



Postgraduate Day

...not enough, but
...is. —Roger Bacon

BULLETIN

of the
MAHONING
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MEDICAL
SOCIETY

October • 1952
Vol. XXII • No. 10
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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Our President Speaks

Though we think that public opinion is the preserver of our liberties, and are ready to resist any encroachment upon it, we are less critical of the means that are employed to form or alter it. Most of us do not or cannot judge the quality of that which is to influence our views. And many of us neglect to give important national affairs the proper attention, or refuse to qualify for judgment.

One of the important reasons why we look down on politics instead of looking into it, is the tendency to try to make the other side look badly through distortion of the truth. The man in the street likes to hear the opposition flayed and denounced. Usually this can not be done effectively without exaggeration and false emphasis. When both parties adopt these practices, it leaves us in doubt of the honesty and capabilities of both.

This procedure creates a large disinterested minority which has an undue influence in election results, but which does not determine policy and is without responsibility. Scaling issues down to the street level is successful in getting votes, but it secures no foundation for sane constructive policy which must be formulated and adapted afterward. Democracy is still our ideal, but we must not be blind to its dangers, — dangers that we ourselves originate and foster.

There was a time when to be called a "stalwart member of the party" was received as if it were a compliment. If the fellow was an opinionated ignoramus, the praise would still pertain. Yet this tended toward strict party alignment, with but few mugwumps left between. This made for choice of party, and then party responsibility. Today it is the nondescripts, the dissidents, the middle-of-the-roaders, who control the balance of power though they get neither credit nor blame for the consequences. The resulting political chaos has proven to be just just what is needed for gangsters to come into their own. The stench is mounting to high heaven, with no one but individuals to blame. After all, "opinionated ignoramuses" may become again our refuge, our salavation.

C. A. Gustafson, M.D.

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CANCER SYMPOSIUM SETS A PRECEDENT

The scientific session of Cancer Day was a huge success. The different papers were presented on time and were enjoyed by a large audience. The dinner at Pick-Ohio again was a sell-out and Dr. Hayes Martin held the audience spellbound by his presentation which followed.

Malignant metastatic disease of the neck has and still presents a challenge to effective treatment. It was, therefore, a privilege to be able to hear this subject discussed by such an authority as Dr. Hayes Martin, his impressions having resulted from a life-long objective study of this condition.

Definitive radical neck dissection, Dr. Martin stated, is the treatment of choice for malignant metastatic disease of the neck. Since the metastatic spread is by way of the lymphatics an exact knowledge of the anatomy of the cervical lymph nodes is most essential.

Dr. Martin gave the indications for the type of definitive surgery that he recommends. Carcinomas of the tongue, lips and thyroid are the most common indications.

Intravenous pentothal seems to have solved the anesthesia problem. Dr. Martin discussed the anesthesia apparatus used during the operation. The necessity of tracheal intubation was greatly emphasized because of the frequent laryngospasm associated with intravenous pentothal.

Dr. Martin discussed the step by step operative procedure for radical neck dissection. He left behind some operative gems. He cautioned to beware of cutting the branches of the facial nerve which would result in unsightly drooping of the lower lip. The phrenic nerve must be preserved. The thoracic duct, if accidentally cut, can be clamped and tied off since there is a rich collateral anastomosis. The submaxillary nerve should be preserved. The spinal accessory nerve could be sacrificed, if necessary. The internal jugular

**DR. HAYES MARTIN**

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vein must be dissected. Both internal jugular veins can be removed during bilateral neck dissection. The advent of the antibiotics has made this type of definitive surgery much more feasible.

Dr. Martin stated that with the total neck dissection, he had a 34.5% five year cure out of 334 cases. X-ray treatment or any other prophylactic neck dissection do not give comparable results.

A SUMMARY OF THE CANCER DAY PROGRAM

Dr. H. Dargeon reviewed the problems confronted in attempting to reduce the mortality from cancer in children. He presented interesting statistics which showed that the incidence increased from fourth in the 1-4 year age group to first in the 10-14 year age group as the cause of death due to disease.

Management of tumors begins with their preventions, by that he meant that the treatment of affected parents can prevent the transmittable tumors such as retinoblastoma from occurring in their offsprings.

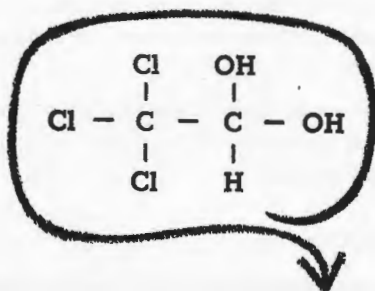
Dr. Frank Adair gave a review of the progress in the treatment of cancer of the breast. His statistics were very interesting and showed a definite increase in the cures, but he also pointed out that progress in this disease is not as great as that in other organs involved. Five percent of the female population will have cancer of the breast; of these 80% will be operable when they are seen by their doctors, and of these 60% will have axillary involvement. Investigation has shown that the average cancer exists in the breast 36 weeks before coming to operation.

He also discussed the newer modes of attack using radium, X-ray and hormones. Recently a new procedure in which the lymphatic chain along the internal mammary arteries is removed shows great promise in increasing the survival rate. Doctors Wangenstein and Urban developed this technique.

Statistics show that 77.5% live 5 years if only the breast is involved, whereas only 39.4% live if there is axillary involvement.

Dr. Henry Diamond, in the relatively short period of time allotted to him, gave a comprehensive and complete summary of the present day methods used in the treatment of lymphomas. The accent was on chemotherapy. He made it clear from the start that the present tools are only palliative, and to many of the surgeons in the audience it may have sounded like much ado about nothing, since a cure was never mentioned. His talk was organized around a discussion of the various therapeutic agents at hand and diseases controlled by each.

1. *Radioactive phosphorus: P32* was mentioned as good as X-ray in the control of the elevated white blood cell count in chronic myelogenous leukemia but not as effective as X-ray in reducing bulky nodes, spleen and other masses. A combination of the two is effective. In chronic lymphatic leukemia P32 alone or X-ray alone gave equally good results, prolonging life for many years in the less malignant cases.
2. *Nitrogen mustards and triethylene melamine (TEM)*: Clinical results comparable to X-radiation in reduction of fever, lymphadenopathy and



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1. Hyman, H. T.: An Integrated Practice of Medicine (1950)
2. Bennett, M. 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, I.: A Manual of Pharmacology, 7th ed. (1946), and Useful Drugs, 14th ed. (1947)

splenomegaly have been obtained with both of these. In the treatment of Hodgkins disease TEM can be given I-V or orally and thus can be given to an outpatient without hospitalization. Both are toxic to bone marrow and the dose is considered too low if there is not a transient leukopenia following its administration.

3. *Ethyl carbamate* (urethane): In occasional cases of multiple myeloma it has succeeded in healing bony lesions and reversing the hyperglobulinemia. It is probably more useful in chronic myelogenous leukemia.
4. "*Folic Acid Antagonists*" (aminopterin, amethopterin): Remissions in 30-50% of acute leukemias in children, but only 2-3% in adults. Dr. Diamond did not mention their toxic properties which are manifest in any patient on a therapeutic dose.

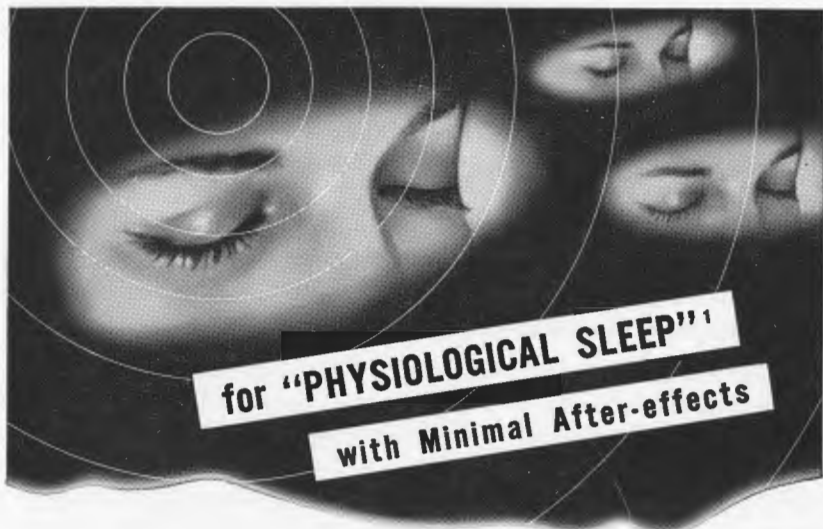
Dr. Hayes Martin gave a simple but interesting and forceful talk on the diagnostic significance of a lump in the neck. He started out by reminding the audience that an asymmetrical enlargement of the cervical nodes in an adult is "almost always" a metastasis from a cancer of the mouth or nasopharynx. With a variety of slides he illustrated this point repeatedly — patients with a lump in the neck that had sought medical attention, the attention centered on the lump and the primary lesion missed completely because no real search had been made for it. Dr. Martin pointed out that if these patients were to be salvaged the primary lesion had to be found without delay. He might have mentioned at that point the possibility of a cure in this situation, as there must have been many in the audience unfamiliar with the results of radical neck dissection with metastatic disease in the neck. He perhaps did not want to steal his own thunder from his talk later in the day.

He stressed the rather careless attitude of many M.D.'s who would biopsy the lesion without an adequate search for the primary being made (and thereby ruining the possibility of cure by radical neck dissection later because of loss of anatomical planes, scarring, etc.).

Dr. Martin suggested the following procedure in this problem:

1. Examine carefully and repeatedly for the 1° lesion.
2. If none found do an *aspiration* biopsy of the lump.
3. If this is positive look again for the 1° site and keep looking.
Get help from someone else. Use endoscopy and other special technique.
4. If still no 1° found — follow the patient frequently and carefully with more examinations.

Dr. Martin put the principal blame for delay and mismanagement on the doctor's shoulders, but added that it was only human to err, especially if not acquainted with, or aware of the basic problem.



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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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Dr. Michael Jordan—At the present time, the controversy and confusion in the treatment of cancer of the cervix is irradiation versus radical surgery. Whereas in cancer of the corpus, it is preoperative irradiation with total hysterectomy and excision of the adnexa versus the standard operative procedure alone. In either case, restriction to one form of treatment is not justified, but rather each case should be individualized.

The current treatment of choice in most clinics and at Memorial Hospital is with x-ray and radium. Multiple high voltage doses administered through the vaginal cone is preferred at Memorial Hospital. In 113 cases treated in this manner there has been an over all cure rate of 36%.

Of prime concern in cancer of the cervix is what happens in the cases that are lost. In some instances there is clinical misjudgment as to the correct stage of the disease. Studies have shown that positive nodes have been found in as high as 20% of the cases which were clinically judged to be Stage I. Another cause is that present day irradiation does not reach nodes in the obturator fossa and on up. Thirdly, some of the tumors of the cervix are radio-resistant. In some instances irradiation is effective but recurrences occur.

Irradiation mortality in carcinoma of the cervix averages between 1 and 3%. Most patients die in uremia from ureteral complications. Peritonitis is not an infrequent cause of death in these cases. Fistulas develop in 4 to 10%. with intestinal obstruction, ulceration, or hemorrhage occurring less frequently. Marked fibrosis of the pelvis occurs at times.

In an attempt to improve the results in cancer of the cervix a total hysterectomy and pelvic lymphadenectomy is suggested. The procedure is done following irradiation but not complete irradiation. Surgery after complete irradiation has too great a morbidity because of the fibrosis, likelihood of severe hemorrhage, and other complications of irradiation. The entire vagina and parametrial tissues are removed in a block resection of the nodes. The advantage of this procedure is that it tends to prevent recurrence and eliminates many of the irradiation complications.

Advantages are far greater for preoperative irradiation than for surgery alone in treating cancer of the cervix. With irradiation the sensitive cells can be completely destroyed. Irradiation has the advantage of controlling infection and thereby improving the general condition of the patient. There is a protective value by irradiation while the patient await hospital admission. Other advantages are a reduction in the size of the mass making manipulation easier and there is less chance of dissemination of cancer cells during the procedure.

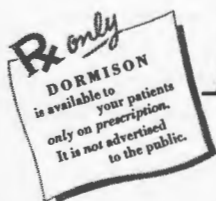
Before proceeding the surgery, metastatic lesions in the liver, lung, and bones must be ruled out. In some instances if any benefit is to be gained a complete pelvic extenteration may have to be done.

For carcinoma of the corpus, treatment may be with irradiation, surgery, or a combination of the two. At the present time, irradiation combined with surgery is the best form of treatment. Irradiation alone is used only when

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a laparotomy is contraindicated. Surgery alone is indicated only when the patient is not adaptable to the uterine applicator.

Surgery is carried out 3 to 4 weeks following irradiation. In performing the hysterectomy it is important to do a transfixion closure of the external os, clamp and ligate the tubes, visualize the ureteres, complete removal of parametrial and pubo-cervical tissues together with a 2 to 3 cm. cuff of vaginal mucosa.

Failure to cure by this method is largely due to an inaccurate preoperative diagnosis; either a supra-cervical or an inadequate total hysterectomy is done, or an inadequate vaginal cuff is removed. Groin nodes occur in 15% of the case of corpus cancer so a contiguous node dissection is important. Unlike the cervix, carcinoma of the corpus usually bypasses the nodes in the pelvis. In this instance, the route is from the endometrium to the ovary and hence to the region of the kidney thus missing nodes in the pelvis.

Dr. Gordon McNeer—The 5 year survival rate in gastric cancer is approximately 26% in operated cases. This can be improved by earlier recognition of the disease and secondly, by a more radical operation.

Some progress has been made in earlier diagnosis and consequently earlier treatment in as much as previously there was a 9-month interval from the onset of symptoms to treatment, whereas, at the present time this interval is 5 to 6 months.

A more radical approach seems indicated when the results of subtotal gastrectomy are examined. Out of 140 cases, 92 were selected who had a subtotal gastrectomy with the intent to cure. Out of the 92 cases there were 74 failures in the local control of the cancer. About one-half of these showed recurrence in the gastric remnant. Approximately 9% showed recurrence in the duodenal stump and 20% showed metastases in the gastric bed including the pancreas and hilum of the spleen. Recurrences in the gastric remnant were about the same regardless of histologic type or the size of the tumor. In addition, the greater the subtotal resection the higher the recurrence rate in the remnant.

For lesions near the pylorus, studies have substantiated the adequacy of a subtotal resection, provided the 1st portion of the duodenum is removed. However, for a lesion proximal to the incisura a much more radical extirpation is necessary. For cancer in this locality, the recommended procedure is total gastrectomy, splenectomy, and excision of the greater omentum and the tail and body of the pancreas.

The rationale of this extensive procedure is based on a special study. Specimens were prepared to make it possible to study lymph nodes. Results of this study showed a high incidence of positive nodes along the splenic vein and in the splenic hilum when the carcinoma was in the proximal portion of the stomach. No positive nodes were noted in these areas when the lesion was in the pyloric area. In view of this, even total gastrectomy is inadequate in lesions of the proximal portion because of what is left behind.

The operative procedure is performed through a combined abdomino-thoracic incision, entering the chest through the 8th interspace. A block type of resection is done by incising the spleno-renal and spleno-colic peritoneum and dissecting the entire mass medially until the origin of the vessels are

exposed and there ligated. The entire stomach, greater omentum, spleen, and tail and body of the pancreas are removed.

Prior to 1936, the mortality for total gastrectomy alone was about 36%. With antibiotics, improved anesthesia, and avoidance of pulmonary complications by discontinuing the suction tube and repeated tracheal aspirations post-operatively, the present mortality is about 14%. Splenectomy and partial pancreatectomy has not increased the mortality.

Nutritional disturbances have not been a formidable problem. None of the patients regain their preoperative weight, although, many are able to regain a considerable portion of it. However, most of the patients feel good.

Sufficient time has not elapsed to determine whether this procedure will add materially to the 5 year cure rate in gastric cancer.

Dr. Michael R. Deddish—17% of body cancer occurs in colon. 35,000 deaths annually are caused by cancer of colon, and it is estimated that 50,000 have it.

CAUSE:— Actual causes of Cancer Colon is not known. Familial Polyposis, 35 to 75% of these cases become cancerous. Studies have been made of gastro-intestinal allergy as background for polypi. Procto-sigmoidoscopic examinations are very important and should be done routinely. All mucosal polyps become cancerous eventually. In the large series of procto-sigmoidoscopic examinations of normal individuals, the following results were obtained. Polyps found in: 5% females, 12% males; 0.5% actual cancer developing on the surface. Of 479 cases of polypi, 98% were discovered by procto-sigmoidoscopic examination, and 2% by means of barium-enema studies. A new procedure has been instituted, whereby a procto-sigmoidoscopic examination is performed during operation. The procto-scope is inserted into an opening of the colon as appendiceal stump or wherever exploratory is being done of colon. By this procedure, in 60 cases of polyps, 27 cases (45%) additional lesions were found, and in 17 cases or 28% had cancer, 66% had other polyps.

TREATMENT:— Primarily surgical. 5 years survival rate is 7.9%, and that is a very poor showing. This poor record certainly indicates that there is a lot of room for improvement in diagnosis and operative procedures. We know that cancer of colon is localized for a long time before any spread occurs and that is in our favor. Spread occurs primarily through lymph flow, then by contiguity, and finally by blood stream. For these reasons early diagnosis, and initial surgical attack are extremely important. The cancerous growth is rapid and metastasis is early and rapid in the young and in pregnant women. Due to lack of symptoms is the probable cause for late or delayed diagnosis.

The important symptoms of cancer of colon:—

1. Change in bowel habit.
2. Abdominal discomfort for no apparent reason.
3. Increased distention and increasing flatus.
4. Attacks of partial intestinal obstruction.
5. Rectal bleeding, usually from left colon.
6. Abdominal mass.
7. Loss of weight and strength and progressive anemia.

These 7 main symptoms are important in tracing cancer of colon.

Lymph drainage of large bowel:— The lymph drainage is greater on the right side of the rectum. In doing an operation for cancer of colon it is essen-

tial that the omentum is also removed. For the left colon, rectum and anus in addition the posterior rectal and pericolic nodes should be excised.

Present statistics show that 16% of those operated upon die within 3 years and 67% die of residual pelvic disease. In many cases now a complete castration is done as part of operation for cancer of colon. That includes the removal of urinary bladder. In this type of a patient he must have his ureter connected to another opening in the abdominal wall for which there is a special bag. The other alternative is connect the ureter to colostomy and the patient will have a wet colostomy. The surgeon should be responsible for instructing the patient about care of colostomy. With proper teaching patient can accept his condition and tolerate his colostomy.

In conclusion improvement must be made to diagnose and treat patients with cancer of colon as early as possible. Importance of complete examination including procto-sigmoidoscopic cannot be over-emphasized. The diagnosis should be established as early as possible and initial treatment should be aggressive.

Walter J. Tims, M.D.

A. Detesco, M.D.

F. Schlect, M.D.

P. Cestone, M.D.

H. Bennett, M.D.

(Remarks at Summit County Day Banquet)

The Sixth Councilor District is proud that the Ohio State Medical Association has again sought out one of our members to be its president. It is indeed a high honor to be chosen to this office from a membership of 7,000. We congratulate Summit County and Dr. Davis and pledge to him our full support in the performance of his duties.

I am wondering if our general membership realizes the heavy responsibilities that are placed on our officers. Dr. Davis is almost as busy as "Ike." This is his schedule for the last couple of weeks that I happen to know about and I don't know how many other things he has done. A week ago, Sunday, we were at Congress Lake to plan the Post Graduate Day. The following Saturday evening, we were at a State council meeting at Columbus. On the following Sunday, we met at an all day meeting of presidents, secretaries and legislative chairmen at the Neil House. Last Tuesday night, we were at Alliance to plan our political activities for this fall election, and here we are again at another meeting. On September 26, 27 and 28 we will be at Granville for a council meeting. Ask yourself what you have contributed to your society within that space of time. So you can imagine what it will be like when he become president.

Dr. Davis, I wish for you a term filled with accomplishments. I know you are going to work hard, and this will bring you reward in new contacts and new friendships and I know that Ohio is going to be proud of you. I am sure the physicians of this district will stand ready to help you, when called upon, and for myself, I pledge my loyalty and support to you. Good luck to you!

C. A. Gustafson, M.D.

Guest Editorial —

DOCTOR-PATIENT RELATIONSHIP

By HARRY BOYD, *Wheeling Intelligencer*

Always before, I have been opposed to socialized medicine just on general principles. Viewing the arguments objectively, it seemed to me that the case for was nowhere near as strong as the case against.

I looked at it as a coldly abstract proposition, like the case for a return of the gold standard. It didn't hit me between the eyes, as something that means a great deal to me personally.

But it does now. I am against socialized medicine now in the same way I would be against a movement to build a toll road through our dining room.

The physician who was our family doctor for many years died recently, long before his time. Since then I have been thinking about the things our family needs and wants in a doctor.

He had most of those things. They aren't necessarily the same things other families need and want, and I have been amazed to find how few of the many fine doctors I know seem to meet our peculiar requirements.

For the first time I have felt the full impact of the fact that many doctors nowadays specialize exclusively in one thing or another and don't monkey with the run-of-the-mill health problems that plague the average family.

This doctor, to begin with, was a good man, a friendly and understanding man. He was aware of what was going on outside his profession and his opinions on such developments made sense. He had his feet on the ground and recognized his responsibilities as a citizen.

I think he was also a good physician, although I may not be competent to judge as to that. He didn't pretend to know all the answers, but lost no time getting the ones he didn't know when he felt they were important.

He was cautious and painstaking. We felt that any mistakes he might make would be on the safe side.

Although he worked too hard, he never gave the impression of being hurried. His equanimity inspired confidence. We went to him many times when there was nothing much wrong with us but he never intimated that we were wasting his time. When something was wrong he quieted any disposition to be over-alarmed, but if there were serious possibilities he didn't conceal them. And he sought the advice of specialists whenever he needed it, without urging.

Most important of all, he was interested in us. He knew our way of living, was familiar with our problems and took them into account in his handling of our ailments. Time and again when I met him on the street he asked questions that indicated he thought about our troubles between calls.

All this, I realize now more clearly, is what the American Medical Association means when it talks about the vital importance of preserving the "doctor-patient relationship."

Unquestionably other families have that same reassuring feeling about other doctors. No doubt we'll find another good doctor who, in time, will suit us as well.

But I've thought enough about it to be sure it won't be any nine-to-five payroller to whom we're assigned by a government dispatcher.

2:1 ODDS THAT POSTGRADUATE DAY IS A WINNER

Dr. A. Detesco and his committee have made plans for an excellent clinical and social session on October 29, 1952. This is the year for the Mahoning County Medical Society to entertain the Sixth Councilor District and that is what our committee has planned to be presented at the Pick-Ohio Hotel starting at 10 a. m.

The following program and short sketches of our speakers training and positions indicated an outstanding day. Last, but not least a dinner will be held for all members, the medical auxiliary and guests at 6:30 p. m. in the Pick-Ohio Ballroom. The guest speaker, Tennyson Guyer, Ph.D., L.L.D., needs no introduction since everyone has read the August issue of the Bulletin and is aware of his renown as an after dinner entertainer.

POSTGRADUATE ASSEMBLY**Sixth Councilor District — Ohio State Medical Association**

October 29, 1952 — Hotel Pick-Ohio
Youngstown, Ohio

Meeting at same time

Woman's Auxiliary to Sixth Councilor District

Program by Staff Members of Mayo Clinic, Rochester, Minnesota

H. F. Polley, M.D.

Asst. Professor of Medicine

O. H. Behrns, M.D.

Instructor in Surgery

C. H. Scheifley, M.D.

Asst. Professor of Medicine

L. E. Harris, M.D.

Instructor in Pediatrics

A. M. Olsen, M.D.

Asso. Professor of Medicine

PROGRAM

- 9:00 — 10:00 Registration
- 10:00 — 10:45 ACTH and Cortisone in Rheumatic Fever.....Dr. C. H. Scheifley
- 10:45 — 11:15 *EXHIBITS*
- 11:15 — 12:00 ACTH and Cortisone in Arthritis.....Dr. H. F. Polley
- 12:00 — 1:00 Luncheon—*EXHIBITS*
- 1:00 — 1:40 Surgical Conditions of the Female Pelvis.....Dr. O. H. Behrns
- 1:40 — 2:20 Abnormalities in the Newborn Period.....Dr. L. E. Harris
- 2:20 — 2:50 *EXHIBITS*
- 2:50 — 3:30 A Discussion of the Common Pulmonary Diseases.....
.....Dr. A. M. Olsen
- 3:30 — 4:10 Treatment of Chronic Congested Heart Failure
.....Dr. C. H. Scheifley
- 4:10 — 4:40 *EXHIBITS*
- 4:40 — 5:20 Diagnosis of the Acute Surgical Abdomen.....Dr. O. H. Behrns
- DINNER — 6:30 P. M.
- 8:00 P. M. Tennyson Guyer, Ph. D. LL. D. — Nationally known for his views on "American Way of Life."
REGISTRATION FEE \$8.00 (Including Dinner)
Auxiliary and Guests \$4.00 (Dinner)

Our Speakers

DR. CHARLES H. SCHEIFLEY

Dr. Charles H. Scheifley was born on May 19, 1911, at Saint Paul, Minnesota. He received the degree of bachelor of arts in 1933, that of bachelor of medicine in 1937, and that of doctor of medicine in 1938, from the University of Minnesota.

Dr. Scheifley was an intern in the Robert Sayre Hospital in Sayre, Pennsylvania, from July 1, 1937, to June 30, 1938. He had been appointed a fellow in medicine in the Mayo Foundation on October 1, 1936, with leave of absence extending from January 1, 1937, to September 30, 1938. On July 1, 1941, he was appointed a first assistant in medicine in the Mayo Foundation. He received the degree of master of science in medicine from the University of Minnesota in 1942. In 1944 he was certified as a specialist in internal medicine by the American Board of Internal Medicine.

Dr. Schiefley entered the reserve corps of the Army of the United States as a first lieutenant in the Medical Corps on September 19, 1943, and was assigned to active duty on July 1, 1944. He left the army in 1946, and was appointed a consultant in the Division of Medicine of the Mayo Clinic on July 1, 1946. He is now assistant professor of medicine in the Mayo Foundation, Graduate School, University of Minnesota.

Dr. Scheifley is a member of the American Medical Association, the American Heart Association, the Minnesota State Medical Association, the Southern Minnesota Medical Society, the Minnesota Society for the Study of the Heart and Circulation, the Minnesota Society of Internal Medicine, the Minnesota Heart Association, the Alumni Association of the Mayo Foundation, and the Society of the Sigma Xi. His contributions to the literature began in the year 1934, and at present (1952) number 24 papers.



DR. CHARLES H. SCHEIFLEY

DR. OLIVER H. BEAHR

Dr. Oliver H. Behrs was born on September 19, 1914, in Eufaula, Alabama. He received the degree of bachelor of arts from the University of California in 1937, and that of doctor of medicine in 1942 from Northwestern University.

From March 1, 1941, to February 28, 1942, Dr. Behrs was an intern in the Evanston Hospital, Evanston, Illinois. He became a fellow in surgery in the Mayo Foundation on April 1, 1942, but left on May 27 of that year to enter the United States Naval Reserve as a lieutenant, junior grade, in the Medical Corps. Dr. Behrs left active service in the United States Naval Reserve on December 11, 1945, with the grade of lieutenant commander. He returned to the Mayo Foundation to complete his fellowship, and became a first assistant in



DR. OLIVER H. BEAHR

POST-GRADUATE DAY

surgery on April 1, 1948. He received the degree of master of science in surgery from the University of Minnesota in 1949. He became an assistant surgeon in the Division of Surgery of the Mayo Clinic on April 1, 1949, and in July, 1950, was appointed to the permanent surgical staff. He is an instructor in surgery in the Mayo Foundation, Graduate School, University of Minnesota.

Dr. Beahrs was certified as a specialist in surgery by the American Board of Surgery, Inc., in 1951. He is a fellow of the American College of Surgeons and a member of the Minnesota Surgical Society, the American Medical Association, the Society of the Sigma Xi, Phi Kappa Epsilon and Phi Beta Pi.

DR. LLOYD E. HARRIS

Dr. Lloyd E. Harris was born on January 25, 1911, in Sterling, Illinois. He received the degree of bachelor of arts in 1932 from Wittenberg College, and that of doctor of medicine from the Rush Medical College of the University of Chicago in 1936.

Dr. Harris was an intern in the Cincinnati General Hospital from July 1, 1936, to July 1, 1937. From July 1, 1937, to July 1, 1938, he was assistant resident in the Children's Memorial Hospital in Chicago. He served as resident from July 1, 1938, to December 31, 1938, and chief resident from December 1, 1938, to January 1, 1940.

Dr. Harris entered into the private practice of pediatrics in Lafayette, Indiana, in 1940, where he served as pediatrician to Saint Elizabeth's Hospital and the Lafayette Home Hospital.

In November, 1942, Dr. Harris entered the United States Naval Reserve as lieutenant, junior grade, in the Medical Corps. Dr. Harris was released to inactive duty in the United States Naval Reserve in March, 1946, with the grade of lieutenant commander. He resumed his practice of pediatrics in Lafayette, Indiana, in June, 1946. He was appointed a consultant in the Section of Pediatrics of the Mayo Clinic in July, 1947 and was assistant director of the Rochester Child Health Institute from 1947 to 1950, and co-director of that Institute in 1950 and 1951. He is now an instructor in pediatrics in the Mayo Foundation, Graduate School, University of Minnesota.

Dr. Harris was certified as a specialist in pediatrics by the American Board of Pediatrics, Inc., in 1942. He is a member of the American Academy of Pediatrics, the Northwest Pediatric Society, the American Medical Association, Phi Kappa Psi, Nu Sigma Nu and Alpha Omega Alpha.



DR. LLOYD E. HARRIS

DR. ARTHUR M. OLSEN

Dr. Arthur M. Olsen was born on August 29, 1909, at Chicago, Illinois. He received the degree of bachelor of arts in 1930 from Dartmouth College, and that of doctor of medicine in 1935 from the Rush Medical College of the University of Chicago. From July, 1934, to January 1, 1936, he was an intern in the Cook County Hospital in Chicago.

POST-GRADUATE DAY—(Continued)

Dr. Olsen entered the Mayo Foundation at Rochester, Minnesota, on January 1, 1936, as a fellow in medicine, where he spent 9 months in medical hospital service, 6 months in neurology, and 32 months in general medical and surgical diagnosis. He was appointed a first assistant in medicine on April 1, 1938. In the same year he was awarded the degree of master of science in medicine from the University of Minnesota.



DR. ARTHUR M. OLSEN

Dr. Olsen was appointed a consultant in the Division of Medicine of the Mayo Clinic on January 1, 1940. He is now associate professor of medicine in the Mayo Foundation, Graduate School, University of Minnesota. He was certified as a specialist in internal medicine in 1943 by the American Board of Internal Medicine. He is a member of the American Medical Association, the American Broncho-Esophageal Association, the American Trudeau Society, the Alumni Association of the Mayo Foundation, the American Association for Thoracic Surgery, Alpha Omega Alpha, and Nu Sigma Nu. He is a fellow of the American College of Physicians. Currently, Dr. Olsen is president of the Minnesota Trudeau Society and is secretary of the Minnesota chapter of the American College of Chest Physicians.

DR. HOWARD F. POLLEY

Dr. Howard F. Polley was born on November 12, 1913, in Columbus, Ohio. He received the degree of bachelor of arts in 1934 from Ohio Wesleyan University, and that of doctor of medicine in 1938 from the Ohio State University.

Dr. Polley was an intern at Saint Luke's Hospital in Chicago from 1938 to 1939, and resident in medicine from 1939 to 1940. He became a fellow in medicine in the Mayo Foundation, Graduate School, University of Minnesota, in 1940 and was appointed a consultant in the Division of Medicine of the Mayo Clinic in 1943. In 1945 he received the degree of master of science from the University of Minnesota. He was a consultant in the Section of Physical Medicine from 1946 to 1948. Since 1948 he has been a consultant in the Division of Medicine. Dr. Polley was associated with Drs. Hench, Kendall and Slocumb in the original clinical investigation of cortisone and ACTH in rheumatoid arthritis and related conditions.



DR. HOWARD F. POLLEY

Dr. Polley is now assistant professor of medicine, Mayo Foundation, Graduate School, University of Minnesota. He is a member of the American Medical Association, the American College of Physicians, the Central Society for Clinical Research, Society of the Sigma Xi, the American Rheumatism Association, the American Congress of Physical Medicine, the American Society of Physical Medicine, the American Association for the Advancement of Science and the Alumni Association of the Mayo Foundation.

ANNOUNCEMENT

Doctor H. M. Clodfelter, Columbus, President of the Ohio State Medical Association, issued the following statement for the purpose of correcting the erroneous impression of some people that the American Medical Association and the Ohio State Medical Association have abandoned their fight against socialized medicine:

"The recent announcement that the American Medical Association has disbanded a special committee which for the past four years has been conducting an intensive short-term educational campaign against socialized medicine brought the retort from President Truman in a press conference that the A. M. A. had given up in its opposition to his National Health Program. There is certainly no basis for that incorrect assumption by the President.

"Actually, as officials of the A. M. A. have pointed out, that campaign was merely one phase of its vigorous and successful campaign to keep medical care on a voluntary basis.

"The campaign of the American Medical Association and the Ohio State Medical Association will continue as long as attempts are made by Mr. Truman and others to saddle the American people with a compulsory, tax-supported health insurance system.

"The Associations also will continue their sponsorship and support of voluntary insurance plans and other efforts to bring about a better distribution of high-quality medical care to all the people."

AUXILIARY NEWS

The Program Committee of the Auxiliary to the Mahoning County Medical Society has planned a full day of activities to entertain the wives of the 6th Councilor District on Wednesday, October 29th. This will be held in conjunction with the Post-Graduate Day of the 6th Councilor District.

The Elks Club will serve a 12:30 luncheon, following which short talks will be given by Mrs. Paul Woodward and Mrs. M. T. Knappenberger. Mrs. Paul Woodward, of Cincinnati, is president of the Woman's Auxiliary to the Ohio State Medical Association, and Mrs. Knappenberger, of Warren, is 6th District Councilor. Following, Mrs. N. M. Reiff, president-elect, and Mrs. A. Paul Hancuff, vice president, will be introduced.

Mrs. W. O. Mermis, president of the Woman's Auxiliary to the Mahoning County Medical Society, will preside.

Following the speakers, the G. M. McKelvey Company will feature a style show. Mrs. Wm. E. Maine, program chairman, and her co-chairman, Mrs. Sidney Franklin, will help plan the show.

A dinner for the doctors and wives will climax the day, to be held at 6:30 P. M., Hotel Pick-Ohio.

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by

THOMAS L. TOLAN, M.D.

Marquette University Medical School

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Elm Street School Auditorium

November 10, 1952

8 p. m.

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STROUSS-HIRSHBERG'S

HUGE THROG VIEWS HEALTH EXHIBIT

More than 63,000 people, nearly one out of every two people visiting the Canfield Fair grounds, viewed the Health Exhibit sponsored by the Mahoning County Medical Society and Associated Professions, according to Dr. M. M. Szucs, general chairman of the exhibit.

The popular health exhibit conducted by the Mahoning County Medical Society in collaboration with representatives of Associated Professions of Mahoning County was the largest Health Exhibit in Fair history and elicited enthusiastic reception by the Canfield Fair officials and the public. A move to make the Health Exhibit an annual attraction is now under way and there is talk of a permanent building to house such an exhibit.

The groups participating in the collection of interesting and varied exhibits depicting the march of medical progress in our community were: The Mahoning County Medical Society, American Academy of General Practice, Youngstown Chapter, Corydon Palmer Dental Society, Youngstown Heart Association, Youngstown Arthritis Association, St. Elizabeth and Youngstown Hospital Association Nursing Schools, Polio Foundation, Mahoning County Tuberculosis Association, Mahoning County Pharmaceutical Association, Mahoning County Chiropractic Association, American Cancer Society, Youngstown Chapter, Hard of Hearing Society, The Mahoning County Health Council and The Cerebral Palsy Group.

Giving valuable assistance as hostesses and tabulators of visitors were the following members of the Auxiliary to the Mahoning County Medical Society under the direction of Mrs. W. E. Maine, program chairman: Mrs. D. A. Belinky, Mrs. B. S. Brown, Mrs. J. D. Brown, Mrs. R. A. Brown, Mrs. P. B. Cestone, Mrs. L. G. Coe, Mrs. J. L. Fisher, Mrs. S. Franklin, Mrs. F. J. Gambrel, Mrs. C. A. Gustafson, Mrs. W. B. Hardin, Mrs. P. J. Mahar, Mrs. W. D. McElroy, Mrs. H. P. McGregor, Mrs. D. Nesbit, Mrs. S. W. Ondash, Mrs. C. E. Pichette, Mrs. R. B. Poling, Mrs. A. E. Rappaport, Mrs. J. A. Rogers, Mrs. F. L. Schellhase, Mrs. M. M. Szucs, and Mrs. R. L. Tornello. The ladies took three hour assignments in manning the exhibit during the entire exposition and excessive heat and crowded conditions failed to dampen their spirited help. Their action contributed very materially to the success of the venture.

The success of the exhibit was a tribute to its general chairman, Dr. M. M. Szucs, who coped with the many problems confronting this initial exhibit of Associated Professions in the Valley. Drs. C. A. Gustafson, S. W. Ondash, W. M. Skipp, A. Detesco and S. R. Zoss assisted Dr. Szucs in behalf of the Society, while other participating groups had representatives on the general committee.

Prize awards in the form of silver loving cups were made in two major display categories,

(a) Most beautiful and original display:

1. St. Elizabeth School of Nursing.
2. Youngstown Hospital School of Nursing.
3. Youngstown Chapter, American Cancer Society.

(b) Most popular and best attended display:

1. Youngstown Heart Association.
2. Youngstown Arthritis Association.
3. Corydon Palmer Dental Society.

The silver loving cups were presented to the Mahoning County Medical Society and Associated Professions for distribution to prize winners by Modarelli Jewelers, Dollar Bank Building.

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WHITE'S DRUG STORES

In voicing his extreme satisfaction at the success of the exhibit, our president, Dr. C. A. Gustafson stated that he hoped we can have an even greater and bigger participation in future Fairs. "The vast visitation," he said, "indicates the great interest of the people in the march of medical progress and has proved an added incentive for us to continue to present evidence of the progress of organized medicine and associated professions in the interest of community health."

S. W. Ondash, M.D.

NEWS NOTES

Born: to Dr. and Mrs. John F. Stotler, a girl, Kathleen, August 23, 1952, St. Elizabeth Hospital.

H. Bryan Hutt, M.D., and K. J. Havanic, M.D., announce the association of Edward G. Rizk, M.D., in the practice of Pediatrics at 77 East Midlothian Blvd.

E. W. Farrell, D.D.S., M.S., announces the opening of his office at 80 East Midlothian Boulevard for the practice of Orthodontics.

James L. Smeltzer, M.D., announces the opening of offices for the practice of Internal Medicine at 243 Lincoln Ave., Youngstown, Ohio.

Dr. Paul E. Ruth just returned from Portland, Maine, where he completed a 10-week course in Ophthalmology.

Dr. Martin E. Conti was a visitor at the recent World Series in New York. Being an old Yankee fan, naturally he was elated at the outcome.

MAHONING COUNTY ACADEMY OF GENERAL PRACTICE

The regular September meeting of the Mahoning County Academy of General Practice was held at the South Side Nurses' Home, Tuesday, September 9, 1952.

Dr. Samuel Schwebel gave an interesting talk and showed slides on Cutaneous Diagnoses in General Practice. The meeting was very well attended. Dr. H. P. McGregor and Dr. J. L. Fisher reported on our display at the Canfield Fair.

The next regular meeting will be held on October 14, 1952, which will be Internes' Night.

David H. Levy, M.D.
President

ST. ELIZABETH HOSPITAL STAFF MEETING

The regular monthly medical staff meeting of St. Elizabeth Hospital was held on September 2, 1952. Case presentations of chronic lymphatic leukemia with neoplastic involvement of the pylorus and, a gunshot wound of the thigh with extensive laceration of the femoral artery were presented and discussed.

A short business meeting followed.

Patrick Cestone, M.D.

DIABETES**NOVEMBER MEETING****TUESDAY, NOVEMBER 11, 1952****PICK-OHIO HOTEL****8:30 P. M.****DR. HENRY T. RICKETTS**Professor of Medicine,
University of Chicago**"Recent Developments in Diabetes and Their Bearing
on Its Management"**

DR. HENRY T. RICKETTS HEADLINES DIABETES WEEK**DR. HENRY T. RICKETTS**

Born: August 11, 1901.

Degrees: B.S. University of Chicago, 1924
M.D. Harvard Medical School, 1929

Appointments: 1929-31 Rotating internship, Hospital of the University of Pennsylvania
1931-32 Ass't. resident in medicine, Billings
1932-33 Resident in medicine, Billings
1933-39 Instructor of Medicine, University of Chicago
1939-43 Ass't. professor, University of Chicago
1943-49 Associate professor, University of Chicago
1949- Professor of Medicine, University of Chicago

Learned Societies: American Association for the Advancement of Science
American Medical Association
American Society for Clinical Investigation
Society for Experimental Biology and Medicine
Chicago Society Internal Medicine (President 1947-48)
Institute of Medicine of Chicago (chairman, Board of Governors 1949-)
Central Society for Clinical Research
American Physiological Society
Association of American Physicians
American Diabetes Association (Committees on Therapeutics, Constitution, member of Council)
Chicago Diabetes Association (Secretary 1948-)
American College of Physicians
Sigma Xi
American Society for study of arteriosclerosis

Publications: Some 30 papers and several chapters in various books dealing with diabetes

Morris Rosenblum, M.D.
Chairman, Committee on Diabetes

LEST WE FORGET

There is an adage which says, — "Too many professional men make professional successes of their business, but business failures of their profession," the implication being that too much time, thought, and energy are being placed upon the science and technique of the profession, and not enough consideration given to the more practical aspects of the vocation.

The medical profession especially has been the recipient of these charges. That American medicine has been considered extremely vulnerable to attacks from self-seeking politicians is obvious. We should not assume that these attacks are baseless. We should attempt to learn if they be justified.

First let us analyze the structure of the Republican form of government which gave impetus to our remarkable American national growth, and to the American democratic society which has contributed so much to our security, happiness, and prosperity.

We have inherited, from our freedom loving ancestors, a government limited in power over the people it ruled. Not only did the men who wrote our constitution, — unique in the annals of all history — believe in liberty and government for the people, by the people, and of the people, but they represented a constituency who believed in the same principles. It was the adoption of these principles — and their preservation — which made America great.

How many of us know or care about the violations of these principles by some of our self-seeking politicians? Today, how many of us know or care about these principles. Maybe we have forgotten. There was a time when Americans knew and understood the principles of liberty. They cared enough to revolt against the most powerful government in the world. After this successful revolt, these Americans wrote a new Constitution. It was a design for a government limited in power — a government which was to be the servant of the people with checks and balances. Prior to that time it had been assumed that government had the final authority and "allowed" the people certain rights. For the first time in the history of mankind, our American pioneer ancestors asserted their natural rights and established a government to which they gave a few limited powers. That difference in governmental concept is of inestimable importance. It was the making of America.

As time passed, we Americans became complacent and self-satisfied. Our attitude was — "Oh! Let George do it!" As our civilization became more complex and our people more prosperous, our complacency increased. The flagrant offenders were not only the illiterate, but many whose educational and social background would not excuse such neglect.

It is an undeniable fact that there has been a reversal of the principles of government here in America. Americans are now becoming more and more dependent on government, with the result that the government is free and the people are not.

This mass captivation of the American people would not have been possible if we Americans had remembered the basic reasons for America's greatness and had resisted the blandishments of the tempter. We have forgotten many things. We have forgotten that:

1. Government can create nothing. It can give away only that which it takes from another. It can only take from its people under threat of punishment. It has the right to take from the individual — under the Constitution — only with the consent of the majority.
2. Accepting assistance or gratuities from the government automatically

increases governmental power. We have forgotten that when pressure groups accept these gifts from the government, they automatically violate the rights of others.

3. When we increase the power of government, we forget that "A government strong enough to do things for everybody, will be strong enough to do things to everybody."
4. One of History's clearest lessons is that powerful governments destroy wealth rather than increase it.
5. The promises made by self-seeking politicians are baits in a trap and that accepting these baits for what they are claimed to be can lead to delusion, ruin, devastation and heartache.

Have the members of our profession recognized the importance of individual initiative and of limited government?

In a recent survey in one of America's largest cities, it was found that less than 20% of the doctors were eligible to vote because they had not registered. I am proud to report that in Mahoning County, interest in good government has increased to such an extent, among the doctors, that today 99% are registered to vote. The three doctors not registered have promised to register before September 24 and we will then have a 100% registration. Registration is only the first step in civic duty. Casting the ballot is the act that counts.

While we are living in an age of recognized universal forces, many of us retain the thinking of the pastoral age, which for America has gone forever. Security must take the form of forces generated and controlled, individually and cooperatively. In this, intelligence remains basic. It does not discount the long recognized forces of nature, but revalues them in the light of experience.

C. A. Gustafson, M.D.

THE YOUNGSTOWN HOSPITAL ASSOCIATION STAFF MEETING

The September meeting of the Youngstown Hospital Staff was called to order September 2, 1952, by Dr. G. G. Nelson at 8:30 P. M. The minutes of the previous meeting were read and approved. The vital statistics for August were read and approved.

Dr. Rappaport called attention to the Cancer Meeting September 18, 1952. The Clinical Pathological Conferences start this Friday and the graduate training program has started.

Dr. Hardin gave a very interesting program consisting of a report of a very severe burn case, with treatment and presentation of a four year old girl. A brief resume on the current treatment for burns was also presented. There was considerable discussion.

This was followed by reports of various committees, especially on plans for the new library.

Dr. J. L. Fisher read resolutions concerning the deaths of Doctors Hinman, Robert L. Piercy, and D. Smeltzer.

E. C. Baker, M.D.

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THIS IS THE YEAR

A warning which seems to merit thoughtful consideration by all Americans in this year of political decision was sounded recently in **Youngstown, Ohio**, by Dr. Ernest E. Irons, a Past President of the American Medical Association.

Dr. Irons, who has been an active leader in the doctors' campaign against socialized medicine, declared that "we are still open to a flank attack through economic and business areas which have not developed an offense against continuing socialistic trends."

"The average citizen," Dr. Irons said, "can easily tell white from black in normal questions. But he shares the inability of most of us to distinguish the many shades of socialistic grey until the moral and economic issues of superficially attractive but dangerous proposals are laid bare."

This is the year for all of us to try to distinguish the basic moral and economic issues involved in all proposals affecting the future of America.

This is the time for uncovering the socialistic hooks hidden behind a wide variety of sugar-coated baits and lures which will be proposed in the election-nearing month ahead. This is the year for us all to discern the difference between "security" and "socialism."

—From the *LA JOLLA LIGHT*, La Jolla, California
Thursday, July 31, 1952 — Bert Fairbrother, Editor

Editors Note — The above editorial was sent us by Dr. J. L. Fisher. It was sent to him by his son-in-law who lives at La Jolla. Our Bulletin must get around!

Health Department Bulletin

CITY OF YOUNGSTOWN

REPORT FOR AUGUST, 1952

	1952	Male	Female	1951	Male	Female
Deaths Recorded	182	106	76	201	117	84
Births Recorded	563	294	269	589	298	291

CONTAGIOUS DISEASES	1952 Cases	Deaths	1951 Cases	Deaths
Chicken Pox	1	0	1	0
Measles	0	0	4	0
Poliomyelitis	10	0	13	1
Scarlet Fever	0	0	1	0
Tuberculosis	6	3	8	4
Whooping Cough	1	0	17	0
Gonorrhoea	30	0	26	0
Syphilis	13	0	29	0
Mumps	2	0	0	0

VENEREAL DISEASES

New Cases	Male	Female
Syphilis	6	1
Gonorrhoea	21	8
Total Patients	36	
Total Visits to Clinic (Patients)	380	

W. J. TIMS, M.D.
Commissioner of Health



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PROCEEDINGS OF COUNCIL

The regular monthly meeting of the Council of the Mahoning County Medical Society was held at the office of the Society, 203 Schween-Wagner Bldg., Youngstown, Ohio, on Monday, September 8, 1952.

Present: Dr. C. A. Gustafson, presiding; Dr. A. K. Phillips, Dr. G. E. DeCicco, Dr. J. N. McCann, Dr. V. L. Goodwin, Dr. W. M. Skipp, Dr. I. C. Smith, Dr. M. W. Neidus, and Dr. E. R. McNeal.

Dr. John Noll, chairman of a special committee appointed to study home care for patients in low income group, reported progress of the committee to date. The committee is composed of Dr. Noll, chairman; Dr. Flynn, Dr. Stillson, Dr. M. Rosenblum, Dr. Ondash, Dr. Lowendorf, and Dr. Neidus.

Council expressed approval of the work done so far and whatever the committee deems advisable to do to further their efforts.

The Secretary read a letter from the Lynn Ambulance Company concerning ambulance and invalid coach service in this community. The Secretary was instructed to answer the letter.

Dr. McNeal asked Council for a ruling on whether or not the Medical Society should pay for internes' dinners at our meetings. It was moved, seconded, and duly passed that the Society would pay for the internes' dinners at the Cancer meeting and the Sixth District Council meeting to be held October 29th.

Council was of the opinion that it would contribute to better relations within our ranks if the new members were to meet with the President, President-elect, and three censors at a time designated by Dr. McCann, senior censor. The Secretary was instructed to give Dr. McCann a list of the above.

The following applications were read:

For Active Membership

Dr. Patrick B. Cestone, 905 Central Tower, Youngstown, Ohio
Dr. Harry A. Smith, 422 Dollar Bank Bldg., Youngstown, Ohio

For Junior Active

Dr. Edward G. Rizk, 77 E. Midlothian Blvd., Youngstown, Ohio

For Interne Membership

Dr. Frank W. Morison, St. Elizabeth's Hospital, Youngstown, Ohio
Dr. Lambert Josef Hucin, Youngstown Hospital Assn., Youngstown, O.
Robert W. Parry, Youngstown Hospital Assn., Youngstown, Ohio

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

G. E. DeCicco, M.D., Secretary

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Colchicine	1/200 gr.	(0.3 mg.)
Sodium Salicylate	2 1/2 gr.	(0.15 Gm.)
Para-Aminobenzoic Acid	2 1/2 gr.	(0.15 Gm.)
(as the sodium salt)		
Thiamine Hydrochloride1 mg.	(1/60 gr.)
(Vitamin B ₁ , 333 I.U.)		
Riboflavin1 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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THE WOMEN'S AUXILIARY TO THE MAHONING COUNTY MEDICAL SOCIETY

The members of the Women's Auxiliary of the Mahoning County Medical Society extend a cordial invitation to the wives and guests of physicians to attend the annual sixth district meeting of the Women's Auxiliary to the Ohio State Medical Society to be held in Youngstown, October 29, 1952. The meeting will be held in conjunction with the Sixth District Medical Meeting of the Ohio State Medical Society. The activities will include a luncheon for Auxiliary members and guests at 12:30 P. M. at the Elks Club, 220½ Boardman Street. This will be followed by a business meeting and Mrs. Herman Ipp will present a book review. The program chairman for the afternoon will be Mrs. W. E. Maine and the Social Chairman, Mrs. Robert Tornello. For those who wish to attend the evening session, a dinner has been planned at the Pick-Ohio Hotel. An interesting and humorous speaker, Mr. Tennyson Guyer, will provide the evening's entertainment.

The success of the medical exhibit sponsored by the Mahoning County Medical Society at the Canfield Fair was due in no small degree to the cooperation of the members of the Women's Auxiliary. Two women were on duty during the entire fair, supervising the exhibit, answering questions, counting attendance, giving out literature and discussing matters of interest to the lay public. This was an ideal opportunity to acquaint the public with the undesirable problems in socialized medicine and better the relationship between the physician and the public.

The yearbooks for the current year 1952-53 have been published and distributed, and, as might be expected, there are errors of commission and omission for which the yearbook committee apologizes. If you are a member and are not included on the membership list, or know of someone who wishes to become a new member, contact Mrs. Samuel Zoss, membership chairman. If you are a member but are not receiving your notices for the monthly meetings, call Mrs. Stephen Ondash, who is in charge of the mailing list.

The Auxiliary is pleased to note a number of new members this year and cordially invites them to attend as many of the monthly meetings as possible and get acquainted.

Mrs. A. E. Rappoport

COUNTIES AIR PROGRAMS "HUMANIZING" DOCTORS

Radio shows designed to improve doctor-patient relationships are currently being broadcast by county societies in Ohio and Indiana. *The Mahoning County Medical Society of Youngstown, Ohio is presenting a series of programs entitled "You and Your Doctor".* These broadcasts originated early this year at the suggestion of Dr. S. R. Zoss, chairman of the Mahoning County Lay Education Committee.

"We, as physicians, have sadly neglected our relations with the public," says Dr. Zoss. He believes that too many citizens have come to regard doctors as "money-grabbing, conceited and unsympathetic monsters." Featuring local physicians and lay people, the "You and Your Doctor" series is helping citizens get better acquainted with their doctors.

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

..... We feel, if you have not already read the Republican and Democratic Parties' Health planks, this should be a "must" for you now.

The Republican statement of policy on the health issue was unqualified declaration that "we are opposed to Federal Compulsory Health Insurance with its crushing cost, wasteful inefficiency, bureaucratic dead-weight and debased standards of medical care."

The Democratic health plank is considerably more moderate than the position taken by President Truman, and is more moderate than the Party's previous position. The plank does advocate Federal aid to medical education, does not contain specific endorsement of National Compulsory Health Insurance.

As anticipated by medical leaders, when the President's Commission on Health Needs of the Nation was created some months ago, the Democratic statement of policy seeks to avert a showdown before the votes on the health issue by commending President Truman for the creation of a "non-partisan Commission to seek an acceptable solution of this urgent problem."

..... The House passed the controversial social security bill which not only raised old-age retirement benefits but also gave Federal Security Administrator Ewing broad powers to issue regulations and rules for the examination of disabled persons. Passed the House by 361 to 22. This Bill was opposed because it opened the doors to socialized medicine.

The Bill (HR 7800) was heard behind closed doors of the Senate Finance Committee, was reported out and passed on by the Senate after the disability sections had been removed.

..... The House Committee investigating the use of chemicals in foods recommended that a new cosmetics clause be added to the Food, Drug and Cosmetics act similar to the regulations now affecting new drugs. This recommendation was made to the Committee by the A.M.A. Council on Pharmacy and Chemistry. This "new cosmetics clause" would require manufactures to present evidence of safety and pre-testing to F & D Administration before any new cosmetic could be released to the public. Also:

1. "Cosmetics" shall include soaps.
2. Products shall be labelled the same as drugs.
3. Coal-tar hair dyes should carry the warning:
"Must be kept out of the eyes or blindness may result."

..... The Senate Committee on government regulations is studying the advisability of establishing a Federal Board of Hospitalization as presented in the Bill by Senator O'Connor (D., Md.). The Committee rejected a proposal for a federal Department of Health (S 1140).

Secy. George Lull of A.M.A. stated that the A.M.A. is in hearty accord with the purpose of this bill. He suggested that the Board have:

1. At least as many non-government representatives as government.
2. That government agencies with large medical and hospital programs be consultants, not voting members.
3. Give the Board the same authority over veterans administration that it would have over other agencies in promulgating regulations on health matters.

..... The International Labor Organization asks the Senate to approve compulsory medical examinations for sea men, which it did.

The present U. S. requirements are similar to those proposed. This was

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drafted and proposed "in order to improve standards elsewhere." After Senate ratification implementing legislature would have to be passed by both houses. (Note: again comes this I.L.O. suggesting and requesting our lawmaking body to make law by a foreign organization.)

..... Public Health service reports Polio incidence 18% above last year.
 HR 8240 Roosevelt (D. N.Y.) Medical expense deductions from income for tax purposes:

1. Remove the limitation on the amount for taxpayer and dependents.
2. Permit deduction of total medical expenses — provided such deduction is taken for medical expenses of a person over 65 years.
3. Permit deduction of total medical expenses in excess of 5% of adjusted income, provided such deduction is taken for medical expenses of a person who has not attained 65 years of age.

..... HR 8296 Kennedy, (Mass.) Federal Agency for Handicapped.

This would create an independent agency, the Federal Agency for Handicapped, directed by the department of Labor; would abolish the office of Vocational Rehabilitation of the Federal Security. An Administrator would be approved by the President with consent of the Senate. Would make loans to state-certified persons, firms, and corporations or government agencies providing cooperative work projects for handicapped essential for rehabilitation.

The handicapped would receive \$60. monthly. This would include programs for the home-bound, with loans to the States, set up division in U. S. Civil Service for appointment to Federal positions; grants to the blind; establish program in U. S. Employment Service; public safety in public buildings; sheltered work shops; centers which would provide for testing, filling, and training in use of appliances and devices for physical, corrective, occupational, pre-vocational or conditioning therapy.

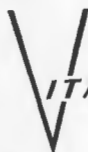
..... HR 7800 The much-debated outside of Congress, because debate on the Floor of the House was definitely restricted, bill on Social Security with a clause on disability which was objected to by A.M.A. was passed July 5 with the section under argument deleted and with a new section which in effect postpones final action until next year.

The House Bill gave the Federal Security Administrator unlimited power over medical examinations for the purpose of determining disability.

..... S3455 (Murray, D. Mont. & Humphrey, D. Minn.) Federal Aid to College Education. This bill would set up thirty-two million dollars for 1953 and would increase to one hundred twenty-eight million by 1956, would be set for needy college students. States would select recipients who would enjoy the benefits of scholarship through the first four years of college. In addition the Federal government would insure loans made to students not to exceed \$600 a year or a total obligation of \$2,400. Eligible borrowers would include students beyond the first college degree and can be used by medical students. This was written in the Federal Security Agency on advice of Mr. Oscar Ewing and Approval of Mr. Truman. Again, trying to get in through the window as the doors are closed to Federal medicine.

..... Voluntary Pension Plans delayed. The Keogh (D. N.Y.) HR 8390, Reed (R. N.Y.) HR: 8391—Bills provide for tax exemption for restricted retirement of self-employed including physicians. The House Ways and Means

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Committee passed this over until new Congress. These bills were worked out by representatives of several national organizations of professional persons.

Congressmen Keogh and Reed, Democratic and Republican, feel this is a bipartisan bill, that it will be passed after Jan. 1, 1953, if sustained effort is made by national organizations.

Note: There would be a lifetime limit of \$150,000 on the total amount that an eligible taxpayer could exclude from taxable income for the purpose of saving for his old age; 2. Eligible taxpayers now over 55 could exclude more than \$7500.00 or 10% of earned income, whichever is the lesser; 3. Only self-employed and persons not covered by private or public employer-employee pensions are eligible; 4. The amount excluded from current taxable income could be invested either in a restricted trust fund or annuity issued by insurance companies; 5. A carry-over of unused exclusions for a period of not more than five years; 6. No withdrawals until age 65 unless totally disabled for more than 3 months.

. CIO Journalism at its worst. A copy of a recent issue of the CIO publication "Minnesota Labor" came to our attention recently and we were shocked to see how so much distortion could be packed into a single article, one entitled "Warn Your Congressman About What A.M.A. is Planning Now." The write-up would have a touch of humor if it were not for the seriousness of the background which can serve only one purpose — to stir up class hatred.

The article tees off on the A.M.A. for opposing certain proposed legislation dealing with health and medical care. The statement discusses only the titles of various bills in general terms and is not specific. It attempts to qualify the statements by saying the information was reported in the May 17 issue of the A.M.A. Journal and even lists the pages. Such twisting of facts we never before have seen. For example:

It states the A.M.A. "favors extension of the water pollution act," implying, of course, that the doctors favor stream pollution.

It states that the A.M.A. opposes "a federal study of the use of bacteriophage in the treatment of cancer and tuberculosis." This would seem to be a grave act on the part of the A.M.A., while in reality the proposed study concerns the Lincoln treatment for cancer which has been advocated by Senator Tobey.

It states the A.M.A. "opposes a federal project to discover the means of curing cancer."

It states the A.M.A. "opposes increase of social security benefits and addition of cash sickness benefits and a rehabilitation program."

The article made several other sketchy statements and concluded by urging CIO members to write to their congressmen about the A.M.A.'s legislative program.

Calling for Committee Reports

Will all chairmen of committees for the Mahoning County Medical Society please have their committee reports completed and in my hands by November 10, 1952? Please send a photograph with your report.

E. R. M.

In Memoriam

ROBERT LEE PIERCY, M.D.

Dr. Piercy was born in Delta, Iowa, July 15, 1912. After graduation from South High School, Youngstown, Ohio, he entered Stanford University where he received his A.B. degree. He attended the University of Rochester and received his M.D. degree from that university in 1938. This was followed by extensive interne and residency training in general medicine, pediatrics and finally in ear, nose and throat at Strong Memorial Hospital at Rochester, New York.

Dr. Piercy then practiced his specialty in association with his father, Dr. F. F. Piercy, in Youngstown until he responded to a call from his country in 1944. He served as chief of ear, nose and throat section at Camp Collan, San Diego, California, and later assistant chief at Madigon General Hospital at Fort Lewis, Washington.

It was during his army duty that he developed cancer of the face which forced him to retire from the practice of medicine in 1947. Within six years Dr. Piercy underwent over forty-five operations, including extensive plastic surgery. He received many tributes of praise from the surgeons during this long illness for his brave spirit and his cooperation.

Dr. Piercy died July 2, 1952, at North Side Hospital, Youngstown, Ohio, survived by his wife, Marjorie, and three daughters, and his parents, Dr. and Mrs. F. F. Piercy. He was a member of the local, state, and American Medical Association, a fellow in the American Academy of Ophthalmology and Otolaryngology and a member of the staff of Youngstown Hospital Association.

I'm quite sure a few quotes from some of his letters will make very clear what a strong personality and a brave person Dr. Piercy really was. He wrote, "How grateful I am to have had these wonderful years of living. The thrill of existing and sensing life all about me has always been keen within me. I am grateful my life has been so full and so rich. Perhaps with luck I can continue, but whatever comes, these things I have wanted to say in thanks and with a full heart."

It is with deep regret that we lose men like Dr. Piercy. He will be sorely missed by colleagues, patients, friends, and family. However, if more of us could have the courage, strength, and philosophy of life of Dr. Robert Piercy this world would be a different and far better place in which to live.

E. R. McNeal, M.D.

FROM THE BULLETIN

J. L. Fisher, M.D.

TWENTY YEARS AGO — OCTOBER, 1932

Mahoning County played host to the Sixth Councillor District that October the same as they will this month. Old Timers can still remember what a great program we had that day at the Elks Club. Dr. Armin Elsaessar presented a paper on "Malignancy of The Thyroid." There was a symposium on "X-ray Diagnosis" with John Heberding, E. C. Baker, S. J. Tamarkin, O. D. Hudnut and M. H. Bachman. Dr. Roy W. Scott of Western Reserve University spoke on the "Management of Certain Types of Heart Disease." After a dinner at the Youngstown Club, Dr. Thomas McCrae, Professor of Medicine at Jefferson addressed the Society on "Methods In Diagnosis." It was the best attended meeting of the District so far and proved to be a most instructive and rewarding day.

Quoted from the Journal of the A. M. A.: "The hospitals of the Country are suffering because of the lack of occupancy of many beds . . . Some private hospitals are less than half occupied. A general average would indicate 40 per cent empty beds in most institutions. The situation is today a serious one."

The Bulletin published a scholarly article on "Cranio-Cerebral Injuries" by the late Dr. Raymond E. Whalen who had presented it at a Staff Meeting of St. Elizabeth's Hospital.

Dr. Wm. P. Young became a member of the Society.

The Editor took the members to task because of the lack of discussion of papers presented at the meetings. He said that lack of discussion reflects on the intelligence of the audience and shows lack of appreciation of the speaker's efforts.

TEN YEARS AGO — OCTOBER, 1942

President Walter K. Stewart wrote his final page that month, saying his farewell before leaving for duty in the U. S. Public Health Service. President-Elect W. H. Evans could not take over, having received orders for active duty at Great Lakes Naval Training Station. The Council appointed the Senior Censor, Dr. William Skipp to fill the vacancy as Acting President. Dr. Stewart died the following spring while on duty at the Plum Brook Ordinance Plant at Sandusky. Dr. Evans returned three years later after a distinguished career in the South Pacific. He never got to fill his term as President.

The program that month was given by Dr. M. A. Blankenhorn, Dr. Leon Goldman and Dr. Albert L. Brown of the School of Chemical Warfare of the University of Cincinnati. They spoke on "Lung Irritants," "Skin Vesicants" and "Eye Injuries" associated with Chemical Warfare.

More doctors left for service with the armed forces: Capt. Jos. Colla, Lieut. J. B. Kupec, Capt. L. W. Weller, Lt. Comdr. M. B. Goldstein. Major R. E. Odom.

The Bulletin was being sent to every man in military service. Many of them were writing back and their letters were published telling of the rigors of camp life. Poor fellows, they hadn't seen "nuthin" yet.

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3 water-soluble
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 The superior flavor of all three
 "Vi-Sols" assures patient
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 ture, "Vi-Sols" disperse
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 mix readily with formula.

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 Since all their vitamins are in
 synthetic form, the "Vi-Sols"
 are well tolerated even by allergic
 patients.

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 Stable at room temperature, the
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—Montaigne

BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

November ● 1952
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Youngstown ● Ohio