



"It is part of the cure to wish
to be cured". —Seneca

BULLETIN

of the
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MEDICAL
SOCIETY

February • 1953
Vol. XXIII • No. 2
Youngstown • Ohio

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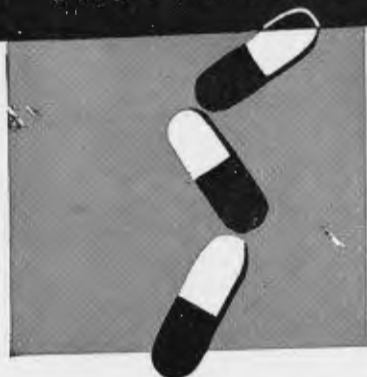
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2. Lewey and Shay, Dietotherapy, Philadelphia, W. B. Saunders Co., 1945, p. 850.

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Our President Speaks

We have all heard—"Where are they going to get the personnel to staff these new hospital additions?"

These new additions are tangible evidence of the responsibility the community feels toward its sick and injured. We, as doctors, can do much to make the individuals of the community more conscious of their part in procurement of nurses and other personnel for these units. Nurse recruiting programs are periodically brought to our attention and some of us are constantly looking for a better solution to the nursing problem, but we should all think of it more constantly when we talk with our patients, service clubs and other organizations. I believe nurses are proud of the part they play on a so called "medical team." As we all know they do much to aid a smooth recovery and they are with our patients many hours a day. A kind word, or a compliment, in the presence of a patient occasionally would help morale, so to speak.

Don't forget the student nurses. When hospitals were smaller, each doctor spent some time each day as a teacher, while making rounds, not in a didactic way but in a fashion which stimulated interest. Now we depend on the nursing school personnel and formal lectures.

New private hospitals and clinics in the community further drain the experienced personnel of those institutions which train nurses.

We can increase the supply of nurses by improved recruitment, reducing drop-out rates in nursing schools, keeping more graduate nurses active in the profession and bringing back available inactive nurses. Of one hundred girls who enter schools of nursing, only thirty-eight will be active in the profession two years after graduation, and only twenty-nine will be actively engaged in nursing five years after graduation.

Let's see what we can do!

Vernon L. Goodwin, *President*

BULLETIN of the Mahoning County Medical Society

Published Monthly at Youngstown, Ohio

Annual Subscription, \$2.00

**VOLUME 23****FEBRUARY, 1953****NUMBER 2**

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

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ANNUAL BANQUET

On Tuesday evening, January 20, 1953, the Mahoning County Medical Society held its annual banquet at the Youngstown Country Club. The featured speaker of the evening was George Bailey, who demonstrated his prodigious ability to remember faces and names. He was able to name each member of his audience correctly except in one instance. Truly an amazing exhibition!

Dr. C. A. Gustafson, retiring President, presented his successor, Dr. V. L. Goodwin. He also presented Dr. Goodwin with a gavel made by Dr. A. E. Brant in the form of an Indian tomahawk. Dr. Gustafson then informed the Society of some of the recent activities of the Council of the Ohio State Medical Association. Dr. Goodwin made a few remarks on the coming year. The remarks of both men are presented elsewhere in this issue.

H. J. R.

REPORT OF THE 6th DISTRICT COUNCILLOR*(Given at Annual Banquet, Jan. 20, 1953)*

I note by television this noon that a past President doesn't have much to say in Inaugural Ceremonies. I shall abide by this precedent.

But as Councillor of the 6th district, there are some things to which I should like to call your attention very briefly. Some of you who are new members may not know about the Council, the governing body of the Ohio State Medical Association. The total membership of the State Association as of December 12 was 7,804. The state is divided into eleven districts. A councillor, to serve a term of two years, is elected in each of these eleven districts by the House of Delegates at the annual state meeting. We are in the 6th Councillor District. The other counties of this district are Columbiana, Stark, Summitt, Portage and Trumbull. There are more than a thousand physicians in this 6th District.

These eleven councillors together with the president, past president, president-elect and treasurer is the governing body of the State Association. We meet every two or three months, usually at Columbus, at the headquarters of the Society.

Our last meeting was held in Columbus on December 14. I want to call your attention to this meeting, We allocated \$170,570.00 of your money. Your State dues have been raised by \$5.00 this year, and you will want to know

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what we propose to spend the money for. A full report is in the January issue of the Journal of the Ohio State Medical Association. I think every one of you should read this report. We were in session from 8:30 in the morning until 4:30 P. M. We didn't even stop for lunch. This budget was set up by a special budget committee, who previously spent many hours working on it. Council made some changes in the recommendations, but final approval was by unanimous vote.

In addition to the budget, we made decisions and recommendations on Heart Disease Clinics, Workmen's Compensation, Aid to the Aged, Medical Care for Veterans, Public Relations, and we set the time of the annual meeting. There were some problems on ethics and then a number of miscellaneous problems. We reviewed a film prepared for the Metropolitan Life Insurance Company and dealing with the subject of over-weight and which is to be offered as an educational film to Ohio motion picture theatres in the near future.

I urge you to read all that the Council did at the December 14 meeting. **THIS IS YOUR COUNCIL.** You elect the delegates, who, in turn, elect the members of Council. We are your servants, and we want to know what you want done. We can't know, if you don't tell us. So read about every Council meeting in your Journal. See what we do. Make a decision as to whether or not we are doing the right thing and then tell us. We want to know that you are interested and watching us.

Our next meeting is in February, at which time we will consider pending State medical legislation.

C. A. Gustafson, M.D.

PRESIDENT'S ADDRESS

Annual Banquet, Mahoning County Medical Society, January 20, 1953.

I sincerely appreciate the honor you have conferred upon me by electing me President of your Society. I appreciate, too, the enthusiasm that the various committee chairmen have shown in starting their work; also the prompt and almost unanimous response the whole Society showed in answering the meeting place questionnaire. Obviously, this is not a one man job.

I am going to state in as few words as possible my objectives for 1953. During the past ten years, many men were away because of World War II. Since that time, others have served periods in the Armed Forces. Many new faces have appeared.

My plan, simply stated, is to have each member of this Society come to know every other member better, and be tolerant in all dealings with each other. This can be accomplished by attendance at meetings, good committee work, possibly reduction in number of various meetings, open and free discussion of our differences when they arise, and it may not be amiss to occasionally contribute an article to Harold Reese, our "Bulletin" editor. I hope the Elks' Club, as a meeting place, will bring a greater number of us together, and, possibly later, the meeting place at Youngstown College will help.

If we fulfill this simple purpose, we shall be better physicians; we will occupy the place in the public estimation to which we are entitled; we will be better able to supply leaders to the community, and above all, our patients will benefit.

It is my firm purpose to carry out all projects that will benefit the Society as a whole. I shall plan that program as carefully as possible. I do want your suggestions and help and I promise to give them the treatment they deserve.

Thank you sincerely.

Vernon L. Goodwin, M.D.

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KEEPING UP WITH A.M.A.

W. M. Skipp, M.D.

The Ohio State Committees on the selection of Physicians, Dentists, and Allied Professions, reports to the Council of the Ohio State Medical Association. Contact has been maintained with County Committees, keeping them informed of regulations as issued by Selective Service and the National Advisory Committee and other Federal Agencies.

They have kept County Committees advised as to classification for physicians that are to be called to active duty. A master file of all physicians is maintained, but it changes daily.

The Committee serves as a clearing house for information — individual or state-wide—concerning the dealings of physicians with the several government agencies. It gives advice on personal problems. It has worked with the hospitals, trying to maintain residents so that training programs would not be upset.

In fact, it has been a go-between the Armed Forces and the professions of the State. It may not seem to have been very effective, but it does work most of the time.

The President-elect and Senator Taft have agreed there should be a Commission to study health and welfare problems of the nation.

A Commission should be set up to study all federal-state relations in the field of aids and grants, including health and welfare problems. If the idea receives Congressional approval, it probably will mean "freezing" —health and welfare programs at their present level for the next year while the commission carries on its investigation. The Senator said "If we set up the Commission, we will hold what we have in these fields but we probably won't enact any legislation that costs more money, because there's no money left to spend until we can reduce heavy military costs."

Asked whether creation of the commission would mean no action next year on the waiver of premium section of the social security law (H.R. 7800). He said he assumed that inasmuch as this feature was not now in operation it probably wouldn't be put into effect in advance of the commission's findings.

The commission would be expected to come up with recommendations covering health, social security and housing questions, but would not confine itself to these fields but would make a searching study of all federal-state financial relationships. He was hopeful the commission would be able to suggest ways of blocking off or reserving certain areas of taxation for the states, so the states themselves would be able to provide more welfare services and not have to turn to the federal government for help.

DOCTOR DRAFT DEBATED DURING 3-DAY MEETING OF ASSOCIATION OF MILITARY SURGEONS

The doctor draft and its future were the dominant theme of the Washington meeting of the Association of Military Surgeons. But left unanswered were two important questions: 1. Just how much time do military doctors spend on care of dependents? 2. Can sufficient personnel be obtained for the services on a voluntary basis. The law expires June 31 unless extended by Congress.

This theme was heard again when Dr. Melvin A. Casberg, Chairman of the important Armed Forces Medical Policy Council, described military procurement of doctors as "American medicine's problem" which must be solved by joint efforts. He said the council was "convinced beyond a shadow of doubt that a law in some form is a must." He made a plea that

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- *U.S. Pat. #2,505,681.

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the question of care of dependents not be raised at this point because it would "cloud the issue."

You have all read the attack made on the medical profession by Rear Admiral Lamont Pugh, Navy Surgeon General and the reply of Pres. Louis H. Bauer of A.M.A. If you have not, you should do so because it throws light on how the high brass of the Navy (anyhow) feels toward you and me.

ARMED FORCES REVISE QUALIFICATION TEST

On January 1 the armed services will put into effect a qualification test revised to (a) "measure more accurately the level of mental ability of prospective entrants into service," thus making it more difficult for men to fail deliberately, and (b) give men with mechanical ability a more realistic opportunity to meet minimum standards.

Then comes Mr. Truman with his usual statement that there would not be so much difficulty in obtaining doctors for military service if we would flood the country with more doctors "therefore we must train more doctors."

The Food and Drug Administration has issued a warning to beware of a product of dried egg yolks manufactured and canned by Swift and Co., when it was found some cans contained Salmonella organisms. This product is marketed mainly by groceries. It causes gastric disturbances, so look out if you are using it in supplemental feedings.

The AMA is in favor of withdrawing our membership in the I. L. O. (International Labor Organization) because it is socialistic, which we have found it is, and you will if you take time to read its membership list and what are their leanings.

The Reference Committee wanted to remain in the I. L. O. as a listening post but their recommendation was voted down, the Committees reasoning being until after the Bricker Constitutional Amendment was settled in Congress.

VA MANAGEMENT REPORT RELEASED: MEDICAL DEPT. REORGANIZATION UNDERWAY

Based in part on recommendations contained in the Booz, Allen & Hamilton management survey of the agency. The report raises a series of questions about non-service connected cases and recommends that Congress look into this problem.

The report recommended establishment of 20 Medical Centers, each for a specific area and with managers having full operating authority. VA. chose instead to continue its present system, under which the Chief Medical Director in Washington is responsible for the operation of VA's 157 hospitals and 107 clinics.

VA will continue all of its present medical advisory organizations.

The new VA administrative structure will include:

1. Four assistant chief medical directors for planning, research and education, dental services, and operations—with a controller of equal rank. Report called for only 3 such directors.
2. The planning section, a new conception, absorbs the previous professional services section and also takes over planning work for Special Services.
3. Operations will be the responsibility of the operation director.
4. Functions of the assistant chief medical directors for research and dental services will remain substantially the same.
5. The controller will handle all budgetary matters in the dept. and maintain contact with the overall Veterans Administration controller.

VA should seek clarification or revision of the law dealing with medical care of non-service disabilities.

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^{*}TRADEMARK, CHAS. PFIZER & CO., INC.

"Successful adoption of this recommendation will go far toward correcting a situation which has made the medical program or VA the constant target of criticism and misunderstanding, much of it undeserved."

The report notes that it is apparent Congress intended VA to render care to non-service connected cases because it has authorized construction of more beds than are needed for service-connected disabilities.

But to care for all potential chronic and long-term disability cases in VA hospitals—non-service as well as service connected—would require building 25% more beds than currently planned.

Dr. Bauer addresses house: President Louis H. Bauer told the House of Delegates that even though medical schools today are turning out doctors at a rate faster than the population is increasing, something must be done to get more doctors in so-called isolated areas.

"First, we must encourage communities to establish facilities for a doctor to practice good medicine," he said, and, second, "we must recommend that our specialty boards revise their requirements."

The present system results in more men going into the specialities of medicine than is desirable, as they realize that if they are ever to become specialists, they must begin their training immediately on graduation. The present system practically prevents a general practitioner from becoming a specialist. The best specialist is the one who has a background of general practice."

He suggested that it would be desirable to provide for greater recognition of general practice as one of the requirements for at least the majority of special fields.

NOTE: Some years ago the Ohio House of Delegates passed a resolution asking that each board specify that before a man could enter upon training in any specialty that he have a specified number of years in general practice. This is what the A.M.A. president is recommending.

THE CONVENTION IN BRIEF

The A.M.A. Board of Trustees voted a \$10,000 contribution to the Committee on Careers of Nursing, whose \$138,000 annual budget is contributed by the A.M.A., the American Hospital Association, the American Nurses Association and the United Community Defense Service . . . The Board also announced its third contribution of a half-million dollars to the American Medical Education Foundation, which was organized in 1950 to help raise funds within the profession for hard-pressed medical schools. . . .

DR. MEANS WRITES AGAIN

Dr. James Howard Means of Harvard is kicking up the dust again along newspaper row.

He has authorized another article, his third in two years, in The December issue of the Atlantic Monthly. The latest is entitled "The Best Medicine for the Patient," and like his "Doctors' Lobby" piece of October, 1950, it discusses medical care for patients in the middle and low income brackets.

Dr. Means issued his latest essay to kick up what he hoped would be a squabble between newspapers and the A.M.A.

The Atlantic Monthly sent a news release to newspapers, stating that it placed an advertisement in the A.M.A. Journal calling attention to Dr. Means' article, but the association refused to publish it. The magazine editor charged that the turn down violated the principles of free speech.

The A.M.A. countered with this reply to inquiring newspapers:

"The Atlantic Monthly's small one column, 21-line advertisement was turned down following an editorial conference. It was felt that the advertise-

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ment was not acceptable because Dr. Means' article was misleading and, in some places, untruthful. In short, the article was considered a thinly-veiled plug for the principles of socialized medicine which the profession and the public have generally repudiated. The A.M.A.'s action had nothing to do with the constitutional guarantee of free speech."

DR. MEILING HONORED

Dr. Richard L. Meiling, Columbus, Ohio was honored recently by the faculty and the University of Munich, which was founded in the 15th century.

Dr. Meiling, associate dean of the College of Medicine, Ohio State University, and associate profession of obstetrics and gynecology, was the first physician to be given the academic robes of the university and the privileges of the medical faculty.

Dr. Meiling, who was graduated from the University of Munich School of Medicine in 1937, flew to Germany to accept the honor and, while there, delivered the only American paper before the International Congress of the German Gynecological Society, which was attended by 2,000 physicians from 23 nations.

Dr. Meiling said "one single thing" that impressed him while abroad was to see German medical science, which contributed so much to medical advancement in the past, take on a new life within the medical faculties.

Dr. Meiling believes that this healthy state of medical affairs is due to the Marchall plan.

"The medical students in the clinical years appear to be very serious in their approach to medical education. The immediate post-war influx of students into medicine throughout Germany now appears to be stabilized with adequate teaching facilities. But these facilities are not as luxurious, of course, as the space and equipment found in American Universities."

A.M.A. TO CONTINUE STUDY OF DOCTOR DRAFT LAW

The A.M.A.'s House of Delegates voted in December to "continue to support whatever measures are necessary to provide essential medical care to the armed services."

The House further authorized and directed the Board of Trustees and the Council on National Emergency Medical Service (1) to follow closely all developments both national and international which might affect the quantitative requirements for medical officers in the armed forces, and (2) to support legislation to provide the number of medical officers required to care adequately for the health needs of the uniformed armed forces.

The House recommended that the President of the United States be requested to defer any call-up of priority 3 physicians under Public Law 779 until the Selection Service System and the Department of Defense have completed processing all physicians in priorities 1 and 2, except for physicians in those groups whose deferment is essential to the nation's health.

Careful study also is to be given in the ensuing months to—physical requirements for medical officers so that physicians with physical defects may be utilized; more effective recruitment methods for career personnel in military medicine; greater use of civilian physicians and hospital facilities in the care of both military and nonmilitary personnel and their dependents; uniform conditions of service to avoid undue competition for medical personnel, and consideration of an equitable point system in the induction of physicians into the armed services.

A.M.A. News Notes, Jan., 1953

INSIDIOUS STRANGLEHOLD ON MEDICAL FREEDOM

In the Foreign Letter section, page 313, of this week's (January 24) A.M.A. Journal, there is a very disturbing article which relates how the medical profession in Argentina has lost its last remnants of freedom.

It is tragic that physicians practicing in a so-called republic so close to the United States find their wrists shackled tighter than probably anywhere else in the world, with the possible exception of Russia.

The article states that last year the Argentine congress passed a law authorizing President Peron to reorganize the National Academies of Medicine, some of them more than a century old. The reason: all institutions must conform to the ideals of the Peronistic revolution.

The article contains this disheartening paragraph:

"From now on the academies are no longer free corporation, but institutions directly submitted to the President of the Republic. The last remnants of academic freedom in Argentina thus appear to have been swept away."

Continuing, the article says:

"The police can oblige any physician to assist a patient if he has refused to do so. The physician cannot leave the city or stop his professional activities without permission from the Public Health Ministry . . . The physician must obey all the orders on his medical service issued by the professional colleges, the professional corporations, or the Ministry of Health. All infractions of the law or lack of obedience will be punished by fines, imprisonment (one to six months), or retirement of professional license . . .

"A new law on the exercise of the medical profession was approved by the house and the senate of the province of Entre Rios and promulgated by the governor. The new law of 316 articles has produced surprise and alarm in the medical profession of Argentina . . .

"The present rules for all scientific societies provide that 15 days or more before the meetings take place, there must be requested permission from the police to whom there must be sent the list of speakers and the title of papers to be reported. A policeman, sergeant, or officer of the police is present during every scientific meeting. Up to now all medical societies have obtained this permission in due time and have functioned without interference of any kind. Recently, however, some other important cultural institutions have not been allowed by the police to have their meetings, and for this reason their activities have stopped."

Secretary's Letter, A.M.A.

Jan. 26, 1953

COMING MEDICAL MEETINGS

| | | |
|-------------|---|------------------|
| Feb. 12-15 | Mid-South Postgraduate Medical Assembly | Memphis, Tenn. |
| Feb. 18-20 | American Academy of Allergy | Chicago, Ill. |
| Mar. 4-7 | Chicago Medical Society | Chicago, Ill. |
| Mar. 10-13 | New Orleans Graduate Medical Assembly | New Orleans, La. |
| Mar. 12-14 | Michigan Postgraduate Clinical Institute | Detroit, Mich. |
| Mar. 17-20 | Dallas Southern Clinical Society | Dallas, Texas |
| April 21-23 | Ohio State Medical Association | Cincinnati, Ohio |
| May 30-31 | American Diabetes Association | New York, N. Y. |
| June 1-5 | American Medical Association Annual Convention | New York, N. Y. |

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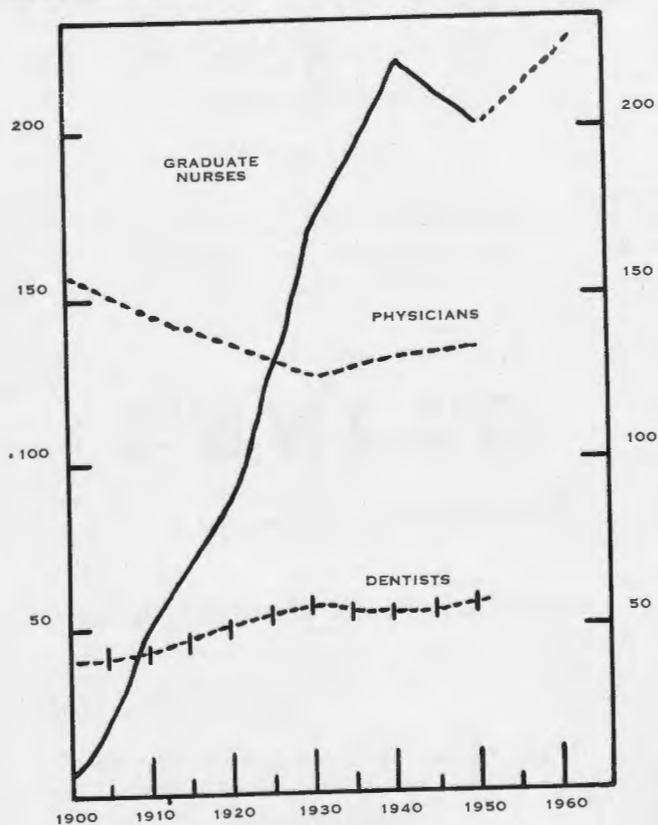
Youngstown, Ohio

THAT NURSE SHORTAGE PROBLEM!

The phrase is heard so frequently that it has become commonplace. Is there a NURSE shortage, or is there a shortage of hospital personnel? Or is there, perchance, a shortage of personnel in all of the health and welfare agencies? Opinions differ on the subject of nurse shortage. There are groups who think there would be no shortage of graduate nurses, if the ones available were used properly. Other groups believe that the nurse shortage is critical. The Health Resources Advisory Committee estimates that in 1954 the demand for graduate nurses will exceed the supply by 49,200.

Apparently there is a lack of hospital personnel in Youngstown. This lack of nursing service affects the general public, the patient, the physician, the nurse, and all other health workers. It may be of interest to consider some statistics which have been published recently on this subject. The following graph is taken from the December, 1952 issue of Hospital Nursing,

NUMBER PER 100,000 POP.



News Letter. Source; adapted from United States Public Health Service data. "There are important implications for nursing in the story told through this chart. It is shown here that the ratio of physicians and dentists to population in the United States in the past fifty years has remained about the same.

What about the ratio of graduate nurses to population? In this ratio there has been a phenomenal increase—and estimates show that the increased ratio will be even higher by 1960.

This lack of increase in the number of physicians when compared with the great increase in the number of nurses points up this story; over a period of years nurses have been called upon to take over many activities formerly performed by physicians. Trends point to the probability that this situation will continue to an even greater extent."

In the 1952 edition of "Facts about Nursing" these revealing figures are included. The auxiliary nursing personnel-bed ratio is 1:5, while the professional nurse-bed ratio is 1:6. The same publication lists 34,200 more active nurses in the United States in 1951 than in 1949. There are more nurses working today than ever before in our nation's history, and still there is a critical shortage of nurse power. The leading national nursing organizations have recommended to the President's Commission on the Health Needs of the Nation, that the program to secure more nurses, better prepared nurses, and better use of nurse power, be brought to the attention of the government and of the American public.

One of the objectives in nursing education today is to prepare the professional nurse to be an intelligent member of the health team, and a leader of the nursing team. As a leader of the nursing team, the professional nurse would be responsible for the nursing care of a group of patients, and would closely supervise the work of all auxiliary personnel doing the routine nursing care of that group of patients. This would release the graduate general duty nurse, as leader, for the technical procedures, and for the observation of a comparatively large number of patients.

The graph which appears, the statistics which have been given, as well as one of the trends in the preparation of nurses, indicate that the problem of the shortage of nurses is a complex one, and one that cannot be solved easily, nor can it be solved by the nursing profession alone.

Have we been guilty of wishful thinking? This is not a new problem. During the immediate pre-war years and the war years, we thought of the shortage as an emergency and treated the situation as such. We did the best we could and hoped that the condition would right itself. We wished for a return to the pre-emergency days, when there were enough nurses to give good nursing care to hospital patients, and when private duty nurses were always available. Perhaps we have been like the proverbial ostrich, refusing to see the trend in history which affects nursing as it does all walks of life. There is no going back—we must meet the challenge we have today. It is not a nursing problem alone; it is a health problem and we, are all vitally concerned with it. Physicians have an opportunity as almost no other group has, to guide young people into health work. There is a place for all types of workers, and no young person should be discouraged from selecting some phase of hospital or nursing work. However, those who are encouraged to enter our schools of nursing should be young men and young women who are able and sincerely interested in preparing themselves for the work which the nurse of tomorrow will be expected to do.

Will each physician recruit one student?

Ethel M. Hopkins
Director of Nursing Education
St. Elizabeth Hospital School of Nursing

FROM THE BULLETIN

J. L. Fisher, M.D.

TWENTY YEARS AGO — FEBRUARY, 1933

President Harvey devoted his page to a discussion of the report of the Committee on the Cost of Medical Care which was causing a furor in medical circles. You may recall, there were a Majority Report and a Minority Report. The Majority Report presented a plan to set up an agency in each community which would supervise all details related to illness. It advocated group practice centralized in hospitals, supervised by the agency and paid for by group purchases of service. It ignored medical societies and the A.M.A. The Minority Report stressed medical organization as the foundation stone for trial methods of group service without interfering with the fundamentals of established medical practice.

Naturally, most medical men favored the Minority Report and the controversy stirred up by both reports stimulated medical organizations to set and sponsor their own plans for group care such as Blue Cross and Ohio Indemnity. A special committee was set up to study the reports and every member was urged to write his opinion for the *Bulletin*.

Two pages were devoted to a study of the recent smallpox epidemic. Most cases were mild and in children. It was believed that many were not seen by a physician. Of 164 cases, two were in persons vaccinated more than seven years before the onset.

Druggists of the Mahoning Drug Club were filling prescriptions at net cost of drugs plus 10% when the doctor marked "MDC" on the prescription. That was done for needy cases that the doctor was "carrying."

Dr. E. Starr Judd, Professor of Surgery at the Graduate School of the University of Minnesota, addressed the Society on "Acute Cholecystitis."

TEN YEARS AGO — FEBRUARY, 1943

The speaker that month was Dr. David E. Jones, Director of Physical Medicine at Ohio State University. His subject was "Physical Medicine in General Practice." Dr. W. H. Bunn was program chairman.

The *Bulletin* was full of letters from men in the Service. Some were still in the country but many had gone to distant places. All were eager to receive the *Bulletin* and word from home. Barclay Brandmiller was in Florida, wishing he were in Ohio. Gledhill (now in Warren) was in a cavalry unit at Fort Bliss, Texas and couldn't understand why they had jeeps and tanks and no horses. List (from Jefferson, Ohio) was on the West Coast catching salmon and about to ship out with a Seabee battalion. DeCicco's address changed so often that his mail was usually three months late. Bill Evans was on the Rixey not willing to change his assignment with anybody. Renner was on the Albemarle repairing the men who repaired the planes. Keyes was at Brigham, Utah, where the Mormons dwell. Keogh was at the Naval Hospital at Aiea Heights, Hawaii with that lovely view of the blue water in the harbor. Sisek was around the other side of the island, dressed usually in a pair of trunks and farming his taro patch. Nelson at the Rosemoor Hotel in Chicago and Kaufman at Camp Rucker in Alabama never dreamed of the sands of Africa.

Here at home the hospitals were reporting increased occupancy due to group hospitalization. In St. Elizabeth's twenty percent of the admissions were Blue Cross cases. Youngstown Hospital averaged 485 beds occupied of a total of 567, twenty six percent of them Blue Cross cases. There were still a lot of empty beds. Compare those figures with the percentage of hospitalization insurance cases now.

SERVICE

A few weeks ago a small group of doctors were discussing some of the problems which constantly recur in our professional lives. Apparently, a most vexing one is "the house call."

As medical students we are asked to subscribe to the Hippocratic oath which, in brief, requires us to offer ethical Service. As internes and residents and, finally, as practitioners, we are constantly asked to pursue that ethical service.

Service is not something which occurs only by day and not by night. It cannot be made available only on weekdays, and not on Thursday, Sundays or holidays. It is present, and must be present, twenty-four hours each day and seven days weekly in every week. The availability of service cannot be confined to an office or hospital bed. It must also be given to the person who is ill at home.

In this day of specialization we even have doctors who specialize in "limited service." They are ready to take care of any patient who comes to their offices, but they will not take care of the person who is unfortunate enough to develop a degree of illness which confines him to his home. "I'm sorry, but I don't make house calls" has become a glib phrase in the speeches of too many.

For the past few years we have heard and read and seen the necessity for favorable public reaction towards the medical profession. Let us not forget that the place where this is the most easily done is in the close contact between patient and physician. What better way is there to antagonize a patient than to let him infer that you don't want to take care of him?

Wake up, practitioners! Start making those house calls! If you cannot make them, arrange with two or three other physicians to make them for you. Let the Medical-Dental Bureau have those names on the records, so that when you are not available, your patients can always get good medical service.

As a final thought, practice good manners in your referral of those calls to your colleagues. Don't tell the patient to call the other doctor. Call the doctor yourself and ask him if he will make that call for you. In these simple ways we can improve relations between physician and patient as well as physician and colleague.

MAHONING COUNTY ACADEMY OF GENERAL PRACTICE

The regular meeting of the Mahoning County Academy of General Practice was held January 13, 1953, at the South Side Nurses Home. The opening paper on Endocrinology was given by Dr. Robert W. Schneider of the Cleveland Clinic. He gave a most interesting and highly educational talk on "Hyperparathyroidism," and "Other Medical Diseases of the Bone from an Endocrine Standpoint."

Our next meeting will be held in conjunction with the Mahoning County Medical Society and the Heart Association on February 17, 1953, at which time Dr. Charles Wolferth, a nationally known Cardiologist, will be the speaker.

David H. Levy, M.D.

A FETAL ELECTROCARDIOSCOPE AND SOME POSSIBLE CLINICAL APPLICATIONS

Dr. R. P. Yeager, St. Elizabeth's Hospital

It will be the purpose of this paper to sketch out the nature of the cathode ray tube, to describe a low cost cardioscope and to suggest some possible clinical applications.

The heart of the cathode ray tube is an electron gun which projects a stream of electrons in vacuo onto the glass face of the tube. This face is coated with a phosphorescent material where the stream is represented as a bright spot. The electron stream may be deflected up or down, to the right or left by an electrostatic charge on plates which are placed along the course of the stream. If the charge on the vertical deflecting plates is varied by an EKG amplifier, the spot will move up and down in accordance with the changing voltage and because of a persistence of phosphorescence, a vertical line will be traced.

If, at the same time, the spot will be made to move from left to right across the tube, our familiar EKG complex will be traced as a bright line.

The advantages of this method of representation are several. The electron stream is without apparent inertia and such things as time lag and overshooting are eliminated. There are no moving mechanical parts and photographic or writing papers are unnecessary to observe the trace.

The thought occurred to us that the electrocardioscope might be used to monitor fetal heart action in utero. A search of the literature has revealed no articles published along this line.

The conventional EKG has been used in a number of studies which were of limited success because of insufficient sensitivity of the machine. However, in 1946, Solomon H. Blondheim of New York reported on the use of the electro-encephalograph to record fetal heart potentials. He found the average voltage to be of the order of 7 uv when the two leads were placed at the fundus and over the symphysis. This placement also reduces the maternal EKG to a minimum. His earliest records were from the 16th week of pregnancy.

In designing the projected cardioscope, then, the following specifications were set up:

1. A sensitivity of about 7 uv/inch.
2. A time constant of one second.
3. Provisions for the use of a microphone.
4. A sweep frequency of 1 cycle/sec.
5. Ease of portability.
6. Explosion proof.

In view of Blondheim's success with the encephalograph, a pre-amplifier similar to the input of the Grass electroencephalograph was constructed. This consists of two stages of cascaded pentodes in push pull. Batteries are used for plate and screen voltages and DC is used for the filaments to reduce 60 cycle interference.

The output of the preamplifier is fed into a modified 5-inch oscilloscope which has a sensitivity of .03 volt per inch. With this set-up one may either use small EEG electrodes or a crystal microphone. In the latter instance the fetal heart sounds may be traced on the screen.

The component parts for the above unit were purchased for about \$65. The wiring diagrams and sources of supply can be obtained from the author upon request.

APPLICATIONS

The literature on fetal electro-cardiography lists the following applications which are also feasible with the cardioscope.

1. A diagnosis of pregnancy in which there are no false positives.
2. Determination of multiple pregnancy.
3. Fetal arrhythmias
4. Viability—especially in those cases where no heart tones can be heard, for example, in polyhydramnios.
5. Fetal position—at least to the extent of diagnosing vertex or breech presentations.
6. Fetal distress—here, the monitoring value of the cardioscope is evident because the very small electrodes may be applied with tape and left in place. In the event of obstetrical complications, the machine may be kept running and any changes in the fetal status can be detected instantly.

In addition to the above list, the use of a microphone permits visual study of intra-uterine cardiac murmurs.

The cardioscope has, of course, been extensively used in surgery. The detection of one case of impending or even very early cardiac arrest would more than repay the cost of a large number of the units.

Circuit alterations would permit the incorporation of a loudspeaker. It would seem that the simultaneous viewing and hearing of cardiac murmurs might be a great help in learning the interpretation of phonocardiographic records.

SUMMARY

A preliminary report has been made on an electrocardioscope and its circuit briefly described. Its purpose is primarily visual monitoring of both electrical and auditory fetal heart action.

Other possibilities of usefulness have been suggested.

MAHONING COUNTY MEDICAL SOCIETY WOMAN'S AUXILIARY

Business will be dispensed with and fashions will be the keynote of the regular monthly meeting of the Woman's Auxiliary to the Mahoning County Medical Society, to be held at the Rodef Shalom Temple on Tuesday, February 17, 1953 at 1:30 o'clock.

The program, in charge of Mrs. Harold Chevlen, will be presented through the courtesy of Charles Livingston and Sons, who will review styles for women from the "Gay Nineties" right up to the "Frigorous Fifties." Assisting Mrs. Chevlen on the Program Committee will be Mrs. E. E. Kirkwood, Mrs. David Brody, Mrs. S. C. Keyes and Mrs. J. L. Fisher.

Members are invited to bring guests to the meeting and a tea and social hour have been planned following the Style Show. Hostesses for the afternoon will be Mrs. B. S. Brown, Mrs. Dean Stillson, Mrs. William Breesmen, Mrs. Harold Chevlen, Mrs. R. R. Miller, Mrs. Hugh Bennett, Mrs. R. J. Heaver and Mrs. C. E. Pichette.

Mrs. A. E. Rappoport
Publicity Chairman

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THE YOUNGSTOWN AREA HEART ASSOCIATION, INC.
MAHONING ACADEMY OF GENERAL PRACTICE**

COMBINED MEETING

February 17, 1953

SPEAKERS

Charles C. Wolferth, M.D.

Emeritus Professor of Medicine, School of Medicine
University of Pennsylvania

Mary Miller Livezey Wolferth, M.D.

Associate in Medicine, School of Medicine
University of Pennsylvania
Cardiologist Chestnut Hill Hospital

PROGRAM

11:00 A. M.

Clinic — Youngstown Hospital, South Side Unit

Dr. Charles C. Wolferth

Clinic — St. Elizabeth Hospital

Dr. Mary Miller Livezey Wolferth

3:00 P. M.

Informal Question and Answer Conference with Internes
and Residents of all Hospitals

Conference Room — Fourth Floor

Youngstown Hospital, North Side Unit

Dr. Charles C. Wolferth, Dr. Mary Miller Livezey Wolferth

6:00 P. M.

Dinner — Youngstown Club

8:30 P. M.

Elks Club

**"Some Problems in the Diagnosis and Treatment
of the Hypertensive Patient"**

Dr. Charles C. Wolferth

Many out-of-town physicians have expressed a desire to attend this meeting. There will be a subscription dinner at the Youngstown Club at 6:00 P. M. sharp. Call your reservation to the Heart Office — 4-0021 — before noon of February 17.

District graduate nurses are invited to attend the meeting at the Elks Club.

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VENEREAL DISEASE CLINIC, REPORT FOR 1952

| | |
|--|-----|
| Total number of persons seen during the year | 991 |
| New people not previously seen | 792 |
| Of these: | |
| Admitted for syphilis | 121 |
| Admitted for gonorrhoea | 372 |
| Admitted for chancroids | 1 |
| Non-infected and not admitted | 281 |
| Still under investigation | 17 |
| | 792 |

| | |
|---|-----|
| SYPHILIS | |
| Number of cases treated this year | 386 |
| Carried over from 1951 | 231 |
| Patients previously delinquents or previously classified as "arrested" who came back for check-up or treatment | 34 |
| Admitted this year | 121 |
| | 386 |
| Primary and Secondary | 12 |
| Early latent | 37 |
| Late latent | 45 |
| Central nervous system | 10 |
| Congenital | 12 |
| Cardio vascular | 5 |
| | 121 |
| Males admitted | 57 |
| Females admitted | 64 |
| | 121 |

| | |
|---------------------------------------|------|
| Discharged as cured or arrested | 77 |
| Transferred | 9 |
| Delinquent | 80 |
| Died | 9 |
| Remaining | 211 |
| Number of blood tests taken | 1855 |
| Positive | 966 |
| Negative | 889 |
| | 1855 |

| | |
|----------------------------------|----|
| Number of spinal punctures | 89 |
| Positive | 8 |
| Negative | 81 |
| | 89 |

| | |
|---|------|
| Number of intramuscular injections administered | 1452 |
| Number of chest and eye examinations | 102 |
| Number of patients sent to Rapid Treatment Center | 17 |

(Rapid Treatment Center was discontinued April 30, 1952)

| | |
|---|------|
| NUMBER OF CLINIC VISITS | 2431 |
| GONORRHEA | |
| Number of cases treated this year | 404 |
| Carried over from 1951 | 32 |
| Admitted this year | 372 |
| | 404 |

| | |
|--|-----|
| Males | 238 |
| Acute | 234 |
| Chronic | 4 |
| | 238 |
| Females | 134 |
| Acute | 28 |
| Chronic | 106 |
| | 134 |
| Discharged as cured | 185 |
| Transferred | 24 |
| * Delinquent | 161 |
| Remaining | 34 |
| | 404 |
| Number of penicillin injections given | 713 |
| Number of cultures for gonorrhoea in females | 391 |
| Positive | 199 |
| Negative | 192 |
| | 391 |

NUMBER OF CLINIC VISITS 1389
 * NOTE: Most of these delinquent patients can be considered as cured since they all received penicillin.

| | |
|------------------------|---|
| CHANCROIDS | 2 |
| Carried over from 1951 | 1 |
| Admitted this year | 1 |
| Discharged as cured | 1 |
| Transferred | 1 |
| Remaining | 3 |

NUMBER OF CLINIC VISITS 5
 Number of clinic visits by persons not infected and not admitted or transferred to other agencies for other causes than V. D. 762
 GRAND TOTAL OF CLINIC VISITS

As in former years we again wish to express our deep appreciation to the Visiting Nurses' Association for their splendid cooperation.

Respectfully submitted,

HENRI SCHMID, M.D.
 M. E. HAYES, M.D.

ANNUAL REPORT OF THE SOCIAL WORKER — 1952

| | |
|---|-----|
| Total visits made in the homes | 900 |
| Total patients admitted to nursing service | 5 |
| Total patients referred to the Rapid Treatment Center | 17 |
| The following is a classification of all the suspects handled: | |
| Contacts of active cases of venereal disease | 404 |
| Pre-natals with positive serology | 15 |
| Pre-maritals with positive serology | 47 |
| Suspects with positive or doubtful serology | 449 |
| Inductees with positive serology discovered during army examination | 12 |
| | 927 |

DISPOSITION OF SUSPECTS

| | | |
|---|-------|-----|
| 1. Contacts of active cases of venereal disease | | 404 |
| Found not infected | 179 | |
| Not found | 76 | |
| Already under treatment | 10 | |
| Referred to other health departments | 6 | |
| Referred to private physicians | 12 | |
| Uncooperative | 16 | |
| Found to be infected and admitted to the Venereal Disease Clinic for treatment | 105 | |
| | Total | 404 |
| 2. Pre-natals with positive serology | | 15 |
| Found not infected | 3 | |
| Under treatment of private physician | 3 | |
| Already under treatment | 2 | |
| Admitted to the Venereal Disease Clinic for therapy .. | 7 | |
| | Total | 15 |
| 3. Pre-maritals with positive serology | | 47 |
| Under treatment by private physician | 22 | |
| Admitted to Venereal Disease Clinic for therapy | 6 | |
| Found not infected | 4 | |
| Have had adequate treatment | 10 | |
| Already under treatment of Venereal Clinic | 1 | |
| Moved out of town | 2 | |
| Not located | 2 | |
| | Total | 47 |
| 4. Suspects with positive or doubtful serology | | 449 |
| Already under treatment at Venereal Disease Clinic .. | 257 | |
| Admitted to the Venereal Disease Clinic for treatment .. | 15 | |
| Under therapy with private physician | 104 | |
| Have had adequate treatment | 15 | |
| Moved out of town | 9 | |
| Not infected | 34 | |
| Not found | 15 | |
| | Total | 449 |
| 5. Inductees with positive serology | | 12 |
| Inducted into the U. S. Army | 8 | |
| Admitted and referred to the Columbus Rapid Treatment Center | 1 | |
| Not completed | 1 | |
| Have had adequate treatment | 1 | |
| Moved out of area | 1 | |
| | Total | 12 |

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| B ₁ 3 mg. | Calc. Pantothen. | 1 mg. |
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| B ₆ 110 microgr. | Elix. Glycerophosphates | |
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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, 202 Schween-Wagner Bldg., Youngstown, Ohio, on Monday, January 12, 1953.

The following doctors were present: V. L. Goodwin, President, presiding, J. D. Brown, E. J. Wenaas, C. A. Gustafson, S. W. Ondash, W. M. Skipp, A. A. Detesco, A. K. Phillips, G. E. DeCicco, H. J. Reese, A. Randell, comprising Council and Dr. C. W. Stretzback was a guest.

Mr. L. A. and W. L. Spencer of the Equitable Life Assurance Society of the U. S., explained the Reed-Keogh voluntary pension system of self-employed persons, including doctors. A group of representatives of the national associations supporting the Reed-Keogh bills, met in New York recently and voted unanimously not to make any amendments to these bills. It was decided that the bills should be sponsored again jointly by Congressmen Daniel A. Reed (R., N. Y.) and Congressman Eugene J. Keogh (D., N. Y.)

A letter was read from Dr. S. G. Patton, who is taking Post-graduate work in Pittsburgh.

The Secretary was instructed to advise Dr. Patton that for the duration of the course, his local dues would be waived but not the State or AMA.

Council discussed the problem of physician-referrals.

The Secretary was instructed to send a questionnaire to each member, obtaining up-to-date information, especially asking each one to name two or more physicians to whom their patients can be referred in cases of emergency.

Dr. Skipp reported the recent progress made, with reference to obtaining a full time Health Commissioner.

The Secretary read a suggested letter, written by Dr. A. E. Rappaport and intended to go to Dr. Geoghegan at the Cleveland Blood Center. The subject was "A plan to utilize Rh Negative Blood obtained from Mahoning County by the Red Cross Blood Program, (for Defense only), for direct transfusions on a replacement basis."

Proposed Plan

A. The following program is proposed in order to utilize Rh Negative blood obtained from Mahoning County by the Red Cross Blood Program in its most efficient manner.

B. All known Rh Negative blood derived from Mahoning County would be placed into ACD solution for direct transfusion purposes. These units would be processed, (typed, and serology obtained) at the Cleveland Blood Donor Center. An equivalent number of Rh Negative blood would then be returned on a replacement basis to Mahoning County to be distributed between the Youngstown Hospital Association and St. Elizabeth Hospital.

These units of blood would establish a credit:

A. Against which the local hospital blood banks could draw for use in furnishing blood to patients from the Trumbull County and other total program areas in the vicinity. Blood for patients from these areas, in the past, has been received from the Red Cross Blood Center in Cleveland because such areas participate fully in the blood program while Mahoning County is in the program "For Defense Only."

B. To establish a credit for donors from distant areas who, for convenience, have donated in the Mahoning County Blood Center.

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- C. Such replacements have been delivered to the local hospitals piecemeal, many times a month, in small quantities, thereby incurring an expense to the Cleveland Regional Center.

This Plan would:

- A. Reduce the necessity for the Cleveland Red Cross Center to ship many times a month a few pints for replacement.
- B. It would not interfere with the established "Defense Only" program, as it would be a means for the Cleveland Blood Donor Center to fulfill its obligation to the local hospitals.
- C. It would permit Rh Negative blood to be used in its most desirable fashion.

This program is proposed as a pilot program to run about 60 days. After such time a review of its operation would be carried out and any adjustment in the system could be determined and corrected. If found satisfactory to all parties, it could then be made into a permanent arrangement.

The Medical Advisory Committee of the Mahoning County Red Cross Blood Procurement Program believes that this is a very reasonable and desirable program and we hereby request the Cleveland Regional Blood Center to approve and implement this plan.

The following applications were read:

ASSOCIATE MEMBERSHIP

Dr. C. S. Peabody, 810 Dollar Bank Bldg., Youngstown, Ohio

Dr. M. C. Hanysh, 2514 Mahoning Ave., Youngstown, Ohio

Dr. L. O. Gregg, 510 Dollar Bank Bldg., Youngstown, Ohio

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

G. E. DeCicco, M.D.
Secretary

IN MEMORIAM

The Great Healer, who mends all illness with his everlasting love, has taken from us Dr. William C. Autenreith, who passed away on December 31, 1952.

We may be sure that Dr. Autenreith loved life and practiced the joy of living to his last moments. His philosophy was one which declared that the practice of his profession must always be one from which happiness could be derived. Never one to complain about the long hours he spent pursuing his chosen field, he was ever able to temper cares with relaxation. He was a Past President of the Lions Club and the Youngstown Shrine Club. He was a Knight Templar and 32nd Degree Mason, also past Grand Master of the Odd Fellows. He was a member of many professional societies. Other interests included politics and sports.

We will all miss our friend who so well displayed a happy combination of work and play and association with his fellow man.

H. J. R.



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

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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YOUNGSTOWN HOSPITAL STAFF MEETING

The regular meeting of the staff of the Youngstown Hospital Association was held at 8:30 on Jan. 6, 1953.

The house staff was commended by Dr. Rappoport for the increasing number of post mortems.

The program for the evening was presented by the Dietary Dept. Miss Summers clarified the different types of diets.

The staff physicians were urged to write specifically what they desired their patients to have in regard to special diets in cases of diabetes and ulcer. Many of Miss Summers constructive criticisms were well received by the staff.

Dr. Klatman announced that the new library would soon be occupied.

The meeting adjourned at 9:30.

E. C. Baker, M.D.
Secretary

**STAFF MEETING—ST. ELIZABETH HOSPITAL
JANUARY 6, 1953**

Meeting opened at 8:30 p. m.

Sister Adelaide presented and discussed final plans for new building program.

Minutes of previous staff meeting were read.

Minutes of executive committee meeting of January 4 were read.

Dr. Sam Tamarkin suggested each member of the General Practice Section send in a statement as to which department he prefers as his major interest in the hospital.

Letter of thanks from Sister Adelaide for staff gift to sisters for Christmas was read.

Meeting adjourned at 10:15.

**MAHONING COUNTY TUBERCULOSIS SANATORIUM
STAFF ELECTION**

Dr. H. H. Teitelbaum, Medical Director of the Mahoning County Tuberculosis Sanatorium, reports that at the annual election the following doctors were chosen:

President — Dr. J. Keogh (re-elected)

Vice-President — Dr. M. W. Neidus (re-elected)

Secretary-Treasurer — Dr. Frances Miller (re-elected)

Executive Committee — Dr. F. S. Coombs (re-elected 2 years)

Dr. E. R. McNeal

FOUNDATION ELECTS OFFICERS

There was a meeting of the Board of Trustees of the Medical Service Foundation Tuesday, January 27, 1953, at which time they reviewed the year's progress including scholarships to the following:

Miss Frances Breslyn, Youngstown Hospital Association; Miss Margaret Dechant, Youngstown Hospital Association; Miss Margery Bertrand, St. Elizabeth Hospital; Miss Peggy Ann Marsh, St. Elizabeth Hospital; John C. Melnick, Western Reserve University.

The following officers were elected for the year 1953:

Edward J. Reilly, M.D., President; Howard W. Jones, D.PED., First Vice President; Ivan C. Smith, M.D., Second Vice President; Elmer H. Nagel, M.O., Secretary; Franklin B. Powers, Assistant Secretary; George M. McKelvey, M.D., Treasurer; Vernon L. Goodwin, M.D., Assistant Treasurer.

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NEWS NOTES

Born to: Dr. and Mrs. Paul Krupko, a girl, Amy Susan, on October 17, 1952, at St. Elizabeth Hospital. Mrs. Krupko is the former Dr. Marie Burkey.

Born to: Dr. and Mrs. Vincent Herman, a girl, Margaret Eileen, on November 27, 1952, at St. Elizabeth Hospital.

Dr. W. E. Sovik is the author of a paper "Bilateral Retinoblastoma in Six Siblings," which appears in the November issue of the American Journal of Ophthalmology.

Dr. A. Goudsmit addressed the Taft School P.T.A. on "Rheumatic Fever" on Jan. 15, 1953.

On Feb. 10, Dr. John N. McCann was installed as President of the National Federation of State Medical Boards.

Recently Dr. M. Steinberg addressed the Columbiana County Medical Society at Lisbon on "Post-Phlebitic Syndrome."

FOR RENT: Suite of offices 19 Lincoln Avenue, Garage for doctors car, plus parking area for 38 cars rear of building. M. L. Goodwin, Phone 3-6311.

FOR SALE—All office furniture and equipment of the late Dr. Autenreith—call 2-6649.

Health Department Bulletin

CITY OF YOUNGSTOWN

REPORT FOR DECEMBER, 1952

| | 1952 | Male | Female | 1951 | Male | Female |
|---------------------------|------|------|--------|------|------|--------|
| Deaths recorded | 240 | 142 | 98 | 232 | 141 | 91 |
| Births recorded | 790 | 387 | 403 | 745 | 371 | 374 |

| CONTAGIOUS DISEASES | 1952 | Cases | Deaths | 1951 | Cases | Deaths |
|--------------------------|------|-------|--------|------|-------|--------|
| Chicken Pox | 123 | | 0 | | 77 | 0 |
| Measles | 4 | | 0 | | 37 | 0 |
| German Measles | 1 | | 0 | | 0 | 0 |
| Mumps | 31 | | 0 | | 0 | 0 |
| Scarlet Fever | 4 | | 0 | | 4 | 0 |
| Whooping Cough | 2 | | 0 | | 17 | 0 |
| Tuberculosis | 0 | | 3 | | 4 | 3 |
| Gonorrhoea | 21 | | 0 | | 16 | 0 |
| Syphilis | 19 | | 0 | | 20 | 0 |

VENERAL DISEASES

| New Cases | Male | Female |
|---|------|--------|
| Syphilis | 7 | 5 |
| Gonorrhoea | 18 | 8 |
| Chancroid | 1 | 0 |
| Total Patients | | 39 |
| Total Visits to Clinic (Patients) | | 248 |



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| Niacinamide..... | 8 mg. |

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