomorrow's doctor his duties and responsibilities not only as a physician but as a citizen of the community. It will show the young doctor why the nation's medical schools need his enthusiastic support to continually improve medical education."

The officers are: Warren Mullen, University of Michigan Medical School, Ann Arbor, president; Harry Sandberg, University of Illinois College of Medicine, Chicago, vice-president; David Buchanan, University of Illinois College of Medicine, Chicago, treasurer; and Mr. Staudacher, Chicago, executive secretary.

Senior advisors are: Dr. Ernest E. Irons, Chicago, past president of the American Medical Association; Dr. G. Lombard Kelly, Augusta, Ga. president of the Medical College of Georgia, and Dr. Thomas P. Murdock, Meridian, Conn., member of the Board of Trustees of the American Medical Association.

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We are told that the female European field cricket will, after mating, tear off the male's wings that he may sing seductively no more. This leaves her in sole possession of a mutilated escort of which she could have no reason to be proud. This shows that she isn't sure of herself. Were she a rung higher in the psychic ladder, she would keep him singing her praises and enjoying the monopoly. So pride has its legitimate use, though still instinctive.

★ ★ ★

When our people become as sensitive to thought control as they are to control of commodities, America will again be safe for democracy.

★ ★ ★

Since the human being does not differ from the lower forms of life in that his subsistence depends upon strife or competition, does it seem reasonable to think that lessening or abolishing fear would prolong your existence or make it more tolerable? A normal fear is a valuable asset, to be encouraged, not to be avoided. It puts a roof over your head and keeps the larder filled. It should also protect you from the misrepresentations of scheming politicians who would thrive on your delusions.

*Health Department Bulletin*

**CITY OF YOUNGSTOWN  
REPORT FOR SEPTEMBER, 1951**

	1951	Male	Female	1950	Male	Female
Deaths Recorded . . . . .	173	112	62	144	81	63
Births Recorded . . . . .	634	341	293	563	295	268

CONTAGIOUS DISEASES	1951 Cases	Deaths	1950 Cases	Deaths
Chicken Pox . . . . .	4	0	12	0
Measles . . . . .	0	0	3	0
Mumps . . . . .	0	0	3	0
Scarlet Fever . . . . .	2	0	1	0
Tuberculosis . . . . .	0	1	3	3
Whooping Cough . . . . .	12	0	33	0
Poliomyelitis . . . . .	27	1	0	0
Gonorrhoea . . . . .	30	0	32	0
Syphilis . . . . .	13	0	33	0

**VENEREAL DISEASES**

New Cases	Male	Female
Syphilis . . . . .	4	5
Gonorrhoea . . . . .	16	14
Total Patients . . . . .		39
Total Visits to Clinic (Patients) . . . . .		346

W. J. TIMS, M.D.

Commissioner of Health



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**COMING MEDICAL MEETINGS**

The American Medical Association Clinical Sessions, Los Angeles on December 4-7.

Radiological Society of North American, Chicago on December 3-7.

Southern Surgical Association, The Homestead, Hot Springs, Va., on December 4-6.

Western Surgical Association, Broadmoor Hotel, Colorado Springs, Colo., November 29-December 1.



## HERE AND THERE

Dr. William E. Sovik has received notification of his certification as a diplomate of the American Board of Ophthalmology.

Drs. R. Hall, W. H. Evans, J. Keyes, and C. W. Stertzbach attended the meeting of the American Academy of Ophthalmology and Otolaryngology at the Palmer House in Chicago on October 15-19.

Born: To Dr. and Mrs. Stephen W. Ondash, a girl, Melanie Jayne, at St. Elizabeth Hospital on October 13, 1951.

Born: To Dr. and Mrs. Andrew Detesco, a girl, Learose, at North Side Hospital on October 7, 1951.

Born: to Dr. and Mrs. William T. Breesmen, a girl, Barbara Lee, at St. Elizabeth Hospital on October 17, 1951.

Born: To Dr. and Mrs. J. K. Herald, a boy, Christopher, at St. Elizabeth Hospital on October 20, 1951.

Dr. Wm. T. Breesmen addressed members of the Altar and Rosary Society of St. Charles Church in Boardman on October 8, 1951. His subject was "Poliomyelitis."

Dr. C. D. Hauser was the recipient of a button emblematic of 50 years in Elkdom in a ceremony held at the Elk's club on October 10, 1951.

Drs. J. Heberding, Frances Miller and Raymond Sheetz attended the meeting of the American Roentgen Ray Society held at Washington, D. C. on September 25-29.

Dr. Morris Rosenblum attended the regional meeting of the American College of Physicians at Columbus, Ohio on Saturday, October 13, 1951.

On September 27, 1951, Dr. Robert Kiskaddon addressed The Practical Nurses Association at St. Lukes Lutheran Church, Oak Hill and Evergreen at 8 p. m. on the subject, "Diabetes."

Dr. J. Dulick was appointed health commissioner of Struthers, Ohio. He succeeds Dr. L. Scofield, who recently became health commissioner of Mahoning County.

Dr. Kenneth Hovanic addressed members of the Washington P. T. A. on October 18, 1951. He discussed rheumatic fever in the school child.

On October 11, 1951 Dr. F. A. Friedrich addressed the Mora Club (Men of Retirement Age) at the YMCA at 2 p. m. on the subject, "Disability Due to Age."

Dr. Bryan H. Hutt attended the clinical sessions of the American Academy of Pediatrics at Toronto, Canada on October 20-26.

Dr. E. E. Kirkwood attended the clinical sessions of the Interstate Post-graduate Medical Association at St. Louis, Missouri on October 22-25.

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*Special auto license plates* will NOT be issued to physicians in 1952 despite new law passed by legislature . . . No one except new registrants will get plates in 1952 . . . Stickers and old plates will be used to conserve steel . . . Ruling against special plates for physicians was made by Motor Vehicle Commissioner Foley after an opinion from Attorney General advising that he had discretion in the matter.

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## FROM THE BULLETIN

J. L. Fisher, M.D.

## TWENTY YEARS AGO — NOVEMBER 1931

The depression was then at its worst. Funds of the Medical Society were tied up in a bank which had closed its doors. Council was considering giving up the scientific programs because they lacked the money to hire a hall, when several members came up with their personal guarantee and insisted that programs go on as usual.

The tone of the *Bulletin* was cheerful and encouraging. Doctors were told how well off they were not to have lost their jobs. The great opportunities for service were pointed out to them and they were reminded that busy people had less time to worry.

Dr. A. Graeme Mitchell, Professor of Pediatrics at the University of Cincinnati, spoke to the Society on "Practical Applications Of Nutrition."

There were eleven cases of Diphtheria and two cases of Polio in the County.

Scott's had a special on Derby hats at five dollars.

## TEN YEARS AGO — NOVEMBER 1941

The speaker that month was Dr. Claude Beck of Western Reserve University who lectured on "Heart Diseases Treated By Operation."

Excerpt from an article by Damon Runyon, sent along to the *Bulletin* by Esther Hamilton: "We think it is an unfair and unreasonable situation when the butcher and the baker are raising their prices on the doctor, the Government raising his taxes and he is expected to go along on his old scale."

A great deal of space was devoted to the topic of medical preparedness. The draft had been in operation for some time and the selective service had released figures showing that nearly 50 per cent of the draftees were rejected for physical or mental defects. This caused a furor in the public press and was being used by the proponents of socialized medicine as evidence of inadequate medical care. Most medical publications including the *Bulletin*, were busy debunking the figures.

Dr. Walter Donaldson of Pittsburgh, Editor of the Pittsburgh Medical Bulletin and Secretary of the Pennsylvania State Medical Society, addressed a luncheon meeting of the Medical Dental Bureau on "Medical Statesmanship." Dr. Donaldson was present at the trial of the A. M. A. in Washington where the Government really turned on the heat.

The Atlantic Charter had been drawn up. American warships were convoying supplies to Britain, the German army was pressing on toward Moscow. Japanese "peace" envoys were negotiating in Washington but their fleet was steaming toward Pearl Harbor. The American people were still hoping to avoid war.

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