



When men are the most sure and
arrogant, they are commonly the
most mistaken. —Hume

BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

JANUARY • 1952
Vol. XXII • No. 1
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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MEDICAL CALENDAR

First Tuesday 7:30 p. m.	Monthly Surgical Conference, St. Elizabeth's Hospital Monthly Obstetrical-Gynecological Conference, St. Elizabeth's Hospital
8:30 p. m.	Monthly Staff Meeting, St. Elizabeth's Hospital, St. Elizabeth's School of Nursing
	Monthly Staff Meeting, Youngstown Hospital, Auditorium—Nurses' Home
2nd Monday 9:00 p. m.	Council Meeting—Mahoning County Medical Society—Office of the Society—Schween-Wagner Bldg.
2nd Tuesday 11:30 a. m.	Monthly Medical Conference, Youngstown Hospital, Auditorium—Nurses' Home
8:30 p. m.	American Academy of General Practice, Youngstown Hospital Auditorium—Nurses' Home
3rd Tuesday 8:30 p. m.	Monthly Meeting—Mahoning County Medical Society—Elks Club, 220 W. Boardman St.
4th Tuesday 8:30 p. m.	Monthly Staff Meeting—Tuberculosis Sanitarium, Kirk Road
Every Tuesday 8:00 a. m.	Weekly Medical Conference, St. Elizabeth's Hospital Solarium
Every Tuesday 11:00 a. m.	Orthopedic Conference, St. Elizabeth's Hospital Library
Every Tuesday 3:30 p. m.	X-ray Conference, South Side Unit, Youngstown Hospital
Every Wednesday 11:00 a. m.	Obstetrical Section—North Side Unit of Youngstown Hospital
Every Thursday 12:30 p. m.	Orthopedic Section, Library—South Side Unit, Youngstown Hospital
Every Friday 11:00 a. m.	Clinical-Pathological Conference, St. Elizabeth's Hospital Library
Every Friday 11:30 a. m.	Clinical-Pathological Conference, Auditorium Nurses' Home, South Side Unit Youngstown Hospital
Every Friday 2:00 p. m.	Conference—X-ray Dept., St. Elizabeth's Hospital

PRESIDENT'S PAGE



Being President of the Mahoning County Medical Society is both an honor and a challenge. I appreciate the honor and will attempt to meet the challenge.

It is imperative that we as physicians miss no opportunity to improve our standing with the Public and our acceptance of civic responsibility.

On another page in this *Bulletin*, I have expressed myself more fully on this subject. May I hope that you will read my remarks, whether you agree or not with what I say.

The coming year will call for concerted activity within our ranks — wholly directed toward a fortification of a medical fraternity at the local grass root level. We should resolve to participate fully and enthusiastically whenever called upon to share in the varied tasks ahead. We should not only fulfill ordinary obligations but most importantly, act as individual public relations agent, and thereby add further dignity and stature to our profession and organization.

C. A. Gustafson, M.D.

BULLETIN of the Mahoning County Medical Society

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**VOLUME 22****JANUARY, 1952****NUMBER 1**

Published Monthly at Youngstown, Ohio

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

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3718 Market Street

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DR. GUSTAFSON HEADS SOCIETY IN 1952

Dr. C. A. Gustafson accepted the gavel of senior officer of the Mahoning County Medical Society from Dr. Elmer Wenaas, its retiring president, at the annual election of officers on December 18, 1951, at the Elks Club.

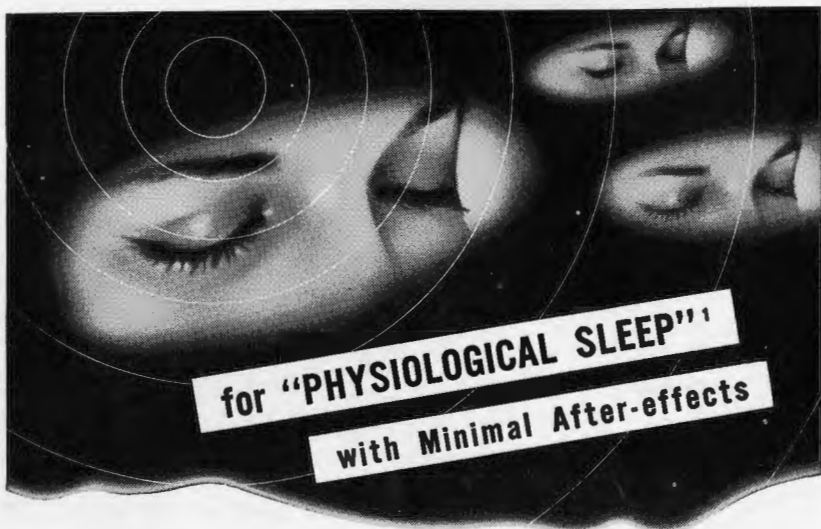
Dr. Gustafson whose record of service in the Society has been noteworthy for several years, has served as chairman of the Lay Education and Speakers Committee, was on the editorial staff of the *Bulletin*, then became its editor for four years. He has long been a member of Council and one of his most important pieces of work was as chairman of the committee to defeat plan No. 27. He also served very well as chairman of the special committee for the Preservation of the Voluntary System of Medical Practice. He will be officially installed as President at the annual banquet of the Society to be held January 15, 1952, at the Youngstown Country Club.

DR. GOODWIN BECOMES PRESIDENT-ELECT

Dr. Vernon L. Goodwin, President-elect, graduated from Western Reserve University School of Medicine in 1935. Following his internship at Youngstown Hospital, and an EENT residency at Bellvue Hospital, New York City, he returned to Youngstown where he has pursued his specialty of oto-rhinology. He is a member of the Mahoning County Medical Society, the Ohio State Medical Association, the American Medical Association, the American Academy of Otolaryngology and the Society for Advancement of Rhinological Surgery. He has served the Mahoning County Medical Society as Secretary and delegate prior to his election as President-elect.

OTHER OFFICERS ELECTED

Dr. G. E. DeCicco was re-elected Secretary, and Dr. A. K. Phillips was also re-elected Treasurer. Dr. W. M. Skipp was re-elected for a three year term as delegate to the Ohio State Medical Association. Dr. J. D. Brown was elected as delegate to the Ohio State Medical Association to fill the unexpired term of Dr. V. L. Goodwin, now President-elect. Dr. I. C. Smith continues his term as delegate to the Ohio State Medical Association. Alternate delegates to the Association for one year terms are: Dr. M. W. Neidus, Dr. S. W. Ondash, and Dr. Asher Rendell. Dr. H. E. Patrick was re-elected as the Society's representative on the board of directors of the Associated Hospital Service.



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¹N.N.R., 1947, p.398.

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

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Our President Speaks

As I assume the office of president of this Society, I am mindful of the task which lies before me, but with the cooperation of each of you, I am confident that another year of progress will be added to the history of the Mahoning County Medical Society. I thank you, most cordially, for this honor and opportunity. I accept it humbly. I pledge myself to do everything within my power to uphold the dignity of the Society and to maintain the high standards of service achieved by my predecessors in the office. We shall strive to bring about a better understanding among our physicians and to weld our Society into a more effective medical, political and economic unit.

We may reasonably assume that the original reason for the organization of a Medical Society was for the advancement of knowledge in all branches of medicine. Regardless of the original purpose however, the changes wrought by time have necessitated a reappraisal of our collective efforts. All associations, whether they be medical, legal, labor, educational or otherwise, must have justification for their being; i.e., man's desire to accomplish collectively what might be impossible or difficult to perform as individuals. So our association was formed in the belief that true security is to be found in social solidarity rather than in isolated individual efforts.

In our advancement of knowledge in all branches of medicine, we have been successful. There are few fields of human endeavor in which greater advances have been made than in medicine and allied subjects. The American public has no fault to find with the physicians' technical knowledge and skill, but they do have a great deal to say about the way in which that skill is applied. With your indulgence I should like to discuss this subject of the Physician and his relation to the public. In other words, my title might well be "The Public Relations Side of Medicine"—using "medicine" in its broadest application.

I have referred to changes in plans occasioned by the ravages of time. A word picture can be painted to bring this thought into clearer focus. A youth gathers materials to build a bridge to the moon, or a palace or temple on earth, but the same youth, now a middle aged man, builds but a woodshed in his backyard.

Within the memories of many persons there occurred the "public be damned" attitude of certain of America's largest industrial and financial organizations. Today these same groups enlist the aid of highly organized and efficient Public Opinion Research counselors. They have come to realize that what the general public thinks of is of momentous importance. As Bobbie Burns so well put this same thought:

"Oh wad some power the giftie gie us
To see ourselves as others see us!
It wad frae monie a blunder free us,
and foolish notion."

America's great captains of industry and leaders in the financial world—men who created the world's most powerful economy—finally arrived at a



C. A. Gustafson, M.D.

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painful conclusion. They discovered to their surprise and utter consternation that they knew very little about what people actually thought of them and their methods. They discovered, too, that this thinking might lead to results inimical to the welfare of everyone.

It is well known that ignorance breeds fear and superstition. Next comes the urge for protection against the probable results of that fear. And finally may come the adoption of a protective armor taking the form of regulative principles. What man thinks has been of significant importance throughout the ages. People, as a whole, are inclined to believe what they wish to believe. How does all this apply to the medical profession?

The physician is in closer contact with the individual than is the member of any other profession. He occupies a unique position in our social structure. He has been ensconced in this position since the beginning of man's attempt to heal the ills of mankind. The lawyer's position in society is well defined. In many respects he deals with material aspects of man's existence. The minister of the gospel, regardless of doctrine or denomination, deals with the spiritual estate of the individual. The physician, however, deals with more humans and under much closer circumstances than do members of any other profession. He is present when life begins and when life ceases to be.

Life is man's most precious possession. Because it is his most precious possession he is more concerned about its retention or loss than he is about the deprivation of any of his other possessions. Then, too, there is the fear of ill health complex in mankind. Each of us has had the experience of meeting it face to face in our work, times without number. Again in the emergency occasioned by ill health or accident a situation is created which involves not only the physician and his patient, but the patient's family and circle of friends as well. Impressions created under the unusual circumstances and exigencies of such situations, when minds are being influenced by emotions rather than logic, can be very bad or very good, not only for the individual practitioner but for the entire profession as well.

Those in the medical profession who believe that the attitude of the public towards that profession is an open book, may find their belief to be entirely erroneous. Had not business and industry made their grave error there would be no Public Opinion Research Organizations and no Public Relations counsellors in existence today. It has been proven and demonstrated very definitely that the actions of groups and of individuals are being weighed upon the balance scales of public opinion more and more as time passes. Whether we believe it or not, our activities are always under examination and scrutiny by persons little suspected—a police in citizens clothes. It is also true that this same shadowy jury is awarding or denying high prizes when we least think of it. Since the physician's ministrations place him in a position where he molds public opinion, for the benefit of all, he should ever be on the alert to leave none but favorable impressions.

To emphasize and support the logical reasoning that this favorable emotional aura does exist between patient and physician, may we, for a moment refer to the Scriptures. There are numerous references in the Holy Bible which indicate that when Christ wished to impress His hearers with His divinity He healed the sick. Remember, please, that there is no intent to endow the physician with divine or spiritual characteristics or attributes. These are left to the individual to decide, for acceptance or rejection, by his own choice or volition.

What I wish to emphasize is our individual responsibilities, not only our

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responsibilities as representatives of our honored profession, but our responsibilities insofar as our personal and civic duties are concerned. Our achievement in the field of medicine in all its phases is one each of us can well be proud. Life expectancy of the American of 1951 is almost three times that of a hundred years ago. For his achievements in all branches of medicine the American doctor has won the plaudits of all his compatriots.

But with all his achievements, the physician has neglected one of the most important features of his activities. He has fallen far short of his civic responsibilities. This dereliction has not consisted so much of performance as of non-performance. His error has not been one of commission nearly as much as omission.

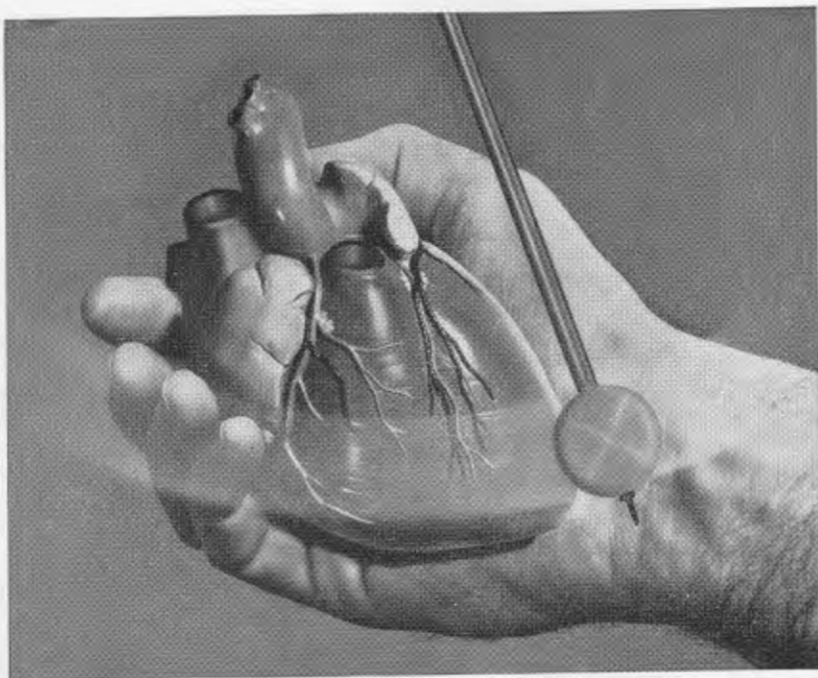
Regardless of our individual feelings and beliefs in this subject there is a law of compensation operative in nature which must eventually be considered. In the event we have violated one of these laws, which are as inexorable as the law of gravitation, the inevitable penalty is exacted. Political self-seekers have chosen medicine as one of the stepping stones on which to tread to reach their goal. They disregard the fact entirely that the steed upon which they have chosen to ride to personal glory will trample the rights of a free people. Should regulative legislation ever retard, impede, or obstruct, the efficiency of American Medicine, it will be largely because it is the most vulnerable of all the benefits which we have gained and are enjoying under the invigorating atmosphere of American Free Enterprise. American Medicine is vulnerable for two specific reasons: First, because it affects so many—so directly and so personally. Second, because the physician has himself permitted his guard to be lowered by not being thoroughly cognizant of the importance of public attitude.

Civic responsibility is evidenced in an active interest in all those things which contribute to a more happy, prosperous, and contented community. Every person who owes his competence to civilized society and who has enjoyed since his childhood its costly protections and advantages, owes some of his time, outside his profession, to the community of which he is a part. Have we carried our share of the civic burden? How long has it been since we have seen the name of a doctor as a member of a jury? How many of us serve on drives for civic betterment? How frequently do we appear as speakers before civic clubs, social clubs, parent-teacher associations?

I can hear the answers reverberating from the four walls and ceilings—even though they are unspoken. *We are too busy. Where will we find time?* It is well for each of us to remember, however, that since medicine is the "Achilles heel" of our present social and political structure, it behooves every individual member of our profession to carry his part of community civic and political leadership.

I am reminded of a quotation from Hippocrates Precepts, Chapter 7, and I quote: "Sometimes give your services for nothing, calling to mind a previous benefaction or present satisfaction, and if there be an opportunity of serving one who is a stranger in financial straits, give full assistance to all such. For where there is love of man, there is also love of the art. For some patients, though conscious that their condition is perilous, recover their health simply through their contentment with the goodness of the physician. And it is well to superintend the sick to make them well, to care for the healthy to keep them well, but also to care for one's self, so as to observe what is seemly."

Those are the thoughts of a physician who lived from 460 to 377 B.C. If American medicine had followed these precepts it would not be the "Achilles heel" of our present social order. I am not too happy to relate that it is the



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belief of far too many of our people that the vulnerability of medicine to tampering by the politician is due largely to errors of omission on the part of us physicians.

I do not mean to imply that every county medical society should have a public relations expert. That is both impractical and impossible. Experts can give us help to learn what to do to build satisfactory relations, but the doctors themselves will have to do the building. We (the American doctors) should have more adequate guidance in our public relations problems on the state and national level. Some of our monthly society meetings should be given over to discussion of public relations problems.

I believe our program for civic improvement should include an annual public forum on public health, one on school health, and perhaps one on cancer. We must be the leaders in community health affairs. We should work with the Allied Professions in securing a full time health commissioner and a board of health. This community is in desperate need of a hospital for the care of indigent aged ill. In order to bring this hospital into being, someone will have to give leadership.

I am not a pessimist by nature or inclination. I do not believe, however, that any problem can be solved by disregarding it. This problem of Medical Public Relations is our problem. It can be solved. It must be solved. I believe that with proper understanding and cooperation we can solve it.

I am not one to compare the period in which we are now living with a golden age which existed only in fertile imagination. We may talk of degeneracy and decay in our social order; but no man who is correctly informed as to the past, and who is conversant with the real temper of the American people, will be disposed to take a morose or desponding view of the present or of the future.

I make this pledge to you, that I shall do everything within my power to guide the activities of the Mahoning County Medical Society to a brighter future. I ask but for two things from our membership. First, a reappraisal of our efforts and activities with a willingness to correct wherever correction is indicated. Second, I respectfully solicit your wholehearted cooperation in our united effort for better understanding amongst all concerned—both within and without the profession.

CYNICAL SAM

It is reasonable to attempt to alter one's environment, as well as one's self, in order to attain the degree of harmony which may make happiness possible. It is not reasonable to expect to accomplish this through exploiting the ignorance or emotions of others, whether this be called business or war.

★ ★ ★

The nearer this becomes "one world", the more scarce become the places of refuge for humility.

★ ★ ★

When one considers how much material of various kinds an individual causes to be altered or consumed from his first cry to his last gasp, he becomes aware that economy is purely a human concept. While nature keeps transferring energy from one form to another, much of that which passes through the human form seems misdirected.

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*Guest Editorial***ANAESTHETIZING GENIUS**

Dr. Roland A. Luhman*

An attention-arresting newspaper story appeared in the Press under a Los Angeles dateline and was released by the Associated Press as of December 4, 1951, in which the writer quoted a statement issued by a number of doctors to the effect that "the useless fat which Americans are carrying around on their bodies could supply energy enough to do about one and one-half billion man hours of work." Whether this assertion made by Drs. Dublin and Marks, statisticians of the Metropolitan Life Insurance Co., is correct or not is at the moment not the issue. It is quoted only because it rang a bell in the mind of this writer and because of an analogy which may be drawn from it.

The unused brains which Americans are carrying around in their heads, if properly used, could energize and motivate the people to create, comprehend and control an economy which would surpass anything yet devised by any person, party, group, or nation.

Unfortunately in no walk of life is this being done. A statement by William James, the eminent psychologist, is certainly true: "Men habitually use only a small part of the power they possess and which they might use under appropriate circumstances." He had in mind not only physical prowess, and spiritual insight, but mental acumen as well.

The initiative of the free American has made it possible thus far to tap the great fund of genius latent in persons who, not regimented and free to think and act, have contributed so vast a store to the well-being of persons at home and abroad.

This is evident in the progress made by Industry, Commerce, and the Professions ever since American Colonial days. Masterful genius is never content to follow when it is its business to lead.

The controversy now raging throughout the world, as to whether a people is better provided for by governmental guarantees, and bureaucratic boodle, than by the determination of people to stand or fall by their own decisions and actions, has made much headway in America. In parts of the world it is even now in full bloom. In America it is still in bud. Whether it be called "welfare", "statism", "regimentation" or some "ism", it all amounts to the same kettle of fish, namely, the steady expansion of the role of the State in the life of the people. It is the cry of Mussolini-ism which refuses to die, resounding through the corridor of the years, "The State is resuming its right and its prestige as the sole and supreme interpreter of the needs of society."

One of the professional groups which even now has fallen victim to this cats-paw concept of control in England, and which is in the process of being snared in America, is the Medical Fraternity.

The attempt to anaesthetize the ability, the ambition, and the initiative of the men in medicine by welfare groups and political bureaus in America, will surely stultify the service of the medical fraternity and make of the physician a docile subject to the self-arrogated "divine right" of the State. This is contrary to the best principles and practices of American life in general, and of American medical history in particular. John Stuart Mill insisted years ago that: "A State which dwarfs its men in order that they may be more

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2. Rehfuss, W. R. et al.: A Course in Practical Therapeutics (1948)
3. Goodman, L., and Gilman, A.: The Pharmacological Basis of Therapeutics (1941), 22nd printing, 1951.
4. Soliman, T.: A Manual of Pharmacology, 7th ed. (1948), and Useful Drugs, 14th ed. (1947)

docile instruments in its hands will find that with small men no great things can really be accomplished."

In the Republic of the United States the form of government has always been socially fluid. It asserts that to maintain the essence of democracy it shall keep Industry and the Professions open and free to the best development of talent possible. Each profession in society must have special and specific knowledge of its objectives. Further, it must have an efficient organization to carry out such objectives to fruition, if it is to make a genuinely worthy contribution in service to mankind. When government attempts to regulate business and professions it soon becomes obvious that it does not possess that special and specific knowledge required, although it may profess to have the semblance of an organization needful to carry out such objectives.

In view of the problem confronting not only the medical society but the American people as well, the following questions pose themselves:

1) Do men of medicine have both the special and specific knowledge needed, plus the efficient organization which will best serve the public in the administration of medical service?

2) Are individuals within the field of medicine ready and willing to create a desire within themselves for a larger medical knowledge by means of continued medical research which will free larger portions of people from ravages of disease?

3) As a profession, are physicians willing to control the actions of the Medical Fraternity at large by personal discipline of the individual member?

4) Is the Medical Fraternity aware that no amount of ranting rhetoric can ever revive the old anarchic individualism which is the bastard child of unbridled selfishness and personal aggrandizement?

5) Does the blase practice engaged in by a few professional specialists in medicine redound to the glory of medicine generally or will such individuals be looked upon as anti-social monopolists?

6) Is adequate medical care provided within the means of most American people?

7) Is the Medical Fraternity willing to decide what is valid and what is vicious in the practice of medicine and do something about it?

8) Is the practice of medicine an act or an art?

These are questions which have come into the mind of one who feels that the rank and file of Americans still believe in democratic individualism as profoundly as did the early pioneers but who has also seen men land in soup lines because of a type of vicious individualism which was ruthless, pitiless, and relentless, to say the least.

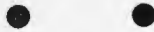
There is no ballot box magic which will be able to jerk right judgment out of the hat for medicine by stirring together the uninformed judgment of the political bureaucrats and the biased opinions of welfare councils.

Unless there is to be a complete eclipse of all that which is excellent and exalted in the entire field of medicine, men of medicine will have to look at themselves and determine how they wish to appear to the public. They must decide whether they desire to be patrons of the public or bell-hops for the bureaucrats; sages of science or parasites of politics.

The problem confronting the medical profession in America is not met with apoplectic appeals to the Constitution and to the conscience of free born men. Thumping harangues against governmental control of medicine will only echo through hospital staff rooms, a fury of fire setting no one aflame.

The practice of medicine should be much more than merely an act. The

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practice of medicine is an art. If the medical fraternity would save itself it must first of all lose itself in the pursuit of the profession. It must provide the quality of service which delivers the goods and services needed within the range and means of the patient and in a manner satisfactory to the most people.

If the medical profession (and this applies to every other profession as well) will set itself to the task of solving its own problems satisfactorily, government will have no opportunity of doing it. If the "unused brain power" of the men in medicine will be released for the good of the profession, no one will then need fear for the future of medicine in America. It will be carried on in the best American tradition.

NEW SOCIETY MEETING PLACE FOR 1952

SCHEDULE OF MEETINGS

Acting upon recommendation of its Housing Committee headed by Dr. J. Noll, Jr., Council has changed the Society monthly meeting place for 1952 from the Elks Club to the Ball Room of the Pick-Ohio Hotel.

The change in meeting place was a Council measure to do everything possible to increase attendance at its monthly meetings. The elevator service, spaciousness and ideal location of the Pick-Ohio Hotel Ball Room will eliminate the objections raised by many of the membership in the past year.

In acting to decrease the number of medical meetings, Council has combined several of its meetings for the coming year, one with the Heart Association, another with the Mahoning Academy of General Practice, and a third with the Mahoning County Tuberculosis Sanatorium. The October 29th meeting will feature the Sixth District annual Post-Graduate Day, which will be sponsored by the Mahoning County Medical Society. Dr. A. A. Detesco is chairman of the Post-Graduate Day committee responsible for arrangements for the District Post-Graduate Day.

THE SCHEDULE OF MEETINGS FOR 1952 IS AS FOLLOWS:

January 15, 1952—Annual Banquet, Youngstown Country Club.

February 19, 1952—Ball Room of the Pick-Ohio Hotel (combined meeting with the Mahoning Academy of General Practice and the Youngstown Heart Association).

March 11, 1952—Ball Room of the Pick-Ohio Hotel (combined meeting with the Heart Association).

April 15, 1952—Ball Room of the Pick-Ohio Hotel.

May—(Combined meeting with the Mahoning County Tuberculosis Sanatorium—date to be set later).

June 17, 1952—Ball Room of the Pick-Ohio Hotel.

September 16, 1952—Ball Room of the Pick-Ohio Hotel.

October 29, 1952—Ball Room of the Pick-Ohio Hotel (the Sixth District annual Post-Graduate Day).

November 18, 1952—Ball Room of the Pick-Ohio Hotel.

December 16, 1952—Ball Room of the Pick-Ohio Hotel.

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NOTES ON MAHONING ACADEMY OF GENERAL PRACTICE

David H. Levy, M.D., President

In 1947 at Atlantic City, New Jersey, the American Academy of General Practice was first formed. In the Fall of the same year a few of our own physicians here in Youngstown organized a temporary chapter with Dr. Vance serving as President, Dr. DeCicco as Vice-President, and Dr. D. H. Levy as Secretary. From this nucleus of ten members which comprised the original organization, we have now grown to a membership of 60. The organization is known as the Mahoning Academy of General Practice.

Serving as presidents after Dr. Vance, in successive terms, were Dr. J. L. Fisher, Dr. E. J. Reilly, and Dr. H. E. Mathay, who was the 1951 president.

There are now 50 State chapters of general practice in this country. The Ohio State chapter is the fourth largest in the country. The membership of the American Academy of General Practice approximates 15,000 and is now the third largest group in the country, being surpassed only by the American Medical Association and the American College of Surgeons.

The most important part of the program of the Academy is the post-graduate training of its members. State and regional post-graduate assemblies are held periodically and credit is given to members for participation in these programs of instruction. The prime purpose of the organization is to better qualify physicians for practice in the general field of medicine and to maintain lofty ideals of practice for the general practitioner. The marked success scored by the first Annual Scientific Assembly of the Ohio Academy of General Practice held in September past, is an indication of the popular appeal of the program. Members of the American Academy were accorded eight hours credit for attending all clinical sessions of the Academy. It is hoped that Assemblies will soon be held in this area and thus augment the scientific program featured at the regular meetings of the local chapter of the Academy.

At the December meeting the following officers were elected to serve in 1952: President, Dr. David H. Levy; President-Elect, Dr. K. Camp; Secretary-Treasurer, Dr. H. McGregor; Board of Directors, Dr. J. L. Fisher, Dr. A. A. Detesco, Dr. H. E. Mathay, Dr. D. H. Levy, and Dr. W. E. Maine; Delegates, Dr. J. L. Fisher and Dr. A. A. Detesco; Alternate Delegates, Dr. H. E. Mathay and Dr. D. H. Levy.

The January meeting of the Academy, to be held on Tuesday, January 22, will feature a discussion of "Head Injuries in General Practice", and will be given by Dr. Bernstein, neuro-surgeon associated with Dr. Oscar Turner of this city.

The February meeting will be held in conjunction with the Youngstown Heart Association. The meeting will be a symposium on heart disease and will feature several cardiologists of note.

The Mahoning Academy of General Practice is attempting to combine several of its meetings with those of the Society in the effort to cut down the number of meetings. It extends a welcome to the members of the Society to attend its sessions when guest speakers are presented.

DR. G. NELSON AGAIN HEADS YOUNGSTOWN STAFF

Dr. Gordon G. Nelson was re-elected president of the staff of the Youngstown Hospital Association in the recently conducted mail ballot. Dr. John Noll was re-elected vice-president; Dr. E. C. Baker will continue as secretary-treasurer. Dr. W. I. Allsop will again serve on the Board of Trustees.

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Beede, R. W.
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Belinky, N. D.
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A PARTIAL REPORT OF THE FOURTH ANNUAL MEDICAL PUBLIC RELATIONS CONFERENCE (A.M.A.) DEC. 2-3, 1951 — LOS ANGELES

W. M. Skipp, M.D.

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TIME IS MONEY FOR YOUR PATIENTS, TOO

Stanley R. Truman, M.D., Ventura, Calif.—“Physicians should realize that the patient’s time is just as important as the doctor’s time and when the patient comes into the office he should be seen as soon as possible to the appointed time. If there is a delay, the secretary should explain to the patient the reason the appointment is set back.

You should select a secretary that is on her job. She should be pleasant, courteous, understanding. She should be an ambassador of good will. She should see the patient as soon as possible after he arrives at the office and should then take an interest in his well being. If he is disposed to be irritable, which under some circumstances may be the case, she should try to get him in a receptive mood for the consultation so that he comes to the doctor not fighting but pleasant. The physician must attend the office surroundings also, the mode and dress of the secretary, and see that all are as pleasant as possible.

To have a good secretary, she must like people and most of all she must be able to get along with sick people. On the telephone she should be pleasant, have a pleasing voice, take the patient’s name and address, then make the appointment. When the patient comes to the office the secretary should try to make him feel important, if waiting is long, should try to allay resentment. The secretary is the doctor’s best public relations agent.

PUBLIC RELATIONS FACTOR IN COLLECTING BILLS

Stanley Mauck, Columbus, Ohio—If there is a family physician and a specialist, the patient should be told there will be separate bills. Charges should be explained to each and every patient, if possible before the treatment or surgery. The first place to begin bad relations is in the physician’s office by not billing the patient at once, or the first of the month for service. The second bad relation is when the patient is notified his account will be turned over for collection without asking for explanation of non-payment. The patient has been poorly billed by the physician’s office, and no attempt has been made to collect his bill, then when it is turned over for collection information that should have been obtained at the first visit is lacking, such as full name, name of wife, address, telephone, whether widow, separated, or divorced, place of employment.

41% of referred collection cases are due to poor handling in the physician’s office of the account; 22% are hardship cases; 10% are dissatisfied with service or an overcharge; 9% dead beats; 18% could not be determined why the bill was not paid.

For better public relations the agency that does the best job is owned or directed by the medical profession or a combination.

YOUR PATIENT AND HIS BIG BILLS

Earl W. Murich, M.D., Indianapolis, Indiana—The patient that finds he has a condition that requires surgery, with a stay in the hospital, must become frightened at the thought or realization of the cost. The surgeon’s fee is minor when other necessities are considered, such as hospital cost, drugs, laboratory, nursing, X-ray, etc., and most of the costs have risen with more

laboratory work, at no fault of the institution but due to rising cost of labor, housekeeping, material, more laboratory tests because of advanced medical care. A great amount of this load has been covered by voluntary insurance care, which has been doing, and will continue to do an excellent job, but where insurance is covered the surgeon should not raise his fees to that patient. The patient is snowed under as is and should not be put in a bad mental state because of a load of medical costs.

The voluntary plans are covering a great part of the cost and now many of the plans are covering many chronic diseases. Obstetrics and many other medical procedures are being well covered in plans working out of Milwaukee and Columbus. The California Physicians' Service is covering all diseases and when a proper fee is paid will cover up to \$5,000.00 or 2 years service, whichever comes first. The cost is ninety cents a month for men, \$1.20 for women. Some plans now are writing a coverage deducting the first \$50.00, or paying 75% of the total cost. Lloyd's will write a policy covering everything at a cost of \$3.50 per month for an individual, and \$8.50 per month for a family.

The big problem that is being run into now is lack of hospital beds and operating facilities. This in many areas is being overcome by hospital expansions and improvements.

Older people are being taken care of better at home and in rest homes, than in hospitals. Also many of the newer drugs, which are expensive, need not be used. Some of the older and simpler drugs will work just as well with considerably less cost.

It is the duty of each physician to protect the services rendered by the Blue Cross and Blue Shield to see that they are not gouged or misused by people going to the hospital just for a checkup, but it is also the duty of each physician to see that his patient gets first consideration, and that he gets adequate medical care. Also people who cannot be covered by a low cost policy such as Blue Cross and Blue Shield, together with the near indigent and the indigent are given, as physicians have always done, complete medical care regardless of how much the profession receives for the service.

The Alameda County Medical Society sent out a call that physicians would take care of anyone that needed medical care. The Governor said the Society did not mean what it said, but it did mean what it said. Under the setup which means to do just that the load for each physician, regardless of specialty, was light and was carried through by every physician belonging to the Society.

THE PHYSICIAN'S RESPONSIBILITY AS A LEADER

Lewis A. Alesen, M.D., President-Elect, California Medical Association—
The first responsibility of a physician is now, and always, to his patient. He should give the best service possible regardless of the fee. He should, if possible, place himself in the position of the patient and his family. The physician, whether general practitioner or specialist, should treat his conferees as he would be treated himself. He should send back the patient from whence he came, whether specialist or not. In 800 years the individual physician's responsibility has not been changed.

There are two essentials on which our government was founded: first to protect the individual to enjoy what he has earned and the freedom to do so. All "isms" are pathogenic and are a disease of the body politic. The individual must assume responsibility shifting this to the government is against national and state preservation. Socialism has never worked, unless in Russia under Stalin. The Plymouth Colony was communistic for one year

until everyone almost starved. Then each family was made responsible for their own food and then plenty was produced.

British are completely socialized, but the Fabian group that brought this about never talked of socialism, the same as our politicians are doing at present. They talk of planned economy. Our system is better in that our people get more for their labor and what they can buy, in comparison to the other countries. Our people are told how much a company makes and why it must have so much in order to keep people at work. The farmer is subsidized to keep him under the hand of the politician. Our government is taking over some of our industries and then pitting them against the privately owned ones (such as T.V.A.) which obtained its money from taxes, and the overhead is paid with taxes and at the expense of private enterprise.

A laborer should have a job, whether he belongs to a union or not. He should be allowed to work when and where he wants, but that is not the labor bosses' idea. They will say who works where and for how much, but that is not the case in Russia.

The old fashioned individual has gone. We do not care how our brother is faring, which is shown of late in the failure of the Red Cross and Community Chest drives, which cannot meet their quota. The modern physician starts in his office and he must show interest in each patient, not push him out to get in another or just to clear the waiting room. Then the modern physician, like the old "Doc", must give a helping hand and some of his time to the Community Chest, Red Cross drives, etc., have appointments on directing boards, help with Girl and Boy Scouts. We must remember that the things we work with (hospitals, drugs, X-ray, etc.) are not ours but loaned to us by the people so that we may practice better medicine.

It is our duty to use public relations in all forms, such as radio, television, newspapers, so that our people know what we do, how we will do it, and what results we obtain. Our light must be shown, not put under a bushel.

House of Delegates

Dec. 4, 1951, 10:15 A. M., with 183 members present.

The House was opened by prayer by the Bishop of Los Angeles.

The House then voted on General Practitioner Award. Three names were presented by the Board of Trustees: L. B. Littmar, N. C.; Clayton Wilson, Mich.; A. C. Yocher, Indiana. The last named received the award. He was born in 1867.

Speaker's address asked help of the House to continue help as given in the past. He will continue to save time and get through the procedures, but everyone will be given all the time necessary for discussion. All resolutions will be heard in reference committees and any resolutions that should be heard in executive session should be so stated at time of presentation.

PRESIDENT JOHN CLINE OF CALIFORNIA INTRODUCED. He stated that three years ago the greatest threat to our security was presented and it was then our darkest hour, because of the forces that were trying to force us into socialized medicine. This threat brought the entire profession to one goal, to fight together. The A.M.A. should ever be on the defensive, we are fighting now and will continue. American medicine is not a whipping boy. American medicine is an important segment of society. We also have a responsibility to society as a whole, if we as a profession do not measure up to the high standards we will lose our freedoms.

Scientific advances may not have been made known to the public, but irregardless should not be interfered with by the government.

Prepayment voluntary insurance has been set up in communities over this land and 77 million people are now covered. Plans are being improved and expanded to cover more people and more illnesses of a catastrophic nature, and now older individuals are being taken in. Socialized medicine can never succeed against voluntary health insurance as a bulwark.

The indigent and near indigent are government responsibilities. Farm areas are being given consideration. We are opposed to federal aid to medical education because it is a step in the direction of socialism. This must be continued but it was rather a setback that the profession has not come through with aid to our schools. The State Associations should set up a committee with plans to further this program.

Our patients are objecting to many things such as cost of medical care, which we should try to cut as much as possible; lack of available beds to take care of their needs, hospital costs have increased at no fault of hospital management as labor costs have increased 60% to 70%, material costs the same.

Every society should have a grievance committee so that the society can bring to light the complaints of patients on overcharging, gouging, and chiseling in our ranks.

It is our duty to work closer with other groups such as A.H.A., A.N.A., A.D.A., and we must cooperate with veterans organizations, business organizations.

The A.M.A. must always keep a watchful eye that we ourselves do not do the very thing we are fighting government for, and bring regulations on us and thus make restrictions as a bureaucracy with orders from Chicago not the government. The cost of public relations will be cut from the half million in 1951, to one-fourth million in 1952, and Whittaker and Baxter will be retained as consultants only.

All resolutions introduced should be carefully worded so there is no offense to anyone.

The Woman's Auxiliary should be given financial aid and all guidance necessary as it is a very worthwhile aid in our most important field, public relations.

The physician is a citizen first, and regardless of the party label, we must watch for creeping socialism as medicine is only part of the plan and if continued down the socialistic road we can never turn back. We physicians should work with all groups as individuals trying to ward off this threat.

Chairman of the Board of Trustees announced the contribution of half a million dollars to the Medical Educational Fund.

Dr. Hunter, Vice-President of A.M.A., Washington, D. C., introduced several guests, such as officers of the American Legion, American Pharmaceutical Association, American Dental Association, American Hospital Association. Dr. A. J. Rock, President of A.H.A., said, "that through the years the two organizations have not been very close, but lately the feeling and cooperation are becoming better between the two."

Donald Wilson, lawyer, Commander of American Legion, of W. Va., said, "the medical profession is the most honored of all and each community looks to its physicians for help. The physician is most respected, therefore the nation looks to the physician for guidance. The profession has been singled out to be socialized first but the profession did fight and must fight to save all and show the way; it should never take a defensive position.

"The medical profession has been aware of and has awakened others to

see, that there is a creeping socialism overtaking us.

"The American Legion is opposed to socialized medicine and socialized business. Some forces would camouflage veterans medicine and all other types of medicine in order to get socialized medicine quicker. The Legion will fight socialism with all its force and will work shoulder to shoulder with the medical profession of America."

This was one of the most stirring and encouraging short addresses delivered before the House.

REPORT OF THE BOARD OF TRUSTEES

Resolutions on income tax exemptions referred by House, June, 1951. The legal department is working on the possibility that monies may be taken as a trust fund, tax free; also why post-graduate costs are not deductible are being reviewed by the tax division and will be reported as progress is made from time to time.

MEMBERSHIP, FELLOWSHIP, AND DUES. The Board recommends that there be only one class of membership, also for 1952 the Fellowship dues be not charged. With this step the Association loses \$350,000 income.

JOINT COMMISSION FOR THE ACCREDITATION OF HOSPITALS:

In Sept. 1950, the American Hospital Association decided to take over the standardization program of hospitals that had been carried on by the American College of Surgeons. The Board of Trustees felt this was a direct concern to the medical profession and thus took steps to let the A.H.A. know that this was of vital concern to the profession. Meetings were arranged between all concerned and finally a joint commission for Accreditation of Hospitals was recommended. The commission represented four organizations, the A.M.A., A.H.A., A.C.P., and A.C.S. The first two have six representatives each, the last two, three representatives, each. This commission will have final authority in hospital inspections, standardization and award certificates to certified hospitals. Inspections will have to do with professional and administration, also will be concerned with hospital teaching programs, those relating to internships and residency training.

The Board reports there are many poisons which are used today in household products which are dangerous to children. These products are not covered by the Pure Food and Drug Act and are not labeled as poisons. These products will be published in Today's Health as a safeguard until laws can be passed covering same. Approved by the House.

The Board reports the Coordinating Council will be continued for another year and as requested by the House slogans on advantages of, and what American medicine has accomplished, will be available for the members to use in publications of lodges, churches, etc.

ANNUAL REPORT OF JUDICIAL COUNCIL

Money spent in entertaining a fellow physician can be deducted from income taxes and is declared ethical.

A physician is requested, if at all possible, not to treat any member of his family. It is considered unethical. A brother physician should not expect compensation for treating a physician's family but he should be compensated for travel and work time lost by the physician so attended. If there is an insurance coverage the amount should be paid the attending physician. This is considered ethical.

AFTERNOON, THURSDAY, DECEMBER 4 — 2 O'CLOCK

Much time was spent this day, and on Dec. 6 on revisions of constitution and by-laws, which should be read by all members.

REPORT OF COORDINATING COMMITTEE

Dec. 1, 1948 was American medicine's declaration of independence against compulsory health insurance.

Governor Warren has declared for Presidency on the Republican ticket, but he has not changed his stripes; he is still socialistic in everything.

The year 1952 is very important for medicine and we must fight and make our forces against socialism be felt in both parties. The medical society cannot get into this fight as an organization, but as individual citizens we can and we must show our colors. We must fight for those candidates that are opposing socialism in all forms.

The Committee on Blood Banks made a report to date and this should be read by all committee members. It was reported that large amounts of blood have been collected by private banks for the armed forces. The people are demanding that they have more say in these collections and want to know that all facilities are being used properly. The program should not be undermined. The agreements between local societies and the Red Cross have not been understood. Much misunderstanding has developed from Red Cross trying to dominate without advice from the local committee. Recommendations are:

1. Use whole blood where needed.
2. Fractions should be used where possible.
3. If fractions cannot be used whole blood should, as the physician still has responsibility to his patient.
4. Where blood is used it must be replaced and it is definitely the duty of the physician to see that this is carried through for all banks.
5. A card should be given all donors to carry on their person with type and all necessary information.

It has been found that Red Cross has been very domineering as to advertising and directing collecting of blood.

NEW BUSINESS

Resolution (Ark.) that President and President-Elect be paid a fixed amount in addition to traveling expenses. This resolution was not passed.

Resolution (Mich.) that military services pay for medical care of service men's family. Referred to military committee for study.

Resol. (Wisc. Sec. on Public Health, etc.) that fluorination of water should be approved by the House; to cooperate with public health and the dental profession in this project as a protection of child health and prevention of dental caries. Approved by House.

Resol. (Mass.) Alternate delegates should be seated by selection of any of the stated delegates or any officer of the association present. Not passed.

Resol. (California) That the association should take a firm stand on the type of material that is set forth in the books used in our public schools and see that collectivism is not taught our children. Educators see these inroads and can do nothing about it. All school books should be investigated and offensive material removed. Approved by Committee and House.

Resol. (Ga.) Setting forth good work of Past President Paulin with message to family on his death. Passed by unanimous vote.

Resol. (Ind.) Similar resolution on death of John F. Hayes.

Resol. (Ind.) That deferment of chiropractic students should not be permitted, that they should be called as other persons are. Passed by House.

Resol. (Iowa) Condemning the practice of physicians increasing the fees charged to individuals because they have prepayment insurance. This prac-

tice should be considered unethical and the individual or group should be brought before the County Society to explain. Not approved because it is definitely unethical.

Resol. (Ky.) 1950 dues should not be considered delinquent and should be permitted to pay 1951 dues and retain membership. Cancellation of 1950 dues not passed, but permitted to join with payment of 1951 dues.

Resol. (Penna.) That legislation should be encouraged that all service men and public health disabled should be charge of the government.

Resol. (N. Y.) Where hospitals are being built in shortage areas that priority should be given to such building materials as needed.

Resol. (Miss.) That all V. A. hospitals should be used for service connected disabilities and not for non-service connected.

Resol. (Sec. Derm. and Syph.) That medical schools should teach more on the diseases of the skin. Approved by House.

Resol. (Tenn.) Same old method of care of indigent veterans was presented. There was considerable argument on both sides. Policy of insurance to be paid for by the government. Referred to Board to set up committee to confer at top.

Resol. (Ohio) That all interim meetings of the House of Delegates be held in Chicago. Scientific sessions to be held in different parts of the country. Annual meetings held as now. Council is studying this, no action at this session.

Council on Medical Military Service requests that A.M.A. appeal to government agencies to have representatives in various agencies for closer relations of profession, A.M.A. and government.

Special Committee on Committees (Ward of Calif.) that there should be a definite tenure of office for a number of years then the member is retired from the Committee or Council.

Resol. (Wis.) That the Board make a study toward the purchase of property for a permanent home for the office in Washington. Approved by House.

The Medical Education Foundation reports that all monies sent in by physicians earmarked for a school will be turned over to that medical school. There is a need for ten million dollars as a stop gap.

The shortage of internes can be improved with a plan followed in Iowa Medical School where they are not using internes, have students take histories and do ward work. Residents are used for all other work.

Advisory Committee on Internes cooperating with Committee on Medical Education and Hospitals, American Boards and American College of Internal Medicine so that internes are only sent where they get the best training.

Throughout this session there were many reports which are not included here because of the length and space required. The presentations have been made short with just what was done on each so that you will not have to read a great deal. I feel everything of vital importance has been reported.

I would suggest that the reports given in detail on Blood Banks and Hospital and Physicians' Relations be read in detail. They can be found in the A.M.A. Journal in the Minutes of the Procedure of the House.

1952 Dues are now payable. Send remittance to Mahoning County Medical Society, Schween-Wagner Building.

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DR. EVANS HEADS ST. ELIZABETH'S STAFF

Dr. W. H. Evans was re-elected President of the St. Elizabeth's Hospital staff during the regular monthly meeting held Tuesday, December 4.

Other officers elected were: Dr. T. K. Golden, Vice-President; Dr. R. J. Sheetz, Secretary-Treasurer; Dr. J. N. McCann, Director of the Department of Medicine; Dr. J. A. Renner, Director of Surgery; Dr. A. J. Brandt, Director of Obstetrics and Gynecology, and Dr. V. L. Goodwin, Director of E.E.N.T. Dr. B. J. Dreiling was elected Director of General Practice. Dr. R. V. Clifford and Dr. M. W. Neidus were elected to serve on the Executive Committee. Dr. J. M. Ranz was elected Representative to the Associated Hospital Service Board.

MEDICAL FOUNDATION ELECTS OFFICERS

The Mahoning County Medical Foundation held its first annual meeting at the Elks Club on December 18, 1951. The following Trustees were elected:

1 Year	2 Years	3 Years
Dr. J. K. Herald	Dr. G. M. McKelvey	Dr. C. A. Gustafson
Dr. E. J. Wenaas	Dr. W. M. Skipp	Dr. G. G. Nelson
Dr. I. C. Smith	Dr. E. J. Reilly	Dr. J. N. McCann
Dr. Louis Shensa	Dr. John Noll	Dr. Vernon Goodwin
Dr. George Cook	Dr. E. R. McNeal	Dr. Frederick S. Coombs
Mrs. John W. Ford	C. G. Nichols	Bishop McFadden
Carl W. Ullman	Wm. F. Maag, Jr.	Dr. H. W. Jones

DR. KEOGH RE-ELECTED PRESIDENT TB STAFF

Dr. Joseph P. Keogh was re-elected president of the Mahoning County Tuberculosis Sanatorium in the recently conducted mail ballot. Dr. M. W. Neidus repeats as vice president, and Dr. Fran Miller was elected secretary-treasurer. Dr. J. M. Ranz and Dr. Hugh Bennett were elected as representatives to the executive committee.

BIG OR LITTLE COUNTY SOCIETIES SHOULD SPEAK UP

In a recent issue the *Millersburg Farmer-Hub*, a Holmes County newspaper, carried an article prepared and sponsored by the Holmes County Medical Society, asking the voters to support a bond issue for a new sewer system and disposal plant and pointing out that the improvements are essential in the interests of public health.

That was excellent public relations as well as good public health education.

The Holmes County Medical Society is a small organization. Nevertheless, it is regarded by the people of that county as an authority on health questions. The example set by the physicians of Holmes County should be followed by those in all parts of the state. In other words, the medical profession in each community should rally to the support of worthwhile health and civic projects and should let the public know its views on such matters.

Big or little, the County Medical Society has a big stake in community affairs. It can be recognized as the leader and authority on medical and health matters in the community if it will just take the lead and speak out.—*O.S.M. Journal*.

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Keratin Coated Light Blue

Colchicine	1/200 gr.	(0.3 mg.)
Sodium Salicylate	2 1/2 gr.	(0.15 Gm.)
Para-Aminobenzoic Acid (as the sodium salt)	2 1/2 gr.	(0.15 Gm.)
Thiamine Hydrochloride (Vitamin B ₁ , 333 I.U.)	1 mg.	(1/60 gr.)
Riboflavin	1 mg.	(1/60 gr.)
(Vitamin B ₂ , 340 Sherman Units)		

This formula will be found of great value in the treatment of rheumatic fever, myalgias (pain in a muscle or muscles) and joint pains, inflammations, immobility, and other arthritic states submitting to salicylate therapy.

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PROCEEDINGS OF COUNCIL

MEETING: The regular monthly meeting of the Council of the Mahoning County Medical Society was held on Monday, December 10, at the office of the Society, 203 Schween-Wagner Bldg., Youngstown, Ohio.

PRESENT: The following doctors were present: E. J. Wencas, President, presiding; I. C. Smith, S. W. Ondash, W. M. Skipp, C. A. Gustafson, Asher Randall, A. K. Phillips, V. L. Goodwin, G. G. Nelson, J. D. Brown, and G. E. DeCicco, comprising members of Council, and Dr. M. Szucs, Dr. Getty, Mr. I. L. Feuer, and Attorney Franklin Powers were guests.

Meeting was called to order at 8:30 in order to complete the council business before Mr. Feuer, Welfare Director, presented his report and problems confronting the Welfare Department.

HOUSING: Dr. C. A. Gustafson, reported for Dr. Noll, his findings and recommendations for a different meeting place for the year 1952. The ball room of the Pick-Ohio Hotel will be available for our meetings at \$100.00 per month, and the Housing Committee, Dr. Noll, Chairman, highly recommend the change for the coming year.

A motion was made, seconded, and duly passed to accept Dr. Noll's report and to hold our meetings at the Pick-Ohio in the hope that they will be better attended.

ARTHRITIS FOUNDATION: Dr. Szucs reported on the progress of the Arthritis and Rheumatism Foundation, and expressed the hope of establishing a chapter of the Foundation in Youngstown.

Council advised Dr. Szucs to wait until we heard from Mr. Nelson, Executive Secretary of the Ohio State Medical Association, before making any plans.

MAY MEETING: The Mahoning Tuberculosis Association will hold their annual meeting in May and Council was of the opinion our meeting should be held jointly and at the T. B. Sanatorium.

WELFARE REPORT: Mr. Feuer reported some specific problems of the Welfare Department, that he believed could only be solved by a physicians' committee. He pointed out the advantage and necessity for such a committee to meet with his staff about twice a month. He presented case comparisons for 1950 and 1951 together with expenditures in nine counties for the first 6 months of 1951. These figures include the case load of each county, medical and hospital service, expense per case and medical and hospital expense case per day.

Council thanked Mr. Feuer for his very interesting report and assured him that his request, in the interest of the indigent, was one that we would do all in our power to meet.

The following applications were read and approved:

<p>JUNIOR ACTIVE MEMBERSHIP Dr. Robert L. Tornello, 402 Home Savings & Loan Bldg., Youngstown FOR INTERNE MEMBERSHIP Dr. Robert A. Brown, Youngstown Hospital Association, Youngstown FOR ASSOCIATE MEMBERSHIP Dr. Leon L. Bernstein, 2204 Glenwood Avenue, Youngstown</p>
--

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

BILLS: Statements for bills incurred by the Society were presented. A motion was made, seconded, and duly passed to pay each one.—G. E. DeCicco, M.D., Secretary.

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A beautifully located sanitarium, just fifteen miles from Youngstown, especially equipped for the care of psychoneurosis. Mental cases and alcoholics not admitted.

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POLIOMYELITIS

W. J. Tims, M.D.

Poliomyelitis is an acute infectious disease due to a specific virus. A great deal of work has been done on polio, and a great deal of research work has been done, but to date we haven't more than scratched the surface because our knowledge is very incomplete concerning polio. Despite all the work that has been accomplished, our knowledge is still very sparse.

The virus may invade the central nervous system where it affects principally the lower motor neurones in the anterior horns of the gray matter of the spinal cord. Far more commonly, virus sets up a benign infection of alimentary tract unaccompanied by the Central Nervous System. Constitutional symptoms are of varied intensity. Central nervous system manifestations—weakness, or flaccid paralysis of muscles and muscle groups, developing irregularly and reach a maximum in course of few hours or days.

PORTALS OF ENTRY: The virus has been localized in nasopharynx, intestinal tract and central nervous system. It has been found in the alimentary tract for a few days before any symptoms develop, and found in stools practically always. The incubation period varies from 5 to 35 days, and the average is 12 days.

PATHOGENESIS: The virus spreads along the axons of peripheral nerves and along nerve fiber pathways. Virus progresses along nerve pathways and not by blood streams.

CLINICAL SYMPTOMS: How would one diagnose a case of polio, and that is the question that comes up by parents, doctors, and all those concerned. The index of suspicion is markedly increased in the late summer and fall seasons, because that seems to be the time when polio strikes in our area. Many polio infection produces no symptoms. The early symptoms in general are: fever, malaise, drowsiness, headache, nausea, vomiting, constipation or diarrhea or both, and sore throat, in various combinations.

CLASSIFICATION: Polio has been classified by numerous workers, but I like the classification that Dr. Sabin uses.

Type No. 1—It is a silent or asymptomatic type. It is stated that there are a hundred cases of this type to one case of definite proven polio.

Type No. 2—The Abortive Type. Minor illness with the evidence of involvement of the central nervous system. Spinal fluid is normal.

Type No. 3—Non-Paralytic Type. It is a minor illness with increased cells in spinal fluid but without paralysis.

Type No. 4—Paralytic Type. This is the most important and the least common type.

One can see that with the virus type and the symptoms varying as they are, how difficult it is to diagnose polio. One having the experience and the knowledge should be able to have the picture along with the clinical findings and laboratory findings to be able to make a diagnosis.

IMMUNITY: Immunity is developed after an attack of polio to the strain that caused the infection. However, we know that there are at least three strains, and immunity to one strain does not protect against other strains.

CASES IN YOUNGSTOWN: On July 27, 1951, the first case of polio was reported, and by the way, that case is still hospitalized. This case had complete paralysis of all extremities and neck. Recovery has been very slow, but he is able to move his neck and slight movements of the upper extremities.

Number of cases:

July — 1 case still in hospital

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August — 13 cases
 September — 30 cases
 October — 10 cases
 November — 1 case

To date we have had 55 cases in the City of Youngstown. 41 cases or 74.5% have been discharged. 11 cases or 23.6% are still in the hospital. One case died and 2 are at home under treatment.

Out of the 55 cases:

4 cases or 7% are colored
 51 cases or 93% are white
 15 cases or 27% were over 10 years old
 40 cases or 73% were 10 years and under
 23 cases or 41.2% were females
 32 cases or 58.8% were males

It is interesting to note that in cases above 10 years and what decades were numerous and how they decline with the age.

11 years to 20 there were 6 cases
 20 to 30 years, 6 cases
 30 to 40 years, 2 cases
 Above 40 years, 1 case

The oldest case we had was a 51 year old white female
 The youngest case was a 12 month old white female

Our statistics compare with those of national average. The average rate is 9 per hundred thousand and our rate this year was about 32 per hundred thousand, which was higher than the average. The mortality rate on the average is 0.6% and that was our mortality in Youngstown.

The total cases for Youngstown and surrounding vicinity for 1951 is 135.

Youngstown	—	55
Mahoning County	—	24
Columbiana County	—	20
Lawrence County	—	2
Jefferson County	—	1

Deaths:

3 deaths in Mahoning County
 1 death in Columbiana County

I looked up the figures for incidence of polio in the City of Youngstown from 1930 on:

	Cases	Deaths		Cases	Deaths
1950	14		1940	1	1
1949	12		1939	2	
1948	1		1938	0	
1947	11		1937	6	3
1946	1		1936	0	
1945	16	1	1935	2	
1944	8		1934	2	
1943	12		1933	40	3
1942	0		1932	0	
1941	5	1	1931	6	
			1930	4	1

All cases that were admitted to the hospitals, a spinal puncture was done for diagnosis, as well as study. It was found that about 50% of the cases the cells increased from about 10 to 600, the average being about 70. The

**January Meeting
Annual Banquet
and "Old-Timers' Night"**

Date: Tuesday, January 15, 1952 — 6:30 P. M.
Place: Youngstown Country Club

Honoring

Living Past Presidents of the Society

1905-06	C. R. Clark	1936	L. G. Coe
1909	H. E. Blott	1937	P. J. Fuzy
1914	C. D. Hauser	1939	W. M. Skipp
1917	H. E. Patrick	1940	R. B. Poling
1918	J. M. Ranz	1943	W. H. Evans
1919	W. D. Coy	1944	E. H. Nagel
1925	W. K. Allsop	1945	W. H. Bunn
1926	F. W. McNamara	1946	E. J. Reilly
1927	R. W. Fenton	1947	G. M. McKelvey
1929	W. H. Bennett	1948	John Noll
1932	A. E. Brant	1949	J. N. McCann
1933	J. P. Harvey	1950	G. G. Nelson
1935	J. L. Fisher	1951	E. J. Wencas

Also

Installation of Dr. C. A. Gustafson as President

Entertainment

A Lively Humorist — "Pancho from the Rancho"

lymphocytes were predominating. In about the same percent of cases, the spinal fluid was increased slightly in pressure and proteins was increased, still 50% of the cases, the spinal showed negative findings. The cases this year showed a cerebral or bulbar involvement in about 50% of the cases. There was some involvement of speech or throat, but only one case proved fatal in Youngstown.

It seems that the cases of polio this year showed a higher percent of paralysis. In my opinion, about 40% of our cases have some residual paralysis upon discharge from the hospital.

In conclusion, I wish to state that we were visited by the bulbar type of polio in 1951 and had the greatest number of cases in our history. I believe that the doctors did an excellent job in diagnosis and practically all cases were hospitalized. The families where polio occurred were quarantined for seven days as is the policy set down by the National Foundation of Infantile Paralysis. Numerous requests came in concerning closing of the schools because of the number of cases reported. From past experience, we know that closing of public places, as schools and theatres, helped to increase the number of cases.

The preventive measures that are still recommended are:

Avoid fatigue, shock, and colds, and mingling in strange crowds.

What better place could a child be but in his school? After all, if any exposure has taken place, he is exposed to the one strain that the entire classroom has been exposed to. He is still under greater observation in his class and many times undue fatigue is prevented by his occupation in school work, and he would probably be noticed quicker if he did not act normally in school than he would playing out in the street or playground. For that reason schools were not closed and succeeding number of cases still did not indicate that public places should be closed.

I believe that 1951 will be the year that has had the greatest number of cases and that we will not have a repetition of polio again to this extent or at all, I hope.

UNCLE DUDLEY

Pliny had observed that "home is where the heart is"; and we are willing to assert that it doesn't need renovating in order to keep it a dwelling-place for the heart. Many worn pieces of furniture must have accumulated before the fusion occurs that seals the bond. These are the tangibles, mute and significant.

★ ★ ★

The efforts we make to save time make it appear like something demonstrable and cumulative, whereas it is nothing but our recognizable portion of eternity.

★ ★ ★

The statement of Dr. Henry A. Schroeder of St. Louis that successful treatment of hypertension was near at hand, was supplemented by the observation "that unfortunately nothing did more to stifle research on the causes of diabetes than the discovery of insulin." He has thus reminded us that not only is the approach to success arduous and hazardous but also that there is nothing so inimical to it as obtaining our objective.

NO A.M.A. FELLOWSHIP DUES IN 1952

No Fellowship dues will be charged by the American Medical Association in 1952, the Board of Trustees decided at a recent meeting. Reasons cited were that Fellowship dues are no longer required since A.M.A. members are now paying membership dues and that "the Fellowship dues were too confusing to members as a whole."

At the mid-year meeting of the A.M.A. House of Delegates in Los Angeles in December, a report will be presented offering amendments to the Constitution and By-Laws eliminating all reference to Fellows and Fellowship, thus creating but one class of membership in the A.M.A. If the report is accepted, the amendments will have to be re-submitted to the annual session of the A.M.A. in June, 1952, for ratification and if approved will become effective at that time.

The action of the Board and the anticipated approval by the House of Delegates of the proposed amendments will undoubtedly meet with widespread approval among A.M.A. members generally.

The first request filed with the A.M.A. that Fellowship be abolished was a resolution presented two years ago by Ohio's delegates to the A.M.A. The House of Delegates did not adopt that resolution. Last year, Ohio's delegates presented a similar resolution. The second resolution was endorsed in principle by the House of Delegates and the Board of Trustees instructed to draft amendments to the Constitution and By-Laws of the A.M.A. to carry out the idea and for subsequent action by the House of Delegates.

The first step was the recent action taken by the Board itself eliminating Fellowship dues for 1952. The second action will be taken by the House of Delegates at the forthcoming Los Angeles meeting, and the third and final action will be taken at the Chicago session of the A.M.A. in June, 1952.—*O.S.M.A. Journal.*

Health Department Bulletin

CITY OF YOUNGSTOWN

REPORT FOR NOVEMBER, 1951

	1951	Male	Female	1950	Male	Female
Deaths Recorded	190	118	72	156	92	64
Births Recorded	606	322	284	464	224	240
CONTAGIOUS DISEASES						
	1951 Cases		Deaths	1950 Cases		Deaths
Chicken Pox	40		0	35		0
Measles	25		0	0		0
German Measles	1		0	0		0
Polio	1		2	0		0
Scarlet Fever	4		0	0		0
Tuberculosis	8		2	5		8
Whooping Cough	13		0	7		0
Gonorrhoea	23		0	18		0
Syphilis	26		0	19		0
Chancre	1		0	0		0
VENEREAL DISEASES						
	Male		Female			
New Cases						
Syphilis	12		5			
Gonorrhoea	18		5			
Total Patients			40			
Total Visits to Clinic (Patients)			296			

W. J. TIMS, M.D.

Commissioner of Health

HERE AND THERE

Born: to Dr. and Mrs. E. H. Young, a girl, Mary Amelia, on November 26, 1951, at North Side Hospital.

Born: to Dr. and Mrs. David R. Brody, a boy, Thomas, on December 14, 1951, at North Side Hospital.

Dr. M. M. Szucs was elected president of the newly organized Alumni Group of Marquette University.

Dr. Henry L. Shorr announces the removal of his office from the Home Savings and Loan Building to Wick and Illinois Avenues.

Drs. E. C. Baker, Ben Brown, and S. J. Tamarkin attended the meeting of the Radiological Society of North America, held at Chicago, December 3-6.

NEW PRACTITIONERS: Dr. Paul M. Kaufman announces the association of Sam A. Lerro in practice limited to gynecology and general surgery. Their offices are located at 305 Home Savings and Loan Building.

Dr. D. E. Beynon announces the new location of his office for the practice of urology. The office is located at 1926 Market Street.

Drs. Wm. M. Skipp and Myron H. Steinberg attended the Fifth Annual Clinical Session of the American Medical Association held in Los Angeles December 4-7. Dr. Wm. Skipp was an Ohio delegate and participated in the proceedings of the House of Delegates.

Dr. and Mrs. E. J. Wenaas and Dr. and Mrs. J. Goldcamp are attending the Pan-American Congress of Ophthalmology meeting in Mexico City from January 5th to 12th, 1952. Dr. Wenaas is on the program and is presenting a movie: Cataract Extraction by the Suction Method.

CDA ADVISES SELECTIVE BLOOD GROUPING RATHER THAN MASS GROUPING PROGRAM

Civil Defense Administration, in response to queries, recommends that communities work out a selective blood grouping program rather than mass blood grouping, in order to build up reservoir of volunteer group "O" donors for emergency use. CDA said selective blood grouping of reasonable number of volunteers should be done in advance in locations where they will be available for emergency service at hospitals or standby donor centers. Also proposed were (a) issuance of identification tags or cards to blood volunteers, and (b) establishment of roster of "O" donors at places outside target areas.

"In this way, communities close to target area cities can be prepared to provide at once a supply of group 'O' blood sufficient to meet initial blood transfusion needs in the first hours following enemy attack," CDA states.

CDA says that any attempt to give specific blood group transfusions during the first 24 to 72 hours following attack would complicate greatly the supply problem for large numbers of first aid stations and emergency hospitals. In addition, CDA says, a careful and accurate mass grouping program, because it is expensive, must have lower priority in community disaster preparation than providing adequate supplies of whole blood transfusion units, plasma and plasma extenders, burn dressings and other first aid station supplies.—*Capitol Clinics.*

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FROM THE BULLETIN*J. L. Fisher, M.D.***TWENTY YEARS AGO (JANUARY 1932)**

The *Bulletin* celebrated its first anniversary. Dr. A. E. Brant was the new President, J. P. Harvey was Vice-President, W. M. Skipp, Secretary; Joseph Rosenfeld, Paul Fuzy, and W. H. Bennett were delegates.

Dr. Harry E. Welch retired as Health Commissioner and was succeeded by Dr. C. H. Beight.

The annual banquet at the Youngstown Club was a very gay affair, attended by 134 members. The usual number showed up without making reservations. Several missed their dinners due to a decision to stay on a liquid diet, well iced. The speaker was a humorist but had considerable competition from a few who had funny stories of their own to tell. Business was bad but the company was good and no fights were recorded.

TEN YEARS AGO (JANUARY 1942)

Walter King Stewart was President; Wm. H. Evans was President-Elect; G. M. McKelvey was Secretary; John McCann, Gordon Nelson and E. J. Reilly were delegates. Elmer Nagel was Treasurer; Birch, McOwen and Reed were on the Council as alternate delegates.

The nation was plunged into war. The Medical Preparedness Committee under Joseph C. Hall and the Civilian Defense Committee under O. J. Walker were busy organizing the Medical Society for its part in the great effort. All physicians under 45 years of age were urged to enroll in the new Procurement and Assignment Service. Questionnaires were lying on the doctors' desks while the addressees were thinking long, long thoughts.

Lt. Henry Sisek was at Fort Hayes, Columbus. Lt. Comdr. O. M. Lawton was at San Diego; Lt. Comdr. Joseph Keogh was at Great Lakes, Ill. S. D. Goldberg had received his commission as Captain. Nathan Belinky and Bartz were in the Philippines.

Dr. Genevieve Delfs opened her office at 634 Market St. for the practice of Pediatrics.

Dr. Milton Kendall became a member of the Society.

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