



If you would subject all things
to yourself, subject yourself to
reason. —Seneca

BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

March • 1952
Vol. XXII • No. 3
Youngstown • Ohio

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plus other factors of the B-Complex present in Whole Liver.

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SUPPLIED: in 50's and 1000's.

1. Jolliffe, N., Special Article, Council on Foods and Nutrition: The Preventive and Therapeutic Use of Vitamins, J.A.M.A., 129:618, Oct. 27, 1945.
2. Lewey and Shay, Dietotherapy, Philadelphia, W. B. Saunders Co., 1945, p. 850.

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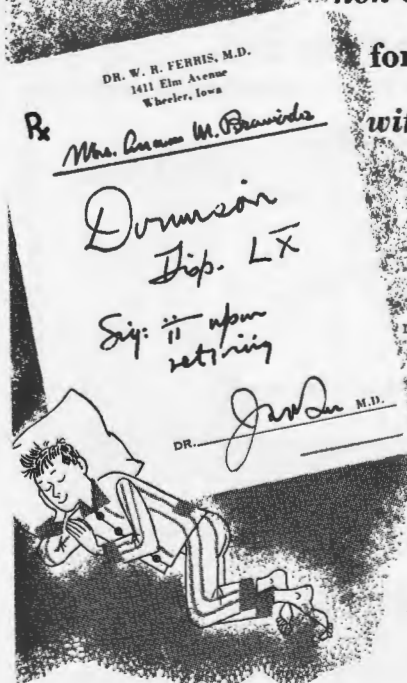
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*T.M.

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BULLETIN of the Mahoning County Medical Society

Published Monthly at Youngstown, Ohio

Annual Subscription, \$2.00

**VOLUME 22****MARCH, 1952****NUMBER 3**

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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APRIL 15, 1952**MEETING****Mahoning County Medical Society*****Speaker:* R. G. TURNBULL, M.D.**

Director Section Proctologic and Colon Surgery

Cleveland Clinic, Cleveland, Ohio

***Subject:* "Trends in Surgical Treatment
of Ulcerative Colitis"*****Time:* 8:30 P. M.*****Place:* Ball Room, Pick-Ohio Hotel**

Our President Speaks

The spirit of friendliness and cooperation which pervaded our recent annual meeting was indeed gratifying, and we take it as an assurance of support in our efforts to maintain alertness to the Society's and the profession's welfare. While it has long been recognized that there will be no excellence in the absence of enthusiasm, this energizing spirit must be transformed into sustained purpose else it will be futile.

The County Society, as the foundation unit of organized medicine, is the initial focus from which crystallization proceeds. The special groups that follow cannot be essentially different. This pertains as well to us as individuals. And as we renew our interest for enlightened and progressive medicine, we shall follow this through logically, beginning with ourselves and our daily duties, for by these are we known and by them do we justify our profession.



C. A. Gustafson, M.D.

This same spirit shall be continued through the activities of the numerous committees which have been given special functions. These should keep in touch with each other that the work of the Society may be properly coordinated. Your knowledge of local conditions and your opinions as to methods that should be employed are valuable. Let us have the advantage of your experience and ideas. These will be your contribution.

Heart Day A Success

The February 19th meeting of the Youngstown Area Heart Association, Youngstown Academy of General Practice, and the Mahoning County Medical Society was well attended and a success far beyond expectations. Dr. William Bunn should be given much credit for arranging this program and also other members of the Youngstown Area Heart Association who had a part in its formation.

Dr. Bunn arranged two very interesting clinics, one at South Side Hospital and one at St. Elizabeth's Hospital. Two cases were presented to Dr. Howard Sprague at the South Side Hospital, one of paroxysmal hypertension and the other a hypertensive cardiovascular disease with a past history of coronary thrombosis and the possibility a toxic nodular goiter. Dr. Sprague in his discussion brought out the various causes of paroxysmal hypertension especially in regards to the patient presented and emphasized that even with minimal T wave changes in the electrocardiogram that a possibility of an intra-mural or a sub-endocardial infarct cannot be overlooked. In regards to the second patient, some pertinent remarks: that even in the presence of a high cholesterol thyroid toxicity should be controlled and with coronary thrombosis in the past history, that radioactive iodine is probably the management of choice.



DR. WILLIAM H. BUNN

Dr. T. W. Jones conducted the clinic at St. Elizabeth's Hospital where a case of acute rheumatic fever with heart disease in a five-year-old girl and a case of recurrent acute rheumatic fever in a fifty-year-old man were presented. Both of these cases had been treated with cortisone and Dr. Jones stressed that in the treatment of acute rheumatic fever one must be careful to give large enough doses of cortisone over a sufficiently long period of time and that some cases of enlarged hearts will have a decrease in heart size with cortisone which does not occur with salicylates. He also stressed that in mitral valve disease where there has been repeated heart failure the use of mitral valvulotomy should be seriously considered but that anti-biotic therapy should be used before, during, and for a long time after surgery. Dr. Jones concluded the excellent clinic with the thought that society should seriously compare the cost of widespread epidemic prophylaxis to the cost of public care and loss of wages reduced by rheumatic heart invalidism.



DR. T. W. JONES

The evening meeting at the Pick-Ohio Hotel was attended by approximately 300 people, all of whom seemed well pleased with the interesting program presented. Dr. T. Duckett Jones reviewed the progress that has been made in determining the etiological factor in rheumatic fever and the Beta Hemolytic Streptococcus was still the organism to be incriminated but also the environmental and the institutional factors were of vast importance. He

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stressed that all Beta streptococci infections be treated intensively with penicillin and that people with rheumatic heart disease should receive prophylactic treatment. "ACTH and cortisone have been of great help in the treatment of rheumatic fever," Dr. Jones said, "but their effectiveness to prevent cardiac complications is still to be proved. However, they definitely shorten the duration of rheumatic fever."

Dr. Howard Sprague gave a very interesting talk on a few problems in cardiac diagnosis and confined his remarks to a few of the rare diagnoses and illustrated his talk with lantern slides. He spoke briefly of cor pulmonally, the difficulty in diagnosis and treatment. Dr. Sprague stressed that the modern thinking concerning chronic adhesive pericarditis is that it is invariably a tuberculous infection and cannot result from the idiopathic or the virus infections of the pericardium.

Many pearls were dropped by Dr. Sprague such as can be gained only by long clinical experience, for example, that if intraventricular block is seen on the electrocardiogram rheumatic myocarditis can be dismissed as the diagnosis. It was stressed by Dr. Sprague that all diagnostic tools available should be used so that all cardiac conditions amenable to surgery be not overlooked.



DR. HOWARD SPRAGUE

Again let us all thank Dr. William Bunn, Dr. Hugh Bennett and others of the Youngstown Area Heart Association who helped in making this heart day a grand success. The attendance at the evening meeting speaks for the success of their efforts.—*Drs. H. Reese, F. Friedman and A. Detesco.*

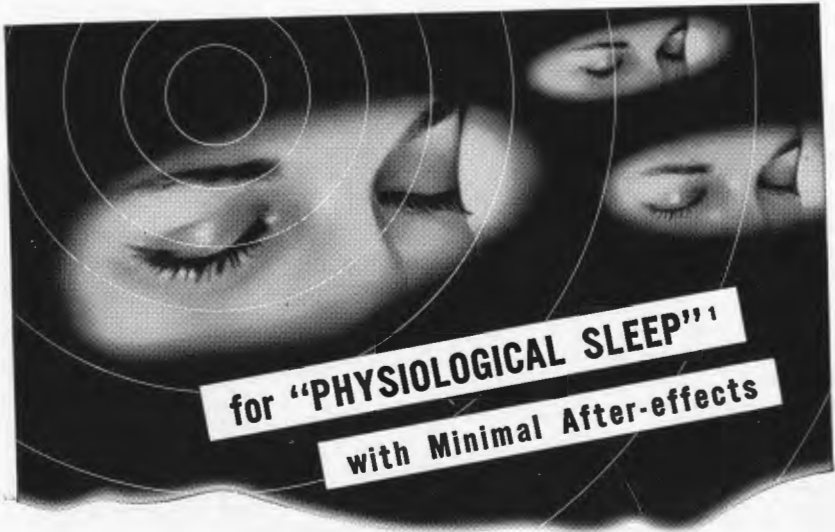
YOUNGSTOWN HOSPITAL ASSOCIATION STAFF MEETING

The February meeting of the Youngstown Hospital Association Staff was called to order by the Vice President, Dr. John Noll, on February 5, 1952, at 8:30 P. M.

The program was presented by the Nursing School. The speakers were introduced by Dr. Frances A. Miller, Chairman of the Nursing Recruitment Program. Last year a public relations man from Dayton was used but this year the nurses' drive is in local hands. Miss Gail Patterson, of the Nursing School, outlined some of the features of the program. A large number of high schools have been visited in West Virginia, Ohio and Pennsylvania, and a number still have to be visited.

Miss Dunlap spoke about the admission screening of the prospective nurses and that psychometric tests are of great value, however, the high school record is not forgotten. An appeal was made for help with grants in aids to those girls who are worthy, but can't afford nurses' training. It was disclosed that each prospective nurse requires a grant-in-aid of \$300.00 for the three-year course.

The minutes of the previous meeting were read and approved, as also were the vital statistics for January, 1952.



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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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Editorial.....

MEDICINE MEN

Much has been written in the past few months concerning *Public Relations* and the *Doctor*. A great percentage of this prose has been critical and too small a percentage praise. To me one's ego and super ego become suppressed with adverse criticism, leaving only the ids capable of functioning which can be dangerous. Too, it is coming near the end of a long cold winter at which time the system is low in vitamin D and physical stamina is also at a low ebb. For these reasons I'm going to attempt in this brief editorial to infuse new spirit, to transfuse the ego and to increase the physical stamina without large doses of vitamin D.

In consideration of the doctor and the public in a given locality the relationship of the doctors to one another in this locality should be given some attention. A community where there is considerable strife between the practicing physicians would in my mind suffer and the public relations be poor. However, on the other hand, in a community where the inter-relationship of physicians is on a high plane and medical ethics are practiced as they should be practiced, that community cannot suffer and automatically the public relations angle is to the most extent a pleasant one.

For example, we'll tell a story about the doctors of Mahoning County, especially in Youngstown, and their treatment of new physicians in the area. It wasn't too long ago that I was touring the country looking for a city in which to hang my shingle. Too many times on interviewing the doctors the answer to the question, "Is there room for another doctor?" would be "NO!" In fact, in one Ohio city a physician referred me to the most northern tip of the upper peninsula of Michigan as a delightful place to establish a practice.

However, on coming to Youngstown for interviews there was not too much the doctors could do to help me. In the midst of busy office hours fifteen to thirty minutes was granted without hesitation. I was even taken to lunch, instructed as to center of population, the most likely place to find office space and always the answer was "There is always room for one more."

After I arrived some of the men, even to me, went too far in getting me a good start. At just the proper intervals one broke his ankle with an axe and another twisted and snapped a small bone in a knee and I immediately was pressed into service. This has not only happened to me but to many fellows that have followed. In reality it would be fairly difficult to be a failure in this area.

Why all this reminiscing? For this reason—if the inter-relationship in general between physicians is on that high a plane in Youngstown and Mahoning County, how can our public suffer so much? In fact, very little criticism is heard from the great percentage of people in this area, most of it is praise for their doctor.

I hope most of you feel better now and can finish out the winter without too much difficulty. A little further advice: don't let this substitute for Florida's vitamin D because I've heard that helps revive a person. For one, I wouldn't know.—E. R. M.

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1. Hyman, H. T.: An Integrated Practice of Medicine (1950)
2. Rehfuss, M. R. et al.: A Course in Practical Therapeutics (1946)
3. Goodman, L., and Gilman, A.: The Pharmacological Basis of Therapeutics (1941), 22nd printing, 1951.
4. Soltman, T.: A Manual of Pharmacology, 7th ed. (1946) and Useful Drugs, 14th ed. (1947)

LAY EDUCATION COMMITTEE REPORTS PROGRAM

The Lay Education and Speaker Committee headed by Dr. E. R. Zoss has formulated a formidable program for the improvement of public relations in the Mahoning Valley. Dr. Zoss and his committee composed of W. Breesman, C. Lowendorf, W. Mermis, L. Shensa, and J. Sofranec have worked hard in getting this program started in such a short period of time. A series of radio programs has been started entitled "You and Your Doctor" on WKBN Friday evenings at 10:30, and WFMJ at 10:15 P. M. on Sundays. This series will run for the first part of the year to be followed by a weekly question and answer program, the questions being sent in from listeners to the program. The main theme of the first few months will be to educate the laity on what the man has to do to become a doctor, something about his hospital training, his position in his community, a few talks on medical ethics, the inner relationship between the general practitioner, the specialists, and the differences between physicians and other professions that use the title of "doctor."

In addition to this series of radio programs, there will be bi-weekly programs of various health drives presented on WBBW Fridays at 12:50 P. M. The speakers bureau has been reorganized and is operating efficiently and as all members of the Mahoning County Medical Society have probably noticed they have received cards asking them to underscore or circle the subjects on which they would like to speak and the Lay Education Committee is banking on their cooperation when asked. Another important publicity outlet obtained by this committee is that one column is being given by the *Vindicator* weekly to help disseminate medical information and medical programs. In addition, doctors' offices and hospital information desks will be used as Lay Education outlets.



DR. E. R. ZOSS

It will be impossible to re-print all of these talks and radio presentations word for word in the *Bulletin* but we are printing the opening talk given by Dr. E. R. Zoss to impress on all our minds what this program really consists of and how it is carried out. Every member of the Mahoning County Medical Society should give thanks to Dr. Zoss and his committee for the amount of work already performed and the amount of time and work that this program will take during the rest of this year.

Here is the opening program of "You and Your Doctor" as presented over WKBN and WFMJ by Dr. E. R. Zoss:

YOU AND YOUR DOCTOR

(Opening Program)

Do you really **KNOW** your doctor? Maybe you think that's an odd question—of course you know the man who comes with the little black bag in the middle of the night when you, or someone in your family, is in pain . . . you know and trust the man to whose office you go for medical advice and attention. Yes, you know the **MAN** . . . but do you know what makes this man a **DOCTOR**? Have you ever considered just **WHY** you have confidence in him to give you the best possible medical aid? Have you ever really thought about the many years of hard work and training that this

man has endured in order that he may dedicate his life to keeping YOU alive and well? Very few people have any idea of what it really takes to be a doctor. And for that reason, the Mahoning Valley Medical Society is happy to present this series of informal talks concerning the education and training of your doctor, and his relationship to YOU.

For instance, do you realize that only top ranking students are accepted to study in pre-medical schools? The ones who are found qualified to graduate must pass every kind of physical and mental test and show exceptional character to be allowed to go on to study in a medical school! And can you imagine what it means to spend four years in constant study and concentration in order for the young doctor-to-be to pass the State Board examinations? Why should YOU be concerned with this careful screening? Because it means that YOUR doctor has passed every test that will prove he is capable and reliable and worthy of your trust!

Then we come to the hospital training. Did you ever stop to think what that year of interning must mean to a young doctor? The nights of lost sleep when he is needed in emergency—the hours he must spend doing his utmost to ease the pain and suffering of the thousands of patients brought in by the screaming ambulances . . . and all for the barest minimum of pay. After internship, he becomes a resident doctor—for sometimes as long as four years—so that he can get all the experience he can in knowing how to fight the diseases YOU may be stricken with someday! Only after all this experience is your doctor qualified to give you medical treatment on his own.

But, it doesn't stop there . . . your doctor is a vital part of your own community. Your doctor must continue his work in free clinics, he must attend various medical meetings, local and national. And, he must take active part in different Medical Associations. Why? Because he must constantly strive to keep abreast of the latest medical advances in order that YOU may stand a better and better chance to overcome disease.

Suppose you consult your family doctor and he recommends you to a specialist. Why does he pick the specialist he does—and what about you—how will you adjust to an unfamiliar doctor? We hope to explain a little about Medical Ethics in one of our talks—showing the inter-relationship between the general practitioner, his patient, his fellow practitioners, and the specialist.

And by the way, just how much should you pay for medical treatment and advice? What does your doctor charge, and how does he arrive at that figure? Our ninth program will attempt to explain current medical fees, their comparison to other cities, and what the future may hold for medical fees.

Have you ever had a public health nurse stop at your home—or have you ever gone to a free clinic? The role your doctor plays in these various public health organizations will also be discussed in our series of programs. For instance, in the middle of the night someone near to you is suddenly seized by agonizing pain. You need a doctor quickly! Maybe you have no family doctor to call upon—or your regular doctor is out of town! Then the Medical Dental Bureau takes over—locating a capable doctor as quickly as possible, saving you precious time and worry in your hour of need. But what do you know about the founding and organization of this important service, and what part does your doctor play in it? This will be the topic of one of our future discussions. Then, just suppose after the doctor arrives

at your home and makes an examination he says, "You must go to the hospital at once!" You go, having faith that there will be competent people there to help you through your hour of pain, and that everything humanly possible will be done for your health and comfort. Yes, you trust in the hospital, but have you any idea of how this institution of mercy is organized to function smoothly and efficiently? And do you know why hospital costs are so high today? This will be the topic of still another talk in our series.

And the nurse who tends you, and whom the doctor relies upon to carry out his orders—do you realize how much study and hard work and nerve that nurse must have to keep her constant vigil over the sick and maimed, keeping calmly efficient at all times? How a girl becomes a nurse is still another subject to be covered by these talks.

Then what of that other man you rely upon to ease pain and keep you healthy—your dentist? Do you know how closely allied your dentist and doctor are? The necessity for continued understanding and co-operation will be discussed on a future program.

Going back to your hypothetical trip to the hospital—would you be worried about how you were to pay for your stay there? Or would you be secure in the knowledge that you have hospitalization to see you through? The Blue Cross and Blue Shield Plans will be topics for discussion, too.

Suppose you were desperately in need of medical attention yet could not afford one penny for it? Need you or a loved one die for lack of medical care? Not as long as the doctors of our community devote their time and talents to the Medical Service Foundation and other charity projects carried on by city, county, and state.

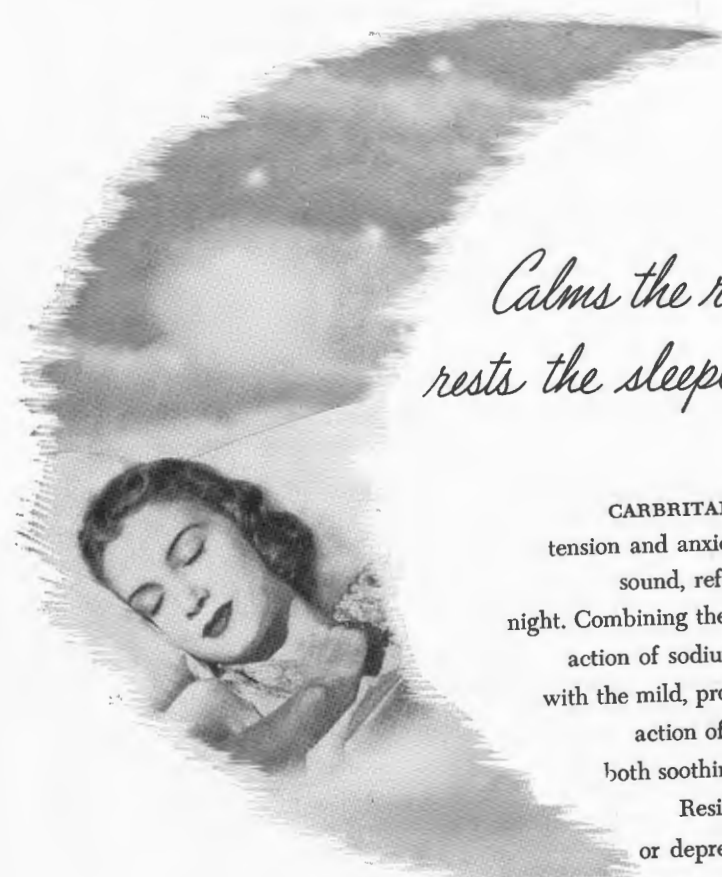
Perhaps you or a member of your family works for one of the many large steel concerns in this area. If you do, you have mill insurance and free medical attention while at work—this phase of the medical profession will be explained by representatives from the three largest steel plants—U. S. Steel, Republic Steel, and the Youngstown Sheet and Tube.

Then you ask, "Just what does the title 'Doctor' really mean? Are others than medical men entitled to the name?" An educator will tell you about various professions that use Doctor as a title. For instance, do you know the difference between a physician and an osteopath? You will if you listen to our program dealing with this subject.

Are you taking some kind of patent medicine—some so-called "cure-all" for everything that ails you? Do you believe in the glowing advertisements about these drugs? Did you know that you'd probably pay one-half LESS for a similar drug of higher potency prescribed by a physician? I think you'll be interested in the discussion of "Drugs, their use and abuse"!

Would you be frightened at the very thought that you or one of your family must be committed to either the Tuberculosis Sanatorium or the Receiving Hospital? If you knew of the wonderful work done in these two institutions for the bettermen of this community—it might help you to help yourself—or a loved one—to adjust if it were ever necessary to enter one of them. The Receiving Hospital is comparatively new in Youngstown and has proven a tremendous success in the diagnosis and treatment of mental illness. Only through a better understanding of the Tuberculosis Sanatorium and the Receiving Hospital can you understand their value to YOU as a citizen, and as a person.

"You and Your Doctor" will use the last part of the year in a weekly question and answer program. These will be YOUR programs, answering the



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questions YOU want to know. In this way you will see the physician in his relationship to his patients, the latter asking the questions, the former, answering to the best of his medical knowledge and ability. These questions can be concerned with diseases and health in any form. Please send YOUR questions on a postcard to the Mahoning County Medical Society, Schween-Wagner Building, Youngstown, Ohio. There the Society office will sort and catalogue all the questions. Similar questions will be placed into specific groups which will appear finally on one program.

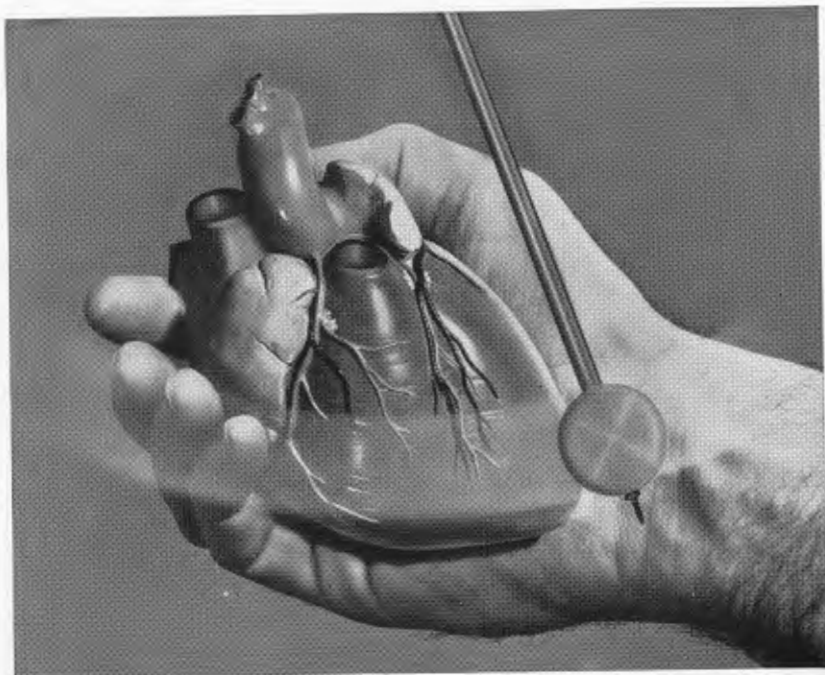
In outlining the topics to be covered by this series of programs, I hope it has brought home to you the realization that your doctor is a man of many parts—he is the man you trust to prescribe drugs—the man you have faith in to have a steady, sure hand with a scalpel—the man who brings your children into the world—the man who must have nerves of steel and the patience of Job to deal tirelessly with the ravages of accidents—to fight the endless battle against disease. Your doctor—the man you trust with your very life—how well do you really know him?

HOLGER NIELSEN ARTIFICIAL RESPIRATION METHOD ADOPTED NATIONALLY

On recommendation of National Research Council, the Holger Nielsen push-pull method of artificial respiration has been adopted nationally and will supplant the Schafer prone-pressure methods as soon as personnel can be taught the new system. Defense Department said the Holger Nielsen system, for years the standard method in Norway and Denmark, has been approved by virtually every national organization active in first aid work. Among them are the armed forces, American National Red Cross, U. S. Public Health Service, Federal Civil Defense Administration, Boy and Girl Scouts and American Medical Association's Council on Physical Medicine and Rehabilitation.

Experiments preceding selection of the system were carried on at Universities of Pennsylvania and Illinois, Springfield (Mass.) College and Harvard University. Experiments were performed on animals, on sick and injured patients who had stopped breathing, on human volunteers holding their breath, on freshly deceased cadavers and on volunteers whose breathing ability had been paralyzed for short periods of time by use of drugs. Reports on these experiments, and other studies and investigations, convinced National Research Council that the Nielsen method is to be preferred to all others as standard procedure in most cases. An important finding was that the Nielsen method exchanges about twice as much air as the Schafer method, up to now the standard artificial respiration technique with most organizations.

Under the Nielsen method the patient is placed face down, with either cheek resting on his crossed hands. The rescuer, kneeling at the patient's head, exerts pressure downward on the chest, then draws the arms forward to assist the patient's own "elastic recoil". With the Schafer method, the operator is not able to assist in the recoil. On this, Defense Department said, "When a victim is deeply asphyxiated and near death, there is a loss of natural muscle tone, less elasticity of the chest and less tendency for air to be sucked in. This makes the Schafer method least effective when most needed." Under special circumstances (arm injuries or when an individual cannot be placed on his stomach) other methods are recommended.—*Capitol Clinic, Vol. 2, No. 50, Dec. 10, 1951.*



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HOSPITALS GIVE STATISTICAL REPORTS FOR 1951

Nineteen hundred and fifty-one showed further increase in hospital activity as indicated in a review of annual reports released by superintendents of the two local general hospitals. The increase was not as great as comparing years 1949 and 1950 as far as total patients admitted were concerned but special departments such as laboratory and x-ray still showed a marked increase in the number of tests performed.

ST. ELIZABETH HOSPITAL

A total of 16,939 patients were treated at St. Elizabeth Hospital during 1951, as compared to 16,486 patients in 1950. There was an average daily census of 350.3 patients, days occupancy of 7.7 days, a bed occupancy of 92% as compared to 90.3% in 1950.

The emergency department treated 8,795 patients; there were 2,807 babies delivered, and 6,597 operations performed.

The department of Laboratory Medicine, and Pathology performed a total of 125,457 varied tests and 6,308 tissue examinations.

The physiotherapy department gave 16,521 treatments which was an increase of 5,000 over the number in 1950.

There were 489 deaths during the year 1951, with an autopsy percentage of 30.7%.

The x-ray department made x-ray examinations of 21,224 patients and gave 2,020 x-ray treatments.

YOUNGSTOWN HOSPITAL ASSOCIATION

The Youngstown Hospital Association comprising both North and South units treated 25,724 patients and admitted 25,159 for hospital care. The North unit admitted roughly double the number treated and admitted at South Side unit.

The average bed occupancy per patient was 8.8 days and the average daily census was 608 patients. The emergency department treated 21,958 patients as compared to 18,048 in 1950. There were 3,877 deliveries, 3,647 which were at north unit. There was a total of 9,437 operations performed which was less than that in 1950 by 400. The department of Laboratory Medicine and Pathology reports 227,791 total examinations and 8,510 tissue examinations. There were 759 deaths with an autopsy rate of 59.5%. The x-ray department made x-ray examinations of 25,974 patients, a total of 30,482 x-ray examinations, 1,261 patients were given x-ray treatments numbering 10,211 treatments. The physiotherapy department administered a total of 25,216 treatments to 1,066 patients. The occupational therapy department treated 121 patients with a total number of treatments 2,175. The blood bank department gave 5,389 transfusions and started 6,966 intravenous infusions. The out-patient department reports 1,811 individual patients treated with 7,071 visits and 623 new patients admitted. The average daily attendance in the out-patient department was 23.

T. B. SANATORIUM

One hundred sixty-four patients were admitted to the Mahoning County Tuberculosis Sanatorium during 1951, according to the annual report of Dr. H. Teitelbaum, Medical Superintendent.

Of this number 136 patients had pulmonary tuberculosis and 28 patients had other types of tuberculosis or were admitted for study to determine whether they had the disease. There were 88 cases of far advanced pulmonary tuberculosis, 37 had moderately advanced and 11 had minimal pulmonary tuberculosis.

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There was a total of 166 discharges from the sanatorium, 25 of which were deaths. Seventy-five percent of the patients discharged during 1951, left the sanatorium as arrested, apparently arrested, or as improved. Of the 25 deaths there were a total of 12 autopsies for a percentage of 48%.

The average length of stay for the 166 patients was 342 days and the percentage of occupancy for the year was 93.2%

There was a total of 20 major thoracic surgical operations including one pneumonectomy, 2 lobectomies, while of the 285 minor surgical operations there were 105 bronchoscopies and 122 thoracentesis.

The clinical laboratory reported a total of 20,374 tests performed and the x-ray department 2,615 x-rays of which 1,443 were in-patients and 1,172 were employees and out-patient department x-rays.

Dr. Teitelbaum's report also included the downtown branch of the Dollar Bank Building where 16,314 screening films were taken and 2,610 diagnostic films for a total of 18,924 films. From this group of films, 59 active cases of tuberculosis was discovered with 655 suspects. There were 1,118 inactive TB's spotted by the films. During the clinic hours, 1,396 pneumo-peritoneums were given with 213 pneumothorax treatments. The total attendance to the clinic was 2,280 and total number examinations were 671.

Y. H. A. ANNOUNCES STAFF APPOINTMENTS

Youngstown Hospital Association announces the following changes in staff appointments for the year 1952: Dr. F. J. Bierkamp is appointed to the Emeritus Staff, Dr. H. E. Fusselman is appointed to the consulting staff for the laboratory. Appointed to associate membership on surgical service is Dr. F. L. Schellhase, Dr. S. A. Lerro and Dr. D. E. Beynon on the urology, service. Dr. P. L. Jones, associate on the obstetrical service, Dr. Frank E. Shaw newly appointed associate in the department of anesthesiology department. New associate appointments to the medical service includes Dr. P. B. Giber, Dr. I. Chevlen, Dr. F. Friedrich, Dr. J. Stechschulte, Dr. H. N. Bennett, and Dr. F. A. Resch. Dr. K. J. Hovanic is appointed associate to the pediatric service. Dr. M. D. Evans new associate on the active psychiatry service. New appointments in the department of laboratories includes H. E. Thompson, PhD in Bio-Chemistry and Stanley A. Katz, M. S. in Bacteriology. A new appointment to the adjunct medical staff is Dr. S. R. Zoss.

A new appointment to the Dental Staff is Prosthodontist Dr. J. D. Chessrown.

Other staff appointments remain unchanged.

RED CROSS FUND CAMPAIGN

Every minute of every day, someone, somewhere needs help that only you can give. Mahoning Chapter of Red Cross is seeking \$206,200 in its fund drive so that it can continue its valuable services to the community.

Red Cross is training hundreds here in first aid, home nursing and water safety for our growing Civil Defense program. Red Cross is collecting blood each month for the men in our armed forces. Red Cross answers disaster calls in this community. Red Cross helps servicemen and veterans with many problems, and offers guidance to their families when it is needed.

Red Cross is important to you. Red Cross is you. For without your support this work could not be accomplished. Answer the call—make your Red Cross pledge today. —Mrs. D. M. Zoerb, Public Information Com.

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AUXILIARY NEWS

*Editorial Note: Without a doubt this column will be well read by the curious males, not only to see what their women will be wearing, but also to see if any price tags were included, of course, by error.

Find the woman not interested in clothes and fashion—not in our auxiliary! The Spring style preview and tea held Tuesday, February 19th, at Strouss Hall, Rodef Sholom Temple was well attended, and members and guests were welcomed by Mrs. Carl A. Gustafson, president.

Gradually femininity has been creeping back into its rightful place in womens wearing apparel and the Style Show proves it is actually here. Wasp-like waists made more so by the "waist-pincher" if desired; rustling taffeta announcing the wearer, full circular skirts worn with "in-an'-outers" or fish net petticoats, both to give the already full skirts wider flare.

On display in the style promenade were Easter hats, the latest in Spring daytime and evening wear as well as sports ensembles. A wide range of materials from denim and quilted cotton to pure linen, fine wool, iridescent pure silk taffeta and chiffon. Also, one dress shown was made of synthetic, permanently pleated, jersey like fabric.

Since in February we honor both George Washington, born February 22, 1732, and Abraham Lincoln, born February 12th, 1809, tea was served in a patriotic setting of red, white and blue. Mrs. William H. Evans and Mrs. Alfred Cukerbaum presided at the tea table.

Mrs. Fred G. Schlecht, Social Chairman was assisted by Mrs. Stewart, G. Patton, Mrs. Edwin R. Brody, Mrs. John Buchanan, Mrs. James L. Fisher, Mrs. Richard Goldcamp, Mrs. T. K. Golden, Mrs. Vernon L. Goodwin, Mrs. Bryan Hutt, Mrs. P. H. Kennedy, Mrs. James D. Miller, Mrs. Stephen W. Ondash, Mrs. Frederick Resch, Mrs. Lewis S. Shensa, Mrs. Sam Zlotnick. Mrs. Alfred Cukerbaum, Program Chairman was assisted by Mrs. Murrill M. Szucs, Mrs. George M. McKelvey and Mrs. Morris Rosenblum.

In connection with Civil Defense, Mrs. Gustafson urges all members to participate in the program and those who have not already registered for the First Aid courses may do so by calling Mrs. Craig C. Wales, Chairman of Civil Defense Committee. Two classes are meeting at the present time, one Tuesday evenings at 7:30 and one Wednesday afternoons at 1:00 o'clock.

The next meeting to be held Tuesday, March 11th, at St. Elizabeth Nurses Home will be a "Tea for Prospective Nurses," the speaker to be Sister Margaret Louise, Directress of Nurses, St. Elizabeth Hospital School of Nursing. —Mrs. Dean Nesbit, Publicity Chairman.

COMING MEDICAL MEETINGS

American Academy of General Practice, Atlantic City, March 24-27.

American Congress of Obstetrics and Gynecology, Cincinnati, March 31 to April 4.

American College of Physicians, Cleveland, O., April 21-25.

Ohio State Medical Association, Annual Meeting, Cleveland, Ohio, May 20-22. Make your hotel reservations now.

American Medical Association, Chicago, June 9 to 13.

Committees for 1952

- PROGRAM—July 1951 - June 1952—P. Mahar, Chairman; R. Donley, W. Bunn, C. Lowendorf, J. Vance, S. Ondash, P. Kaufman, M. Rosenblum, J. Brown, J. Herald, and R. Kiskaddon.
- PROGRAM—July 1952 - June 1953—F. Coombs, Chairman; J. McCann, Co-Chairman; W. Bunn, J. Rogers, H. Teitelbaum, H. Mathay, A. Phillips, F. Shellhase, A. E. Brant.
- PUBLIC RELATIONS AND ECONOMICS—E. Reilly, Chairman; K. Camp, A. Phillips, L. Getty.
- SUB-COMMITTEE ON PUBLIC RELATIONS—A. Phillips, Chairman, B. Firestone, S. Epstein, H. Munson, H. Shorr, J. Hall.
- SUB-COMMITTEE ON ECONOMICS—K. Camp, Chairman; R. Fenton, S. Patton, P. McConnell.
- SUB-COMMITTEE ON INDIGENT RELIEF—L. Getty, Chairman; F. Friedrich, J. LaManna, M. Raupple, B. Burrowes, W. Young, J. Colla.
- LEGISLATIVE—W. Skipp, Chairman; J. McCann, E. Reilly, G. McKelvey, J. Vance, R. Poling.
- PUBLIC HEALTH—W. Tims, Chairman; R. Kiskaddon, C. Scofield, L. Moyer, R. Catoline, S. Franklin, H. Teitelbaum, M. Szucs, J. Tarnapowicz, J. Dulik.
- SCHOOL HEALTH—E. Thomas, Chairman; M. Goldstein, J. Golden, H. Hathhorn, E. Wenaas, E. Mylott.
- LAY EDUCATION—S. Zoss, Chairman; W. Breesmen, C. Lowendorf, W. Mermis, L. Shensa, J. Sofranec.
- VETERANS—M. Conti, Chairman; F. Schellhase, W. Sovik, J. Colla, A. Cukerbaum, S. Franklin.
- CANCER—W. Flynn, Chairman; B. Brown, J. Herald, F. Resch, E. Baker, P. Jones, P. Mahrer, J. Heberding, S. Tamarkin, J. McDonough, R. Lupse, G. DeCicco, M. Kocialek, A. Brandt, P. Fuzy, A. Rappaport.
- DIABETIC—M. Rosenblum, Chairman; H. Ipp, M. Yarmy, J. Keyes, B. Brandmiller, J. Miller, J. Birch, G. DeCicco, H. Mathay, F. Coombs, J. Vance, C. Wagner, P. Mahar.
- HOSPITAL RELATIONS—J. Fisher, Chairman; W. Bennett, F. McNamara, L. Coe, J. Rummell, W. Young, J. Harvey, J. Heberding.
- INDUSTRIAL HEALTH—H. Mathay, Chairman; W. Tims, F. Kravec, C. Wagner, J. Buchanan, P. Kennedy, D. Nesbit.
- HOUSING AND LIBRARY—J. Noll, Chairman; E. Brody, D. Stillson, J. Miller.
- HARD OF HEARING—W. Evans, Chairman; V. Goodwin, D. Goldcamp, J. Benko, A. Till, F. Piercy, R. Hall, S. Myers.
- PUBLICITY—A. Randell, Chairman; E. Shorten, S. Keyes, E. Weltman, M. Yarmy.
- MENTAL HYGIENE—F. Gelbman, Chairman; M. Evans, J. Birch, M. Kendall, E. Elder.
- MEDICAL-LEGAL—L. Reed, Chairman; J. Steckschulte, R. Mossman, S. Franklin, J. Sofranec, A. Rappaport.
- SOCIAL—R. Hall, Chairman; J. Goldcamp, E. M. Thomas, S. Tamarkin, N. Belinky, R. Goldcamp, S. Davidow, M. Conti.
- STATE AND A.M.A. CORRESPONDENCE—C. Walter, Chairman.
- POST GRADUATE—A. Detesco, Chairman; G. Cook, M. Steinberg, D. Metcalf, D. Levy, A. Goudsmit, B. Hutt, J.M. cCann, K. Camp, W. Hardin.
- MEMBERSHIP AND ATTENDANCE—F. Schlect, Chairman; J. Altdoerffer, D. Beynon, E. Brody, J. Brown, L. Coe, M. Conti, A. Detesco, A. Fisher, J. Fisher, R. Miller, R. Poling, A. Randell, E. Reilly, A. Goudsmit, H. Hathorn, H. McGregor, P. Mahar.
- CIVILIAN DEFENSE—C. Wales, Chairman; H. Banninga, H. Fusselman, H. Ipp, A. Bayuk, M. Szucs, F. Gelbman, H. Teitelbaum, D. Belinky, W. McElroy, P. Boyle, F. Schellhase.
- BULLETIN—E. McNeal, Chairman; H. Bennett, P. Cestone, W. Coy, A. Detesco, W. Flynn, J. Fisher, D. Levy, S. Ondash, H. Reese, F. Schlect, C. Stertzbach, W. Tims.
- AUXILIARY ADVISORY—W. Mermis, Chairman; V. Goodwin, W. Evans, G. Delis.
- MILITARY ADVISORY—W. Skipp, Chairman; A. E. Brant, F. W. McNamara, H. Patrick, I. Smith, J. Renner, A. Marinelli.

RURAL HEALTH—H. McGregor, Chairman; C. Weidermier, K. Camp, C. Walter, S. Patton, Jr., P. Leimbach, C. Scofield.

REDUCTION OF NUMBER OF MEETINGS—P. Mahar, Chairman; W. Bunn, J. Rogers, E. Reilly, H. Teitelbaum, A. Phillips.

ARTHRITIS—M. Szucs, Chairman; R. Goldcamp, J. Dulik, J. Miller, A. Marinelli.

BLOOD BANK—A. Rappaport, Chairman; J. Rogers, J. Kupec.

PROCEEDINGS OF COUNCIL

The regular monthly meeting of the Council of the Mahoning County Medical Society was held on Monday, February 11, 1952, at the office of the Society, 125 W. Commerce St., Youngstown, Ohio.

Those present were: Dr. C. A. Gustafson, President, presiding; Dr. E. R. McNeal, Dr. M. W. Neidus, Dr. Wm. M. Skipp, Dr. Asher Randall, Dr. J. D. Brown, Dr. V. L. Goodwin, and Dr. S. W. Ondash, comprising members of Council, also Dr. John Noll, Dr. W. E. Maine, Dr. W. J. Tims, Dr. E. R. Thomas, Dr. D. E. Stillson, and Dr. Ray Hall.

Dr. Hall discussed the March 11 meeting, at which time we have invited the Auxiliary and the members of the Allied Professions Committee. The Secretary was instructed to contact the Presidents or the Secretaries of the various groups, invite them to the meeting and ask for an attendance figure.

Dr. Noll, Chairman of the Housing and Library Committee, reported the progress of his committee to date.

Dr. Tims returned the standing orders of the Visiting Nurse Association, which he reviewed, and recommended that they be approved as they now stand.

Dr. E. R. Thomas presented problems the School Health Committee are faced with in the schools. Discussion followed and a further study by the Committee was recommended.

Dr. Gelbman discussed retarded children and was advised that they should be referred to the family physician.

Dr. Skipp called attention to the May meeting which was to have been held on the 20th, and if so, would conflict with the Ohio State Medical Association meeting in Cleveland which is being held May 20-22.

Council instructed the Secretary to contact Dr. Teitelbaum and Dr. Keogh and see if May 13 could be arranged for the meeting which is to be held in conjunction with the T. B. Sanitarium.

The following applications were read:

ACTIVE MEMBERSHIP

Dr. F. A. Friedrich, 6911 Market St., Youngstown, Ohio

Dr. K. J. Hovanic, 77 E. Midlothian Blvd., Youngstown, Ohio

Dr. H. L. Shorr, 642 Wick Ave., Youngstown, Ohio

INTERNE MEMBERSHIP

Dr. D. B. Brown, Youngstown Hospital Ass'n, Youngstown, Ohio

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

Bills were read and approved for payment.—G. E. DeCicco, M.D., Secretary.

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Youngstown, Ohio

THE CHILD GUIDANCE CENTER OF YOUNGSTOWN

Frank Gelbman, M.D.

The Child Guidance Center of Youngstown completed its first year of operation on September 18, 1951. It was begun as a demonstration project and has had an opportunity this year to illustrate to the community whether such a project is worthwhile. Has it served the parents and children of the community? Has it been worth the time and money spent?

The figures highlighted below give immediate evidence that there has been a great demand for the services of the clinic—146 children were referred by parents, physicians, the schools, social agencies and others. There were 54 requests for lectures from various professional and parent organizations. This demand far exceeded the original expectations of both board and staff.

Since a child guidance clinic is an entirely new venture in Youngstown, it is natural that many questions about its operation have arisen. The most common question is, "Have you helped any children?" Another question has been, "Why does treatment take so long?" There have been many questions about the waiting list and why more children could not be seen.



FRANK GELBMAN, M.D.

This report will indicate that many more parents and children have been helped than was generally known. This is because a greater part of our service has been in the form of consultation help than treatment. There seems to be the impression that a child guidance clinic performs just one service—treatment. While treatment is the service which catches the public's imagination, not all parents who come to the clinic want or need treatment for their child.

This report will attempt to give a clearer picture of the kinds of services given not only through treatment but also through consultation, diagnosis, and miscellaneous service.

SERVICES RENDERED

Service was given to 112 children of the 146 referred, the remaining 34 parents cancelled or failed the initial appointment. Of the 112 cases served, 69 were given consultation, 23 treatment, 5 diagnosis, and 15 miscellaneous service. A total of \$935.00 was received from parents as fees for this service. Fees are nominal and are established according to income.

Child guidance clinics perform a valuable service through briefer contacts known as consultation. Since consultation is an important service performed by all child guidance clinics, this report will attempt to give a clearer idea of this kind of service.

A. CONSULTATION

Consultation consists, in the main, of interviews with the parent, although in some cases the child may also be seen. Every initial interview, when the parent comes to the clinic, is classified as consultation. In the initial interview, the parent is helped in determining the seriousness of the problem, how the clinic can help, and whether treatment is indicated or desired.

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Everyday problems such as feeding difficulties, fear reactions, toilet training problems, etc., were helped through a few interviews with parents in 17 out of the 69 consultation cases. Examples of this kind of help are as follows: (Note the facts in these and other cases cited in this report have been suitably disguised so that the identity of the case is protected.)

(1) A two-year-old boy who refused to eat. A little helpful explanation to the mother in a few interviews helped the mother to deal with the child's resistance to eating. As a result there was less dissension between the parents.

(2) A mother who was extremely upset because her eight-year-old son had been involved in sex play with another boy. She was helped to view the incident in its truer light and given information on what knowledge to impart to the child. The mother was helped to help the child.

(3) A mother who was extremely upset because her three-year-old daughter suddenly refused to sleep alone and was very frightened. The mother was helped in a few interviews to understand the cause of the child's fear and how to go about making the child feel more secure.

Twenty-six of the 69 consultation cases are on the waiting list for treatment. Many of these have been given some advice or consultation to help them make a beginning in solving the child's problem. These are cases where deeper treatment is both indicated and desired by the parents. Eventually most of these children will receive treatment. Because of the addition of Miss Allen to the staff, children will not have to wait as long for treatment in the immediate future. The waiting list can be attributed to the great demand for the services which our small staff was not equipped to handle immediately. The problem is one that the staff cannot solve without more support from the community.

Eleven of the parents given consultation decided they did not wish treatment although the staff recommended it.

Consultation was given to professional workers about a child with whom they were continuing to work in 6 cases. In these cases the child as well as the parent and agency worker were seen by the staff, and a final conference was held with the agency worker.

Mental retardation was the problem in 9 of the 69 consultation cases. These parents did not understand their child nor did they know how to handle him at home. As a result, both the parent and child were extremely tense and the home was upset. These children were all given a psychological examination. The results were interpreted to the parents and they were given suggestions about how to help their child make a better adjustment at home and in the community.

In summary, then, 26 of the 69 consultation cases are awaiting treatment while services in the remaining 43 have been completed.

B. TREATMENT

Of the 23 children given treatment service, 11 are currently in treatment, while treatment has been completed for 12. Of the 12 who have completed treatment, it is believed that 10 of them were helped considerably. In 2 of the cases the parents discontinued bringing the child very early in treatment.

Of the 11 cases in treatment, 5 have been coming for four months or longer. These children have been helped thus far but are in need of continued treatment. Six of the 11 cases are fairly new and 4 of these 6 have just been taken on as a result of Miss Allen's joining the staff.

What is meant by stating that a child has been helped in treatment?

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Columbus, Ohio

Ordinarily clinics do not evaluate treatment results in an annual statistical report because it is not considered scientific. It is extremely difficult to determine whether a child is better and, if so, whether this improvement is the result of clinic treatment. It is natural for the staff to judge their own work in a favorable light. As yet, there has been no satisfactory objective method worked out for evaluating treatment results. The best known method at this time depends in the main on the judgment of professional workers reading the case. While it is not scientific to give such data in a statistical report, it was felt necessary to do this because this is a demonstration clinic in a community which has had no previous experience with child guidance work and which wants some proof that the Child Guidance Center can show results.

The results which have been mentioned so far in the report may seem like a small number in statistical terms but, if considered in terms of the happiness of the individual child or family, these results are extremely worthwhile. The community also has benefitted a great deal socially as well as financially, for every child saved from becoming an adult criminal or mentally sick person will be less costly to taxpayers as well as being a more valuable citizen.

The following are examples of children helped in treatment:

- (1) A 4-year-old boy who masturbated a great deal and had both parents upset. He also did not get along well with other children. The mother herself proved to be a person who was unhappy in many ways. When treatment terminated, this boy no longer had the symptom which had worried the parents and the mother was a much better adjusted person.
- (2) An adolescent girl who was very "mean" and negative, particularly at home. She had caused the whole family to be unhappy as a result of the constant tension she created. She was very fearful in many ways and did not have friends. At the end of treatment, this child was a happier, more pleasant person and had several friends. The household was no longer under constant tension.
- (3) A 7-year-old boy who was a bed-wetter, very babyish, and got along poorly with other children. He was brought to the clinic by his tearful, anxious mother. The mother was a very timid person who had allowed this boy, her husband, and others to "walk all over" her. Both mother and child "grew up" during therapy. When the case was closed, the child no longer wet the bed, was more independent, and belonged to boys' groups which he had originally been too afraid to join.

In summary, then, 21 out of the 23 treatment cases have been helped or are in the process of receiving help. The staff believes that the treatment results achieved are better than average with a record of 10 completed cases plus 5 in advanced stages of therapy. The very fact that parents continue to come in with their children week after week and pay a fee in itself indicates they feel that they are getting something in return for their efforts.

The question about why treatment takes so long is one which merits a longer explanation than this report affords. Briefly, it can be pointed out that the personalities and attitudes of parents and children are not easily changed. People who come for therapy often do not know the cause of harmful attitudes in themselves. Further, these attitudes are the result of a whole life's experience enforced by habits many years in the making. It takes months and sometimes years to bring about a change for the better.

C. DIAGNOSIS

Five cases were seen for a diagnostic study. The child, as well as parent, was seen, perhaps several times, and a psychological examination adminis-



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tered. Three of these studies were done for the Juvenile Court to help the Court decide what was best for the child. In one case, for example, the psychiatrist prescribed drugs for a child who was found to be epileptic. It was felt that the drugs might curb some of the explosive behavior which may have been a kind of "acting out" seizure. In another case the Court was advised that a more understanding approach on the part of the mother towards her teen-age daughter might bring an end to her stealing.

D. MISCELLANEOUS

Of the 15 miscellaneous cases, several involved interpretation to parents of a mentally retarded child who had been tested elsewhere. In many cases the problem, such as marital discord or adult mental illness, was essentially not a child guidance problem and the parents were referred to other agencies after being interviewed.

SOURCES OF REFERRALS

Parents	62
Physicians	34
Social Agencies	31
Schools	16
Others	3
TOTAL.....	146

Of the 146 referrals, 62 were referred by parents themselves and 84 by sources outside the family. Of this total, 90 were boys and 56 girls.

Physicians referred more children than any other outside sources — 34. Of these 34, pediatricians referred 13, psychiatrists or neuropsychiatrists 8, and family physicians or specialists 13.

The 31 cases referred by agencies came from 13 different agencies. Of the 16 school referrals, 10 came from the Youngstown school system and the remainder from the Canfield, Hubbard, Mahoning County and Poland systems.

EDUCATIONAL SERVICES

A total of 64 talks were given, 32 to parent and 22 to professional organizations. A breakdown of the talks given to professional groups indicates the following: Teachers and counselors 7, various classes at Youngstown College 6, nurses 4, social agencies 3, ministers 1, and physicians 1.

An article on casework with mothers, by Mr. Hirsohn, was published in the June issue of "Social Casework", national social work journal.

TYPES AND NUMBERS OF INTERVIEWS

There were 301 interviews with children, 525 with parents, 61 with school representatives, 50 with social agency workers, 28 with physicians, and 5 with others. There were 167 conferences with the psychiatrist on individual cases. In 48 of the cases there were psychological examinations, the majority of these being done by the Child Study Department of the Youngstown Schools.

CONCLUSION

The statistics in this report speak for themselves in indicating that the Child Guidance Center in its first year of operation has demonstrated the value of a child guidance clinic to the community, and the community, in turn, has indicated its desire for increased services. The staff is convinced that Youngstown has long needed a child guidance clinic.

In the coming year the Child Guidance Center expects to give the community even more service because of the addition of another full-time psychiatric social worker to the staff.

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(as the sodium salt)		
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HERE AND THERE

Dr. J. N. McCann now President of Ohio State Board of Medical Examiners was recently elected President-elect of the National Federation of State Board Examiners.

Born: To Dr. and Mrs. Henry L. Shorr, a boy, Robert Mark, on Feb. 1, 1952 at St. Elizabeth's Hospital.

Listed among Ohio contributors to the American Medical Education Foundation Fund in the J. A. M. A. were the following members of the Mahoning County Medical Society; R. M. Kiskaddon, John Noll, Edward A. Shorten, William M. Skipp, and W. E. Turner. Many others are known to have contributed funds directly to their medical schools.

Dr. Ivan C. Smith attended the clinical sessions of the American Society for Surgery of the Hand held in Chicago on January 25. The meeting was held in conjunction with the American Academy of Orthopedic Surgery.

Drs. G. W. Cook, W. D. McElroy, and C. S. Lowendorf attended the American Academy of Orthopedic Surgery meeting held in Chicago, January 26th to 31st, 1952.

Dr. W. Breesman was promoted to the Associate Staff, Department of Internal Medicine and Dr. M. Conti to the Active Staff, Department of Surgery at St. Elizabeth's Hospital.

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Dr. W. H. Bunn
Monday, February 11th.....Dr. Lewis Gasser
Wednesday, February 13th.....Dr. Frederick S. Coombs, Jr.

WFMJ

Sunday, February 3rd.....Dr. Paul J. Mahar
Sunday, February 10th.....Dr. John Noll
Thursday, February 14th.....Dr. Lewis Shensa
Tuesday, February 19th.....Special Program with Drs. T. Duckett Jones
and Howard B. Sprague

WBBW

Friday, February 15th.....Dr. Hugh Bennett
Thursday, February 21st.....Dr. Robert M. Kiskaddon
Thursday, February 28th.....Dr. Henry L. Shorr

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Uptown Lions Feb. 12.....Dr. F. A. Friedrich
Rotary Feb. 13.....Dr. Elmore McNeal
Uptown Kiwanis Feb. 14.....Dr. John A. Rogers
Boardman Kiwanis Feb. 14.....Dr. Bryan Hutt
Downtown Lions Feb. 14.....Dr. R. M. Kiskaddon
Exchange Feb. 14.....Dr. W. H. Bunn
Downtown Kiwanis Feb. 15.....Dr. Dean Stillson

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KEEPING UP WITH A.M.A.*W. M. Skipp, M.D.*

..... The VA has revised the regulations to conform to new laws so that medical care cost can be recovered from insurance companies.

1. When a non-service-connected case applies for free domiciliary care, claiming "no adequate means of support" \$125 is cut off for a man with no dependents, but if he is supporting a family the \$125 does not apply. The rules of the VA hospitals have not changed. He will affirm he is unable to pay and there will be no investigation beyond his statement.

2. The VA intends to recover from third parties for medical care rendered to veterans. The VA will collect from health and hospital insurance, union welfare funds, public and private compensation funds, legally liable persons, also accident cases and other Federal Depts.

..... Oscar Ewing, addressing the 31 Negro Civic Associations in Washington, reiterated his support of National Compulsory Health Insurance and Federal Aid to Medical Education. He declared "I believe there are people in this country who do not care whether we have enough doctors to go around . . . who do not want to see any serious steps taken to relieve the shortage of doctors" . . . "There are people in this country who do not understand and do not want to understand" . . . "The crying problem of the cost of medical care . . . the threat to the liberal American idea lies in a refusal to recognize what this can mean in the way of privation, of financial disaster, even of lives lost . . . there is a threat to our very survival in the refusal to recognize that these problems exist . . . or worse yet, in recognition without any desire to find a solution."

..... Acting under the Capehart Amendment, OPS has an issue (GOR-21) which permits drug manufacturers and others to raise prices. If they feel they deserve an increase they may apply for one basing the new figure on net increases including labor and overhead up to July 26, '51.

..... The Bureau of Labor Statistics reports as of Sept. 15, 1951, show RX's and drugs have risen 4.3 percent above 1950 average, all medical care increased 8.5 percent (including drugs) with an increase of 6 percent for physicians' fees, while chemicals and drugs have risen sharply.

..... OSCAR EWING, 62 principal administration sponsor of National Compulsory Health Insurance describes his post as FSA as "the greatest job in the world." He recommended to President Truman in Sept. 1948, a system of prepaid Government Health Insurance covering the entire population. Ewing wrote . . . "Voluntary insurance plans cannot do the job" . . . that is his belief today. He is now concentrating on the aged with emphasis on hospitalization. He has achieved what he calls his three lifetime ambitions: 1. To become a lawyer; 2. To enter politics after becoming financially independent; and 3. To head the F.S.A. He is a native of Indiana, received his AB Degree from the University of Indiana, majoring in philosophy, and his law degree at Harvard Law School. He represented Aluminum Corp. of Amer., Merck & Co., Inc., Bendix Aviation Corp. In 1931 in Geneva represented American Manufacturers of the Conference for Limitation of the Manufacture of Narcotics.

JOHN L. THURSTON, 37, Ewing's deputy, is a government career man. His duties are as broad and widespread as FSA's many fields of operation. He is the son of a Norwegian sea captain, is a native of Michigan. After graduating from Antioch College in Ohio in 1937 he came to Washington on the staff of the USES. World War II found him working for the War Man-

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power Commission in Michigan. He returned to Washington in 1945 as a manpower expert with the Office of War Mobilization and Reconversion. His duties broadened into the health and social security fields, with emphasis on the supply of physicians, scientists and nurses.

RUFES E. MILES, Jr., 42, assistant FSA administrator, came to FSA from the Budget Bureau, where Mr. Ewing first met him during an FSA budget hearing in 1947. Three years later, Mr. Miles, a native of Ohio, was working for Mr. Ewing as assistant FSA before Defense Production Administration in getting supplies and materials for school and hospital construction. Training for his present assignment was laid during his service with the Budget Bureau starting in 1941. He was responsible for budget estimates affecting FSA and a number of other departments, including VA. Like Deputy FSA Administrator Thurston, Mr. Miles is a graduate of Antioch College, where he majored in social and political sciences. His first job was with the State Relief Commission of Ohio which was taken over in 1935 by the late Harry Hopkins' Federal Emergency Relief Administration.

..... The FSA is considering the revision of proposed plan for hospitalization of the aged to bring them under voluntary health plans, the Federal Government paying the premiums. Among difficulties is that Blue Cross and other plans vary in benefits, a Federal program would have to be fairly uniform.

..... The Hospital Accreditation Committee met in Chicago, on Dec. 15, 1951. Dr. Gunnar Gunderson, Wisconsin member, Board Trustee, A.M.A., is chairman; Dr. Roy Sloan, Chicago, A.C.P., Vice Chairman; Mr. Stewart K. Hummel, Joliet, Ill., A.H.A., Treasurer.

..... *A Down to Earth Definition of Bureaucracy.* This anecdote in a recent sermon by the Rev. Kenneth W. Sollitt, pastor of the First Baptist Church, Mendota, Ill.: "—was once in a small hotel in Vermont when one of the guests, a foreigner unfamiliar with American ways, brought the proprietress of the inn a beautiful bouquet. The proprietress was delighted beyond words—until she discovered that her gallant guest had picked the flowers in her garden back of the inn.

"Whenever government hands you a bouquet, you can be perfectly sure it was picked out of your garden. But we go right on accepting bouquets in the vain hope that some day we will get flowers that somebody else planted and brought to bloom." This is a precise definition of bureaucracy as we see it today.

..... Jan. 8, 1952. Second Session of the 82nd Congress got under way; membership is the same as last session. No action is expected on health legislation. Medically important bills are included:

1. S337. Aid to medical education has been reported out by the last Senate session. In the House bills on this subject have not been reported.
2. S445. Aid to local public health. Senate has passed its bill. House, Interstate and Foreign Committee has held hearing but not reported.
3. Legislation for financing medical care for dependents of enlisted men: bills are still in committee.
4. Ewing's plan for hospitalization at age 65 has not yet been introduced—because of next Fall's election this type of legislation will be watched with interest.

..... Wage Stabilization Board has adopted a policy of allowing automatic approval of health and welfare plans in union contracts if they contain certain criteria. Thousands of plans will go into effect. The policy set forth

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Hospital expense the same, will not cover private room, will cover lab and X-ray, drugs, medicines and operating rooms. No special nursing, blood plasma, TBC, mental or nervous diseases.

30 days are allowed for each confinement in hospital-medical expenses not covered by surgical or hospital benefits.

Ruled out are: (A) payment to physicians in excess of \$5 per day. (B) If graduated visits, payments after first few visits in excess of \$4 per day.

Health Department Bulletin

CITY OF YOUNGSTOWN

REPORT FOR JANUARY, 1952

	1952	Male	Female	1951	Male	Female
Deaths Recorded	247	138	109	161	87	74
Births Recorded	351	167	184	299	153	146

CONTAGIOUS DISEASES	1952 Cases	Deaths	1951 Cases	Deaths
Chicken Pox	69	0	94	0
Measles	119	0	13	0
Mumps	4	0	2	0
Scarlet Fever	5	0	7	0
Tuberculosis	9	5	12	2
Whooping Cough	17	0	4	0
Gonorrhoea	39	0	22	0
Syphilis	26	0	19	0

VENEREAL DISEASES

New Cases	Male	Female
Syphilis	8	11
Gonorrhoea	24	14
Total Patients	57	
Total Visits to Clinic (Patients)	360	

W. J. TIMS, M.D.

Commissioner of Health

HOW EFFICIENT CAN AN ANSWERING SERVICE GET?

A Columbus, Ohio, doctor loves sauerkraut and spareribs and he knows now how efficient a telephone answering service can be.

"The next time you have sauerkraut and spareribs," he told the steward at the University Club, "please be sure to phone me."

On the day the German delicacy was on the menu, the obliging steward phoned the doctor. When there was no answer after the third ring, the telephone answering service took over.

The steward told the operator his story and the perplexed girl, after several attempts, finally reached the doctor in the staff room at the hospital.

She relayed the steward's message and the doctor kept, what he called, the most important appointment of the day.

One can't help but wonder just how efficient a telephone answering service can become.—*Secretary's Letter No. 208, Feb. 6, 1952.*

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EMERGENCY FURLOUGHS FOR SERVICEMEN

First of all, we wish to express our appreciation for the continued cooperation of all the doctors in this particular aspect of Red Cross' work.

Red Cross is the official agency through which all branches of the military services direct their requests for verification of needs for emergency furloughs. Mahoning Chapter maintains 24 hour emergency service, and at all times a worker may be reached, after hours, through Medical-Dental Bureau, Western Union, or the Chief Telephone Operator. The staff volunteers this after-hour service on a rotation basis.

This is the procedure followed in obtaining an emergency furlough.

I. WHEN THE FAMILY INITIATES THE REQUEST FOR FURLOUGH AND THE SERVICEMAN IS STATIONED IN THE UNITED STATES.

The caseworker will do the following:

- A. Obtain serviceman's full military address.
- B. Get the complete story, why an emergency furlough is needed.
- C. Learn which doctor is attending.
- D. Advise the family to notify serviceman of illness so he can request his own furlough. This is a requirement of the military.
- E. Worker contacts doctor, obtains diagnosis, prognosis and his recommendation for need for serviceman to be present.
- F. Worker wires or telephones verification and facts to Red Cross Field Director at serviceman's station.
- G. Field Director relays information to military authorities who grant or deny furlough.

Red Cross neither grants nor denies furloughs. It merely acts as a medium of exchange for needed verification.

II. EMERGENCY FURLOUGH REQUEST — SERVICEMAN IS OVERSEAS.

- A. The procedure is the same except family does not send cable, as delivery is too uncertain.
- B. In addition to Diagnosis, Prognosis, Recommendation, worker asks the doctor for *Life Expectancy*. This added information is required by the Military authorities. If we do not include it in our original wire, the Military will wait until we do send it, and will hold up decisions until it reaches them.

It can be seen, when time is expedient, how important Life Expectancy information becomes. Once death has occurred, as far as the Military is concerned, the emergency is over.

We realize how difficult it is for any doctor to answer this vital question. Again, we stress, it is not Red Cross who wishes this information, but the Military.

- C. Complete information is sent to Red Cross National Headquarters, who in turn relay message to appropriate military department.
 1. In Army and Air Force cases, decision of the leave is made by the Adjutant General's Office in Washington, D. C.
 2. Navy and Marine emergency wires are cabled to the serviceman's own Commanding Officer, who makes the decision about the furlough.

If a furlough is granted from Overseas, the serviceman is flown to the United States, at no expense to himself. However, once he lands and continues in a commercial plane or by train, he assumes those bills.

Emergency furloughs, whether from Overseas or in the Continental

C. (Continued)

United States, are counted against the serviceman's accrued leave. We hope our explanation will be helpful to the doctors in understanding Red Cross' function in emergency furloughs. We also wish to stress, any medical information obtained from the doctors is regarded as confidential.—(Miss) Anne Volk, Home Service Director.

ST. ELIZABETH STAFF MEETING

The regular monthly medical staff meeting of St. Elizabeth was held on Feb. 15, 1952. Case histories of megacolon and acute postpartum thyrotoxicosis were presented and discussed by Drs. J. K. Herald, J. Scarnecchia and B. Firestone. A short business meeting followed and refreshments were then served by the hospital.—P. B. Cestone, M.D.

Well Worth Reading. . . . is the newly released publication "Nursing in Ohio", written by James H. and Mary Jane Rodabaugh and sponsored by the Ohio State Nurses' Association.

The volume presents a powerful and interesting story about the history of nursing in Ohio beginning with pioneer and territorial days. It is a fascinating and moving drama of the development of the complex profession of today as it evolved from its crude beginning in the frontier days. Equally refreshing and adding stimulating interest, is reference to the beginning of medical practice and its early growth in the 19th century.

The authors have skillfully handled the swiftly moving story of the nursing profession and provide interesting reading of the completely documented and authenticated material within its covers. It is a purposeful narrative for the lay or the professional reader as well since it serves to integrate a great public service group with the moving stimulus of American medicine.

Well worth reading, satisfying and light in vein, "Nursing in Ohio" is available from The Ohio State Nurses Association, Broad Street, Columbus, Ohio, at \$4.00 per copy.—S. Ondash.

New Bulletin Available. . . . Just off the press is Civil Defense Information Bulletin No. 5-4, entitled "Community Public Health Services," one of the series prepared by the Civil Defense Health Services Section of the State Civil Defense Organization.

The attention of physicians is especially directed to the chapter on Biological Warfare, which is Section XIX, beginning on page 43. Copies of the booklet can be secured by writing to the Ohio Civil Defense Organization, Fort Hayes, Columbus 18, in care of William E. Warner, Executive Director.

Other booklets to be published by the Civil Defense Health Section in the near future will deal with the following subjects: Self Help (or pre-first aid); First Aid; Emergency Laboratory Procedures; Suggested Emergency Plans for Hospitals; and Blood Programs.

Previous publications of the Civil Defense Section are entitled: *Health Services, Civil Defense Health Services, and Emergency Medical Services.*—S. O.

DIABETIC DETECTION WEEK REPORT

Diabetes is a disease which presents urgent problems not only to internists and general practitioners, upon whom the responsibility for the management of all but the most advanced and complicated cases of the illness usually develops, but also to specialists in many other fields. It may be correctly defined as the disease of complications, since so many other ailments find the diabetic a particularly easy prey.

The magnitude of the problem is increased twofold by the fact that, in addition to the approximate million known diabetics now under treatment, there is an estimated million in this country whose illness has not yet been discovered and consequently is not controlled.

It is essentially the physician's function and duty to discover the hidden diabetic, just as it is his task to supervise the treatment of those whose disease has been diagnosed. Consequently, it is of prime importance that any large-scale diabetes detection program be placed firmly in the hands of the medical profession.

How can we in Mahoning County help to solve this problem?

Surely, we must become thoroughly acquainted with the diagnosis and treatment of Diabetes Mellitus and its complications.

Diabetic Detection Week held each November, stimulates both the public and the physicians. The people have responded from the following report of the number of urine tests done for sugar during Diabetic Detection Week here:

Urine Tests	Positive for Sugar
1004	40

The exhibit on Diabetes at the North Side Unit was well attended. A movie on Diabetes was shown continuously at the exhibit on the evenings of Nov. 14, 15 and 16th, 1951. 220 individuals attended the exhibit, 114 urine tests were done and 9 were positive for sugar.

Dr. Joseph Beardwood, Professor of Metabolic Diseases at the Graduate School of Medicine, University of Pennsylvania, stimulated all of us with his knowledge of the problems of the Diabetic.

The symptoms such as polyuria, polydipsia, loss of weight, should be looked for. A history of Diabetes in the family should be sought for.

Diabetes Mellitus is not a new disease; it was first described in 1500 B.C., about the time of Abraham. Before the discovering of Insulin in 1921 the diabetic regimen consisted of a period of starvation to abolish glycosuria. Once the glycosuria had disappeared, small amounts of carbohydrate were gradually given until a glycosuria again appeared. Then protein and fat were added to the diet. The amount of protein was limited because of its partial conversion to glycogen and the amount of fat limited to that quantity which would not produce diacetic acid in the urine.

The complications of Diabetes is still a problem. It is thought that with better control there should be less complications in the future.

Diabetes Mellitus has shown to be twice as prevalent in women than in men with most cases occurring after menopause. This should make one think of an imbalance of other hormones as a concomitant regulation of the Diabetic State.

We hope that these thoughts will be carried over during the year. Any suggestions for an improved Diabetic Detection Week will be graciously considered.—*Morris S. Rosenblum, M.D., Chairman Diabetic Committee.*

*New Active Members of Society***Hugh Bennett, M.D.**

Medical School: Cornell Medical School

Year Graduated: 1945

Specialty: Internal Medicine

Business Address: 634 Market Street

**E. Henry Jones, Jr., M.D.**

Medical School: Washington University

Year Graduated: 1942

Specialty: Dermatology

Business Address: 3718 Market Street

**Sam Lerro, M.D.**

Medical School: Western

Reserve University

Year Graduated: 1941

Specialty: General Surgery

Business Address: 305 Home

Savings and Loan Building

FROM THE BULLETIN*J. L. Fisher, M.D.***TWENTY YEARS AGO — MARCH 1932**

Dr. John Tucker of the Cleveland Clinic addressed the Society that month on "Newer Viewpoints In The Treatment of Peptic Ulcer."

Post-Graduate Day for April was announced with a group from the Peter Bent Brigham Hospital in Boston, headed by Dr. Henry A. Christian.

Dr. C. H. Beight, Commissioner of Health reminded the doctors of their duty in giving notice of the prevalence of infectious diseases.

The series on Standardization Technique took up Smallpox Vaccination and presented a model form for keeping records of immunizations.

Excerpts from the report on Dr. Barach's paper on "High Arterial Pressure" given at the February meeting: "More wise men die of high arterial pressure than fools. It comes to a man who has done things in life. Ninety per cent of the cases die within ten years after their first visit to the doctor's office. A diastolic pressure of 120 means that death in that patient will occur within two years."

From the President's Page (Dr. Earl Brant): "The reason why some societies make more progress than others is because they have more interested members."

TEN YEARS AGO — MARCH 1942

Dr. Roy W. Scott, of Western Reserve University, was announced as speaker that month. His subject "Clinical Aspects of Arteriosclerosis as They Pertain to the Management of Hypertension."

A long article by the late O. J. Walker on "Division of Medical Services and Disaster Relief in Civilian Defense," divided the city and county into sections and districts, assigned personnel to stations, estimated the needs for equipment and outlined the duties of physicians, hospitals, nurses, morticians and the clergy. It would be a good reference for present-day committees to consult. No mention those days of atomic bombs.

The Red Cross brought Mr. McDaniel, National Examiner here to meet the doctors and standardize the teaching of First Aid to the Laity.

A blood plasma bank was installed at St. Elizabeth's Hospital, Dr. E. H. Young in charge.

George Madtes addressed the doctors at the March luncheon of the Medical-Dental Bureau on "Socialized Medicine."

Dr. Lewis K. Reed attended a conference on Medical Service Plans in Chicago.

Dr. J. K. Herald and Catherine Moore were married on February 14th.

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