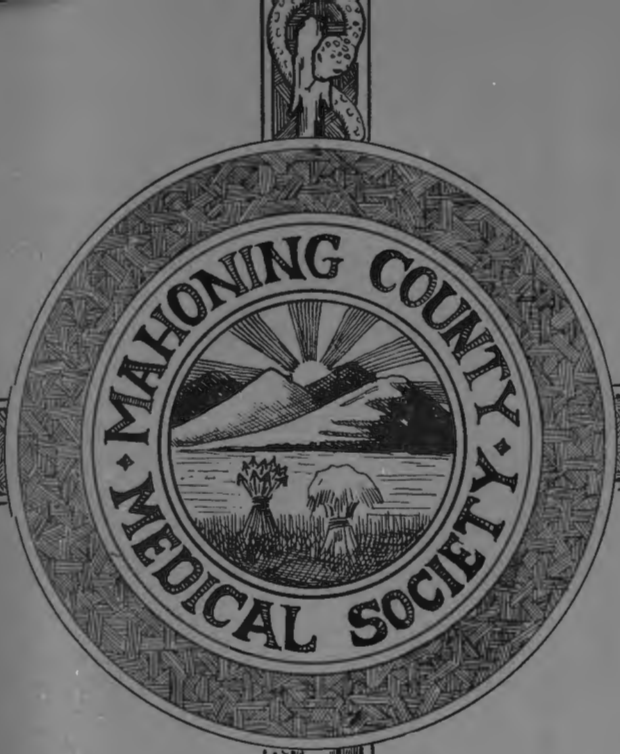

BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

March • 1953
Vol. XXIII • No. 3
Youngstown • Ohio

Fellows

vitamin b complex

liquid and capsules

The superiority of Vitamin B Complex derived from natural sources has been well established. Jolliffe[1] has attached special importance to this subject and Lewey and Shay[2] have stressed the necessity for natural substances.

Natural Base

formula:

Each Teaspoonful (4 cc.) contains:

Thiamine Hydrochloride	2.5 mg.
Riboflavin	3.5 mg.
Niacinamide	25.0 mg.
Pyridoxine (B_6)	0.056 mg.
Calcium Pantothenate	2.5 mg.

plus Choline, and other factors of the B-Complex present in the natural base. The Riboflavin content is derived entirely from natural sources.

BASE: Rice Bran, Corn, Liver Concentrate.

SUPPLIED: in 4-oz. Rx size.

NOW CONTAINS VITAMIN B_{12}-1 mcg

formula:

Each Capsule Contains:

Thiamine Hydrochloride	10 mg.
Riboflavin	15 mg.
Niacinamide	100 mg.
Pyridoxine	1 mg.
Calcium Pantothenate	10 mg.
Choline Dihydrogen Citrate	20 mg.
Inositol	20 mg.
Folic Acid	[illegible] mg.
Liver Extract (secondary)	[illegible] mg.
Brewers' Yeast Extract	[illegible] mg.

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

BASE: Liver and Yeast.

SUPPLIED: in 50's and 1000's.

1. Jolliffe, N., Special Article, Council on Foods and Nutrition: The Preventive and Therapeutic Use of Vitamins, J.A.M.A., 129:61 Oct. 27, 1945.
2. Lewey and Shay, Dietotherapy, Philadelphia, W. B. Saunders Co., 1945, p. 850.

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Fellows Medical Mfg. Co. Inc. Pharmaceuticals

26 CHRISTOPHER STREET NEW YORK 14, N. Y.

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Representative to the Associated Hospital Service
H. E. PATRICK

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Volume XXIII—No. 3 **March, 1953**

ADVERTISERS' LIST

Our President Speaks

TELEVISION COMES TO YOUNGSTOWN

Our town is among the first to have television facilities in the UHF range. From a physician's standpoint, television can be a great help to the community. Fundamental public health procedures, methods of resuscitation, first aid, etc. can be more graphically presented to the people. TV can be especial value during epidemics. We can more adequately present the necessity of funds for Heart, Polio, Cancer and other undertakings which have sound appeal if well presented. Enunciation and diction are fundamental, as with radio.

Both WKBN-TV and WFMJ-TV are to be congratulated for their effort at securing television facilities for Youngstown. Further, these stations entail large expenditures of money with little chance of immediate return.

If we are asked to participate in programs, we should make sure we are doing our best. The educational value of TV has not been fully explained. We must do more to promote cooperative action between the medical profession and those who report medical news.

* * *

Don't forget O. S. M. A. meeting in Cincinnati—April 21, 22, 23, 1953.

Mahoning County Medical Society meetings are scheduled for 8:30 P. M. Let's begin on time!

V. L. Goodwin, M.D.

BULLETIN of the Mahoning County Medical Society

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

H. J. Reese
3720 Market Street

ASSOCIATE EDITORS

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EDITORIAL

"WHO IS TO BLAME?"

Recently the medical profession was given an unnecessary "dirty blow" —not by a "do-gooder," not by a politician seeking votes, not by someone who represents any organization which opposes the practice of medicine as we know it today, but by Dr. Paul Hawley, the Director of the American College of Surgeons. In an interview, which was published in a national magazine and, subsequently, quoted by the nationwide radio and press, he directed the tarred stick to the entire medical profession, which will have to put the blame where it really belongs.

Dr. Hawley quoted statistics to the effect that too many operations are performed, too many normal tissues are removed, and we still have widespread "fee-splitting." It would be well to remember that surgery is performed by doctors who operate in qualified hospitals, which have been approved by the American College of Surgeons on the basis of stringent qualifications established by that College. We physicians have the right to believe and expect that anyone who is permitted to perform surgery in an approved hospital does so after he has demonstrated his adequate ability and judgment in his chosen field. We must assume that the hospital committees which pass on qualifications are rigid in their demands for continued excellence in his chosen field and professional conduct.

If the American College of Surgeons has evidence of poor professional standards, it can withdraw its approval. If it fails to take this step, then it must be prepared to assume the burden of the blame. Its Director cannot dodge this responsibility by glibly blaming the rest of the profession.

While the eloquent indictment of the medical profession may be applicable to scattered instances, the extension of the charges to the entire group seems unwarranted. This is particularly true because organized medicine at every level has demonstrated succinctly its effort to rid its ranks of unethical practice and conduct. The local citizenry can be well assured that their Medical Society is ever working to maintain high levels of practice. It is certainly just as interested in maintaining the dignity and high stature of the profession locally as it is in eradicating unethical practices which bring discredit to it.

H. J. Reese

TREATMENT OF SEVERE ACIDOSIS AND DEHYDRATION DUE TO DIARRHEA AND VOMITING

H. Bryan Hutt, M.D.

One of the most frequent problems that arises in the care of infants and children is gastro-enteritis. Fortunately, the vast majority of these episodes are not serious, and the usual symptomatic therapy of decreasing the general food intake while increasing fluids and proteins, with or without the concomitant use of an absorbent oral medication such as kaolin and pectin, is all that is necessary.

For the purpose of brevity, the discussion of treatment will be confined to the most severe cases in which acidosis and dehydration have progressed to a dangerous level. Between these two extremes, the therapeutic regimen depends upon the degree of the signs and symptoms and the clinical judgement of the attending physician.

The causes of diarrhea are many. They may be mechanical, chemical or toxic, metabolic, infectious, or a combination of several of the above factors. The infectious causes may be of bacterial or viral origin. Also, the infection may be present in the G. I. tract itself, or the symptoms of diarrhea and vomiting may be only a part of the general picture of a parenteral infection.

Regardless of the cause, however, when the loss of fluids from the G. I. tract is sufficient to deplete markedly the extracellular and intracellular fluids and electrolytes of the body with the resultant development of dehydration and severe acidosis, the replacement of these fluids in proper amounts and in reasonable proportion is an emergency procedure to be instituted as soon as possible to prevent the development of an irreversible chemical imbalance. The younger the child, the more serious may the condition become in a short time. We feel that the prompt treatment of a patient with severe acidosis and dehydration from vomiting and diarrhea is just as urgent as the treatment of a patient with acidosis caused from diabetes.

We will try to describe the picture of a hypothetical six month old infant who is seen in the emergency room with a history of uncontrollable vomiting and diarrhea:

> His eyes are sunken and dull, skin is dry and doughy, respirations rapid, and odor of acetone is noted on his breath; and even at first glance, the seriousness of his condition is evident from his extreme listlessness and apathy. The pulse is weak and thready and there is almost no tissue felt beneath the loose flabby skin. The abdomen may be scaphoid or distended. A thorough but fairly rapid physical examination is made, but most of the findings are those obtained by inspection and, to a lesser extent, palpation.

After the physical examination, blood is drawn immediately for CO_2 content, pH and culture, and sent to lab stat. Matching and cross matching may also be desirable. Stool culture should be obtained as soon as practicable, but as soon as the blood is drawn, fluid therapy with Ringers solution should be begun along with penicillin and dehydrostreptomycin. Antibiotics are continued till culture reports return. Subsequent status of these medications depend on the lab findings. Parenteral fluids are of paramount importance and require at least two physicians in their administration. While one doctor is looking for a vein or doing a "cut-down," the other one is pumping in Ringers solution subcutaneously with syringes.

When a vein is found, intravenous fluids are begun. By this time, at least 400 to 500 c.c. of Ringers solution have been given. Since the patient is in shock, it would be advisable to administer 10% Glucose in H_2O as the first I. V. fluid, to raise the blood pressure and speed the absorption of the subcutaneous fluid into the blood stream. This is the only stage where a hypertonic fluid is used to treat dehydration, as far as I know.

A patient in severe shock cannot be adequately treated with subcutaneous fluids alone. After 100 to 300 c.c. of glucose has run in intravenously, plasma or blood may be substituted. By about now, the CO_2 report should be back from the lab and the amounts of M/6 sodium racemic lactate or sodium bicarbonate solution necessary can be calculated and given in the I. V. set-up.

For CO_2 content below 20 vol %, and especially in very young infants, soda bicarbonate is probably the first choice for CO_2 above 20 vol % and in older infants, M/6 sodium racemic lactate may be used instead. The formulae used in estimating the amounts to inject are given below:

(1) Soda bicarbonate cc. 5% sol. = 20 (wt. in Kg x 0.026 x CO_2 deficit. For example, if the body weight is 8 Kg and the CO_2 content is 18 vol. %, the amount of soda bicarb would be 20 x 8 x 0.026 x 42, totaling 175 cc. of 5% soda solution.

(2) M/6 sodium racemic lactate—c.c. molor lactate = wt. in Kg x 0.3 x CO_2 deficit. Dilute with 5 parts of water to make M/6 solution.

For example, the amount in the case above would be 8 x 0.3 x 42 or 100.8 cc lactate diluted with 504 c.c. of distilled water to make a total of 604.8cc M/6 solution.

In practice, it is advisable to give 1/2 to 2/3 of the calculated amount of one of the above alkalies and re-evaluate the degree of acisosis before giving the remainder of the same solution. At no time is it safe to use much alkalies without laboratory guide.

After the severe acidosis is corrected, then the total fluids administered (blood, plasma, glucose in H_2O, glucose in saline, Ringer's solution, Darrow's solution, etc.) should be from 150-300 c.c. /kg in the first 12-18 hours depending upon the degree of dehydration present. The usual maintenance fluid intake, after the critical phase is over is about 100 to 150 c.c. /kg/ day but naturally is increased if fluid loss continues from the diarrhea or vomiting. As a rule with decrease in symptoms, normal saline should constitute about 1/3 of the total fluid with glucose in H_2O the other 2/3. But if the diarrhea has been of long duration, then after good kidney function has been re-established, Darrow's solution should be substituted for some of the saline because of its potassium chloride, to help replace the loss of potassium from the intracellular tissues. Twenty to fifty c.c Darrow's solution /kg/ day is about adequate usually, and may be given i.v., subcutaneously or orally. Fluids should be given orally in small amounts when vomiting is controlled and gradually increased as soon as it is ascertained that the intestinal tract will tolerate them. Skimmed milk and foods are added cautiously later.

In summary, adequate amounts of the right types of parental fluids as soon as possible, in proper proportion and in approximately correct order of administration with accurate laboratory control are essential in correcting one of the most frequently seen pediatric emergencies—severe acidosis and dehydration resulting from vomiting and diarrhea.

KEEPING UP WITH A.M.A.

W. M. Skipp, M.D.

The Magnuson Commission proposes that federal government take the lead in bringing about momentous changes which would effect every phase of medical activity. The cost would be a billion dollars.

The Commission proposed the creation of a cabinet-rank department of health and security, so that there could be brought into one relationship all Federal health and security functions. Drs. Everth A. Graham and Russel V. Lee urged a cabinet department of health. Also at the top would be a permanent Federal Health Commission similar to the present Commission.

The U. S. would subsidize prepayment plans but they would be operated through state agencies.

The Commission accepts the present setup of prepayment plans as the most feasible for eventually bringing comprehensive medical protection to almost everyone.

There would be an overall State plan under a single State health authority for all available services and operated through a local or regional health service authority. The local prepayment plan would be the basic financing unit.

The amount of Federal money available to each state would depend upon income and then matched by the State, the poorer States receiving the largest per capita grants.

The Federal funds to the States would flow to the State, then to the local level to pay; (1) premiums for welfare cases; (2) promote and extend prepayment coverage to the general public, subsidizing low-income groups; (3) to operate facilities for long range illness, available without means test.

To further encourage prepayment plans to extend coverage and liberalize benefits, the ban would be lifted from U. S. employees and OASI funds would be used to pay premiums. Eventually, care of veterans, seamen, and other federal charges would be absorbed by the State and local systems.

The general physicians education and training must be studied and hospital connections must be granted.

It is urged that all specialties be set up under group practice so that the practice can be properly organized and administrated, so as to avoid exploitations of physicians by another, so that the highest quality of practice will be practiced for the benefit of the general public.

There should be regional grouping of all health services to save space and to better utilize all personnel.

The public health should be expanded in establishing and maintaining local public health departments.

The Hill-Burton hospital construction program should be extended beyond the 1955 date; more attention should be given construction of health centers, with special facilities for TBC, mental, chronic, and rehabilitation. The hospital of the future should be a health center. It should be the center of physicians' professional life.

A.M.A. President Louis H. Bauer referred to Point 4 of the commission's recommendations, which reads: "Funds collected through the OASI (Old Age and Survivors Insurance) mechanism be utilized to purchase personal health service benefits on a prepayment basis for beneficiaries of that insurance group, under a plan which meets Federal standards and which does not involve a means test."

"We wonder (Dr. Bauer said) if all the commission members who signed the report understood the full implications of this recommendation. Although the Commission does not use the term, this proposal, in effect, recommends national compulsory health insurance.

"We find it extraordinary that this commission should, in its report, recommend a governmental system of paying for medical care which has been rejected repeatedly by the American people, by Congress and by the medical profession.

"In this single recommendation the commission proposes that funds collected through the Social Security System be used to purchase medical care for beneficiaries (now 4½ million) covered by that system. Under this plan, the federal government, through payroll deductions, would pay directly for the medical care of an ever-increasing segment of our population, and our health services would inevitably be controlled by Big Government."

RESOLVED: That for the interim until the next regular meeting of the House of Delegates, the Board of Trustees and the Council on National Emergency Medical Service are authorized and directed as follows:

1. To follow closely all developments, both national and international, which might affect the quantitative requirement of the armed forces for medical officers.

2. To support legislation designed to provide the number of medical officers required to care adequately for the health needs of the uniformed armed forces which will, so far as consistent with the public interest, guard the following principles:

A. Physical requirements for medical officers should be realistically revised to the end that physicians with physical defects be utilized with appropriate assignment.

B. More effective recruitment methods should be developed for career personnel in military medicine; and the Armed Forces Medical Policy Council's efforts in this directions should be supported.

C. The greater use of civilian doctors of medicine and civilian hospital facilities, whenever and wherever feasible, in the care of both military and non-military personnel and dependents of military personnel, should be encouraged.

D. Since the total number of doctors of medicine available to the various governmental agencies and for the general health needs of the nation, is an irreplaceable pool of relatively fixed proportion, it must be utilized in the most economical and efficient manner.

E. Conditions of service in the several governmental agencies should be sufficiently uniform to avoid undue competition for medical personnel.

F. Consideration should be given to an equitable point system in the induction of doctors of medicine into the medical departments of the armed services.

G. In regard to the operation of the existing doctor draft law, the President of the U. S. should be requested by the A.M.A. to defer any call-up of Priority III physicians under Public Law 779 until the Selective Service System and the Department of Defense have completed the processing of all physicians in Priorities I and II and have called to active military service all physicians in these groups, except those very occasional individuals whose further deferment is essential to the nation's health, safety, and interest.

TAX DEDUCTIONS FOR RETIREMENT PLANS FOR SELF-EMPLOYED. For more than ten years corporations have been allowed to establish pension funds for their employees out of tax-free money. Last year a concerted effort

was begun to have the same privilege accorded the self-employed, including physicians. A limit of 10% of income, or $7,500 would be set on the amount to be placed in such funds annually, and the total could not exceed $150,000. Funds could not be withdrawn until death, retirement, or disability, at which time tax would be paid on the money as received. Active in support of the plan, in addition to the A.M.A., were the American Dental Association, the American Bar Association.

H. R. 10 (Jenkins, R-Ohio, Jan. 3) TAX POSTPONEMENT FOR SELF-EMPLOYED TO CREATE RETIREMENT ANNUITIES: Identical with the revised Reed-Keogh bills of last Congress. Generally it allows self-employed persons to deduct 10% of their earned net income of $7,500 (which ever is lesser) but not to exceed $150,000 in a lifetime. These funds must be paid to a restricted retirement fund or on an annuity contract. The A.M.A. is supporting this legislation. To Ways and Means Committee.

Read the A.M.A. Journal Volume 150 No. 17 page 1675 Presidents page, and check what our President Louis H. Bauer has to say. It is not too long but certainly tells how to clean house and how to care of our calls etc.

The main goals for A.M.A. Public Relations are as follows:

1. Public understanding of the cost of medical care.
2. Public understanding of medical education and doctor supply.
3. Selling the A.M.A., its organization, activities and purposes.
4. Developing close liasion with other organizations.
5. Encouraging state and county societies and individual physicians to practice sound public relations.
6. Continued fight against socialization.

The House of Delegates in December, 1952 at Denver, approved a resolution urging that county medical societies conduct and publicize programs offering to provide the services of a physician to anyone unable to pay for it.

The Public Relations of A.M.A. sets down general principles. PR Doctor have given only general PR principles — the specifics are up to you. For the test of a real PR pioneer is his ability to evaluate a situation and use his own ingenuity to come up with a satisfactory solution fitted to the individual circumstances. He uses every aid at his disposal — utilizes help available from his national and state associations — designs his own helps when necessary — above all has the perseverance to see the thing through.

ASK HELP ON A TOUGH JOB. Dr. Louis A. Buie, Rochester, Minn. and his Council on Constitution and By-Laws are facing a tough and monumental task: this is a tremendous job and can hardly be accomplished without the help and cooperation of every one who has a constructive suggestion to make.

Dr. Buie asked the help of each member of the House of Delegates state and county medical society officers, and others to make specific suggestions for improvements of the Principles, or, as one council member put it "forever hold your peace."

Look up the following as they are the most controversial sections of the Principles. Section 4 on Advertising, Section 5 on Publicity, and Section 6 on patents, Commissions, Rebates and Secret Remedies. All these sections are contained in Chapter 1. If you do not have a Code of Ethics have our Secretary get you one.

SOCIALIZED MEDICINE VIA ILO: A joint resolution, co-sponsored by 59 Senators and referred to as the Bricker Resolution, was introduced in the last session, providing for a constitutional amendment that would prohibit U. S. participation in any international agreement affecting the rights of the

American citizens or superseding the U. S. Constitution. Immediate target is the International Labor Organization which has proposed setting up minimum standards of social security, including national health insurance, through the avenue of a convention, which has the same force as a treaty. In other words, the affirmative vote of two-thirds of the members of the Senate present would make it the law of the land.

H. R. 54 (Rogers, R.-Mass., Jan. 3) APPOINTMENT OF CHIROPRACTORS IN V.A. Would authorize appointment of doctors of chiropractic (with degree from a school or college approved by the VA Administrator) if they are licensed to practice chiropractic in a state, territory, or District of Columbia, and have practiced for at least 2 years. Introduced at the request of the Vets. of Foreign Wars. to Veterans' Affairs Committee.

H. J. RES. 7 (Auchincloss, R.-N.J. Jan. 3) A Constitutional Amendment Prohibiting the Making of Treaties or Agreements Abridging U. S. Laws or State Constitutions. Identical with the Bricker resolutions of last Congress.

INTERNATIONAL ORGANIZATIONS: The budget is high for three organizations, some of which we should not support 100%, which we are doing. As always a handout by our government. International Labor Organization (I. L. O.) we pay 25% of operation; World Health Organization (W. H. O.) 33⅓%; and 66% of P. A. S. O. cost.

Health and Welfare in Fiscal 1954 Budget: These services cover to our dismay, all types of health programs from veterans to many set-ups like heart, TBC, arthritis, cancer, building hospitals, etc. The cost is higher this year than last being two billion, six hundred fifty-five million dollars, which is four hundred odd million more. Economy cannot be practiced in this way. Let's stop some place. Let's stop the socialistic trend.

S. 33 (McCarran, D.-Nev.) This Bill would provide medical care with hospitalization for coast guardsman and their dependents at government expense.

S. 93 Hill—D.-Ala. Aiken—R.-Vt. This bill would permit the payment of health insurance premiums based on the ability to pay. Federal and State money would be used to make a survery—A. For diagnostic clinics; B. Mental, TBC and chronic diseases; C. areas where there are a shortage of doctors; D. and voluntary insurance enrollment.

S. 156 Langer—R.-N.D. Epilipesy)

S. 188 Neely—D.-W. Va. Cancer) should set up commissions for research using tax money.

H. R. 250 Elliott—D.-Ala. This bill would set up instructions depending on the rural population in Public elementary and secondary schools on health and safety instruction and public education. Money shall be matched by states the least amount to be received will be $50,000.

H. R. 301 Hoffman—R.-Mich. This bill sets up a department of Public Health with Cabinet status, which in time would cover all the health functions now carried on by the Federal government, but would not include social security and education. The A.M.A. favors the health program.

A.M.A. NEWS RELEASE STIMULATES ACTION. The news release attacking a Federal Security Agency report which covered medical care costs for a four-year period, 1948-1951, set off a chain reaction which apparently ended with this statement by Rep. Judd (R.-Minn.):

"We need a house cleaning in the whole FSA and people placed in charge will cooperate with the A.M.A. on a program for better distribution of a higher grade of medical care."

It all started when the report was released in Washington by Arthur J. Altmeyer, commissioner for Social Security, F. S. A. A news release over Dr. Judd's signature termed the report "a perversion of statistical information."

He said "the facts contained in the report are misleading, and insulting to the intelligence of the American people."

Press associations, newspapers and radio stations broadcast the statement nation-wide. The Chicago Tribune and the N. Y. Times published it in its entirety.

It also quoted House Majority Leader Halleck as saying that the House was "not going to get into the field of compulsory government insurance."

Dr. Judd said that if Federal Security officials would cooperate with the A.M.A. they would find the medical profession "happier to go along"—on health programs than any other group in the nation.

"I'm dead sure that Mrs. Hobby will put in people interested in solving the problem rather than promoting a particular panacea."

PRESIDENT'S BROTHER HITS SOCIALIZED MEDICINE: Speaking in New York recently at a dinner of the American Heart Association, Dr. Milton S. Eisenhower, president of Pennsylvania State College, and brother of the President, vigorously attacked socialized medicine and avowed his "passionate" belief in private enterprise.

He told his audience that "the socialization of medicine would be a fatal step that would lead to the loss of economic freedom and, therefore, to the loss of political and personal freedom too."

HOW DO YOU LIKE IT?

Admiral Boone Deplores 'Segment of Medicine' Opposed to Va.

Vice Admiral Joel T. Boone, medical chief of the Veterans Administration, is convinced that a segment of medicine is so determined to eliminate non-service-connected disability care that it would, in the process, destroy the entire VA medical program. In testimony before the House Veterans Affairs Committee, Admiral Boone declared "we were able to defeat" in the AMA House of Delegates last December a resolution which he claimed would have "destroyed our program." He added that it was "inconceivable that anyone, in or out of the profession," would take such steps. The resolution obviously was that proposed by the Special Committee on Federal Medical Services; it included a proposal that non-service disabilities be limited to care for tuberculosis and psychiatric and neurological disorders. Admiral Boone stated there was "not much difference" between non-service and service-connected disabilities.

AMA Washington Letter—No. 6
Feb. 6, 1953

ST. ELIZABETH HOSPITAL MONTHLY STAFF MEETING
February 3, 1953

Meeting called to order at 8:40 p. m. by Dr. T. K. Golden, Vice-Chief of Staff.

Case presentations and discussion:

1. Addison's Disease.
2. Hydatid Mole and Chorioepithelioma.
3. Acute Pancreatitis.

Minutes of last meeting were read and approved.

Committes were polled for possible reports. There were none.

Minutes of the Executive Committee meeting of February 1, 1953 were read.

Letter of thanks from graduate nurses of St. Elizabeth Hospital for their Christmas remembrance was read.

Treasurer's report was given.

It was announced that Dr. Mary Wolferth of Philadelphia would conduct a Cardiac Clinic at St. Elizabeth's Hospital on Tuesday, February 17, 1953 as part of the observance of Heart Week locally.

Meeting adjourned at 9:50 p. m.

H. J. Reese, M.D.
Secretary

THE YOUNGSTOWN HOSPITAL ASSOCIATION
STAFF MEETING — February 3, 1953

The February meeting of the Youngstown Hospital Staff was called to order February 3, 1953 by Dr. G. G. Nelson at 8:30 P. M. The minutes of the previous meeting were read and approved. The vital statistics for January were read and approved.

Dr. Noll reported on Interne and Post-Graduate Committee.

Dr. Wendell Bennett of the Training School Committee gave his report. There were discussion of the problems presented.

Dr. Coombs gave the report of the Dispensary Committee.

Dr. Klatman reported for the Library Committee. A new librarian has been hired. It was seconded and passed that rules be observed for the library.

Recommendation has been made to make the Pharmacy a sub-committee of the larger committee.

Dr. Morrall reported on opening up the first and second floors of the new hospital May 1, 1953., South Side.

E. C. Baker, M.D.
Secretary

MAHONING COUNTY ACADEMY OF GENERAL PRACTICE

This month's meeting of the Mahoning Academy of General Practice will be held in conjunction with the Youngstown Area Heart Association and the Mahoning County Medical Society, at the Elks Club, February 17, 1953, at 8:30 P. M. Dr. Charles C. Wolferth will speak on, "Some Problems in the Diagnosis and Treatment of the Hypertensive Patient."

The next regular meeting of the Mahoning County Academy of General Practice will be held on March 10, 1953, at the South Side Nurses Home. Dr. E. Perry McCullagh will continue the course on Endocrinology. His topics will be "Testicular Deficiencies" and "Pituitary Disturbances from the General Practitioner's Standpoint."

D. H. Levy, M.D.

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, February 9, 1953.

The following doctors were present: V. L. Goodwin, President, presiding, J. D. Brown, I. C. Smith, A. A. Detesco, A. Randell, C. A. Gustafson, S. W. Ondash, W. M. Skipp, A. K. Phillips, comprising Council also F. S. Coombs and C. W. Stertzbach

Dr. Skipp, our representative on the Allied Professions Committee, reported on a meeting held January 30 with reference to a full time Health Commissioner. The issue will be petitioned to appear on the ballot in November.

Council discussed a letter from the Mahoning County Chiropodists Society asking for an opinion on establishing a foot clinic for indigents.

Dr. Coombs called attention to the third Tuesday in April conflicting with the Ohio State Medical Association meeting to be held in Cincinnati. Our meeting will be held on the 28th instead of the 21st.

Council instructed the Secretary to turn over to the Answering Service of the Medical-Dental Bureau, the questionaires recently received from our members, also to send a second request to those who failed to respond to the first notice.

The following applications were read.

ACTIVE MEMBERSHIP

Dr. W. B. Hardin, 2921 Glenwood Ave., Youngstown, Ohio.

ASSOCIATE MEMBERSHIP

Dr. J. N. Thanos, 4 Robinson Rd., Campbell, Ohio.

Dr. J. S. Wisely, Mahoning Tuberculosis Sanatorium, Youngstown, Ohio.

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

G. E. DeCICCO, M.D.
Secretary

WALTER F. BARTZ POST No. 726, AMERICAN LEGION, MEETS

A meeting of the Walter F. Bartz Post No. 726, American Legion, was held at the Elks Club on February 19, 1953. It was well attended. The meeting was conducted by Dr. J. J. Sofranec, Vice-Commander, in the absence of Post Commander, Dr. J. B. Kupec, who is convalescing from his recent illness. New members, Drs. F. Morrison, L. Gregg, S. Klatman, H. Shorr, and M. Thanos, were introduced. Dr. R. Clifford brought members of the Post up to date on Post activities. Announcement was made that Drs. Bayuk and Rappoport had been appointed to the Mahoning County Selective Service Medical Advisory Board.

A resolution concerning availability of physicians for military duty was presented.

H. J. R.

TB SYMPOSIUM FOR GP's IN SARANAC LAKE
July 13 through 17

The Second Annual Tuberculosis Symposium for General Practitioners will be held in Saranac Lake, New York from July 13 through 17, 1953. It is approved by the American Academy of General Practice for 26 hours of formal credit for its members.

The Symposium is sponsored by the Saranac Lake Medical Society and the Adirondack Counties Chapter of the New York State Academy of General Practice. The registration fee is $40 for A. A. G. P. members and $50 for non-members. Registration is limited to 100 doctors.

Many physicians who attended last year's symposium brought their families to Saranac Lake. So that families might have use of the car to enjoy the many recreational facilities of the Adirondack Mountains, free bus transtation was provided for physicians from Saranac Lake to the various meeting places. This practice will be followed again this year.

These symposia are the result of many requests, during the last few years, from the General Practitioners for a postgraduate course on pulmonary tuberculosis designed for them and presented over a period short enough so that they might readily attend. The 1953 Symposium has been planned to meet those needs and to cover all important aspects of pulmonary tuberculosis from the General Practitioner's point of view.

Many of the sessions are informal panel discussions with ample opportunities for questions from the audience.

The Symposium will be held in various sanatoria and laboratories in the Saranac Lake area. Morning sessions will be from 8:30 to 12:30 and afternoon sessions from 2:00 to 3:30 (Monday, Wednesday, and Thursday). There will be elective sessions on Tuesday and Friday afternoons. Physicians desiring to make patient rounds will have that opportunity each afternoon at 4:00. On Monday, July 13th there will be a dinner for physicians attending the course, their families and the faculty.

The speakers and panel members at the Tuberculosis Symposium will include physicians, surgeons and scientists from Saranac Lake and surrounding areas.

Complete information concerning this program can be obtained by writing: Richard P. Bellaire, M.D., Tuberculosis Symposium for General Practitioners, P. O. Box 707, Saranac Lake, New York.

THE AMERICAN CONGRESS OF PHYSICAL MEDICINE AND REHABILITATION

The 31st annual scientific and clinical session of the American Congress of Physical Medicine and Rehabilitation will be held on August 31, September 1, 2, 3 and 4, 1953 inclusive, at the Palmer House, Chicago, Ill.

Scientific and clinical sessions will be given on the days of August 31 and September 1, 2 and 3. All sessions will be open to members of the medical profession in good standing with the American Medical Association.

In addition to the scientific sessions, annual instruction seminars will be held. These lectures will be open to physicians as well as to therapists, who are registered with the American Registry of Physical Therapists or the American Occupational Therapy Association.

Full information may be obtained by writing to the executive offices, American Congress of Physical Medicine and Rehabilitation, 30 North Michigan Avenue, Chicago 2, Illinois.

UNITED STATES MEDICAL AND DENTAL ACADEMY

House Bill 2718 (Heller, N. Y.)

Would create a medical and dental school for physicians and dentists of the armed services and the Public Health Service. Four students would be selected from each Congressional district and each territory, six from the District of Columbia, four from Puerto Rico, two from the Canal Zone, eight from each State, and one hundred thirty-two from the United States at large. Each Senator and Representative would be entitled to have four of his appointees in the school at all times. Course of study would be such as prescribed in "responsible and recognized medical and dental schools." (A similar bill by the same author last Congress provided that the course of study be prescribed by the American Medical Association and listed subjects to be included.) Upon graduation students would be commissioned in the armed services or the Public Health Service as needed and could be required to stay in such service for at least 5 years. In direct charge of the Academy would be a Superintendent to be appointed by the President with the consent of the Senate. Matters of policy, including the number of instructors and courses of study, would be decided by the Secretary of Defense and the Surgeon General of the Public Health Service, upon recommendations by the Superintendent. A Board of Visitors would include 5 persons appointed by the President, 3 of whom at least shall be outstanding in the fields of medicine or medical research.

AMA Washington Letter—No. 7
Feb. 13, 1953

Health Department Bulletin

CITY OF YOUNGSTOWN

REPORT FOR JANUARY, 1953

	1953	Male	Female	1952	Male	Female
Deaths Recorded	259	154	105	250	139	111
Births Recorded	346	169	179	351	166	185

CONTAGIOUS DISEASES	1953 Cases	Deaths	1952 Cases	Deaths
Chicken Pox	274	0	69	0
Measles	82	0	119	0
Mumps	97	0	4	0
Scarlet Fever	7	0	5	0
Tuberculosis	28	2	9	1
Whooping Cough	6	0	17	0
Gonorrhea	31	0	39	0
Syphilis	12	0	26	0
Chancre	1	0	0	0

VENERAL DISEASES

New Cases	Male	Female
Syphilis	4	3
Gonorrhea	19	13
Chancroid	1	0

Total Patients	40
Total Visits to Clinic (Patients)	277

WOMAN'S AUXILIARY TO THE MAHONING COUNTY MEDICAL SOCIETY

A delightful tea opened the regular monthly meeting of the Woman's Auxiliary to the Mahoning County Medical Society at 1:30 P. M. at the Tod Nurse's Home, North Side Hospital. Mrs. W. O. Mermis and Mrs. C. A. Gustafson poured and 35 members were present to enjoy the pleasant social hour before the bi-annual business meeting.

Mrs. W. O. Mermis, Auxiliary President, called the meeting to order and the minutes of the September, October and November meetings were read by the Secretary, Mrs. M. M. Szucs, and approved. The Treasurer's report was read and approved.

A motion was made by Mrs. Gustafson and seconded by Mrs. L. W. Weller, to transfer $120.44 from the Saving's to Miscellaneous account in the budget to take care of additional expenses incurred by rising prices. This was approved.

Reports of standing committees were called for and the following Chairmen reported:

Program Committee—Mrs. W. E. Maine urged members to attend and bring guests to the annual Style Show on Feb. 17, 1:30 P. M. at Rodef Sholem Temple.

Activities Committee—A letter from Mrs. F. Gelbman, Chairman, was read by Mrs. W. E. Maine stating that the questionnaire distributed to all members was returned completed by 80% of the membership. She requested that all members who had not yet filled this out to do so as soon as possible.

Social Committee—Mrs. G. W. Cook.

Telephone Committee—Mrs. S. W. Ondash requested all members to notify her of changes of addresses and telephone numbers.

"To-day's Health"—A letter was read by Mrs. S. L. Franklin from Mrs. F. G. Kravec, Chairman, informing us that we had 50 subscriptions, giving us a credit of 60 points in the state competition. A motion was made by Mrs. F. S. Coombs, second by Mrs. G. W. Cook, that we send copies of "Today's Health" to 26 public schools in Mahoning County. This was passed.

Finance and Budget—Mrs. A. R. Cuckerbaum.

Nurse's Scholarship Fund—Favorable reports were read by Mrs. J. J. Wasilko and Mrs. L. W. Weller on students at St. Elizabeth Hospital and the Youngstown Hospital Association respectively.

Publicity—Mrs. A. E. Rappoport.

Public Relations—Mrs. E. A. Shorten asked for volunteers to help collect contributions in the theatres for the "March of Dimes" campaign, and deliver hearts for the "Heart Drive" in March.

Legislative—Mrs. F. G. Schlecht read an article from Washington, in which former Pres. Truman admitted defeat on the passage of a bill to socialize medicine during his administration.

Project Chairman for Dance Committee—Mrs. B. I. Firestone reported $1,000.00 profit from the dance held in November at Squaw Creek Country Club. She thanked her committee members for their co-operation.

Civil Defense—Mrs. F. S. Coombs reported that she and her committee have contacted 73% of the members for assistance in Civil Defense. First Aid courses have been arranged for those interested. The dates will be announced later.

Study Group—An announcement was made that Mrs. H. Ipp would hold a study group at her home Feb. 6, on the subject "The History of Medicine."

Radio and Visual—Mrs. A. Goudsmit.

Resignations from former members, Mrs. H. S. Zeve and Mrs. S. A. Lerro were read by Mrs. Weller. A motion to accept these was made by Mrs. M. S. Rosenblum seconded by Mrs. B. F. Firestone, and then passed. A motion to request the Corresponding Secretary, Mrs. L. W. Weller, to reply to these resignations was made by Mrs. S. W. Ondash, seconded by Mrs. W. E. Maine and passed.

A letter of thanks from Miss Ella Maag was read.

Acknowledgments of receipt of "Today's Health" by Boardman and Poland schools were read.

A letter from Dr. M. S. Rosenblum thanking members for their support during the Diabetes Week was read.

Mrs. W. O. Mermis showed members a gavel of rose wood and suggested that it would be fitting to present similar gavels to each past President of the Auxiliary. A motion was made by Mrs. W. E. Maine and seconded by Mrs. S. L. Franklin authorizing the purchase of such gavels each possessing a silver plate properly engraved with the name and year of office.

A letter was read by Mrs. L. W. Weller received from the State Auxiliary asking for funds to support the American Medical Education Foundation. A motion to send $100.00 for this year's donation was made by Mrs. W. E. Maine and seconded by Mrs. M. S. Rosenblum and passed.

Further donations to the building funds of the St. Elizabeth Hospital and The Youngstown Hospital Association was discussed.

The meeting was turned over to the program chairman, Mrs. W. L. Mermis, who introduced the guest speaker, Dr. Merrill D. Evans who spoke on "Geriatrics." He stressed the importance of the correct psychological approach to old age rather than economic preparation. He suggested vocational activities such as arts and crafts and answered questions from the floor.

The meeting was adjourned.

Mrs. W. O. Mermis, recently appointed to the State Nominating Committee, Mrs. C. C. Wales, State Civil Defense Chairman, and Mrs. W. H. Evans, State Program Chairman, left for Columbus immediately after the meeting to attend meetings of the State Officers of the Auxiliary.

On Tuesday, March 17th, at 1:30 P. M. at the North Side Nurse's Home, there will be a Tea for prospective nurses. The guest speaker will be Miss Muriel Dunlap, Director of Nursing Education of the Youngstown Hospital Association. The program will be in charge of Mrs. D. M. Rothrock and Mrs. D. Nesbit. The Social Committee for this event is composed of Mrs. E. M. Thomas, Chairman, and Mrs. E. D. Jones, Jr., Mrs. S. E. Keyes, Mrs. R. M. Kiskaddon, Mrs. H. P. McGregor and Mrs. H. Sisek.

Mrs. A. E. Rappoport
Publicity Chairman

CANCER CONFERENCE

The Seventh Annual Rocky Mountain Cancer Conference will be held in Denver on July 8 and 9. As in previous years there will be eight outstanding guest speakers, and on the first evening a banquet and entertainment for both the doctors and their ladies. There is no registration fee for this Conference.

OHIO STATE MEDICAL ASSOCIATION MEETING
April 21, 22 and 23 — Cincinnati, Ohio

Extensive changes in the format of the scientific program of the Annual Meeting of the Ohio State Medical Association have been designed by the Association's Committee on Scientific Work and are incorporated in the 1953 program.

Effective at this year's session, April 21, 22 and 23 in Cincinnati, the major innovations from recent years are as follows:

1. Increase in the number of general sessions. Six will be presented with two out-of-state guest speakers sharing each period. Many of the guest speakers will be on the program more than once, since some will speak before specialty section meetings as well.

2. Medical motion pictures will be shown in the Pavillon Caprice, Fourth Floor, Netherland Plaza Hotel, from 8:30 to 9:15 a. m. daily, during the meeting.

3. Re-activation of additional Specialty Sections. The sections have arranged programs in the various fields of medicine, to be presented beginning at 2 p. m. on Tuesday and Wednesday, April 21 and 22. Each section has scheduled one program during the session. Meeting places will be located at the Netherland Plaza Hotel, Hotel Sinton and at the Sheraton-Gibson Hotel.

"Instruction Courses" and "Medical Topics of the Day" will not be offered this year.

As in the past, there will be approximately forty scientific exhibits. These and seventy-three technical exhibits will be located in the Netherland Plaza Hotel, headquarters hotel for the meeting. This year the exhibits will not close until 3 p. m. Thursday, the final day of the meeting.

Out-of-state guest speakers and their general session subjects are as follows:

TUESDAY

From 9:30 to 10 a. m., Tuesday, April 21: Robert D. Dripps, M.D., Philadelphia, professor of anesthesiology, University of Pennsylvania School of Medicine, "The Anesthetic Management of Patients with Heart Disease."

From 10 to 10:30 a. m., Tuesday, April 21: John K. Lattimer, M.D., New York, assistant professor of urology, Columbia University College of Physicians and Surgeons, "Treatment of Renal Tuberculosis with Isonicotinic Acid Hydrazid, Streptomycin and Pas."

From 11:15 to 11:45 a. m., Tuesday, April 21: Ralph A. Reis, M.D., Chicago, professor of obstetrics and gynecology, Northwestern University Medical School, "A Re-evaluation of Endocrine Therapy in Obstetrics and Gynecology."

From 11:45 a. m. to 12:15 p. m., Tuesday, April 21: Frank D. Costenbader, M.D., Washington, D. C. surgeon (ophthalmology), Episcopal Eye, Ear and Throat Hospital, "What to do about Strabismus."

WEDNESDAY

From 9:30 to 10 a. m., Wednesday, April 22: Chevalier L. Jackson, M.D., Philadelphia, professor, Department of Laryngology and Bronchoesophagology, Temple University School of Medicine, "Bronchoscopy in Relation to Thoracic Surgery."

From 10 to 10:30 a. m., Wednesday, April 22: George M. Wheatley, M.D., New York, chairman, Accident Prevention Committee, American Academy of Pediatrics, "The Prophylaxis of Accidental Trauma."

From 11:15 to 11:45 a. m., Wednesday, April 22: Richard H. Chamberlain, M.D., Philadelphia, professor of radiology, University of Pennsylvania School of Medicine, "Radiation Hazards in Diagnostic Roentgenology."

From 11:45 a. m. to 12:15 p. m., Wednesday, April 22: Andrew S. Tomb, M.D., Victoria, Texas, past-president, Texas Academy of General Practice, "The Problem Drinker — A Medical Responsibility."

THURSDAY

From 9:30 to 10 a. m., Thursday, April 23: Joseph B. Kirsner, M.D., Chicago, professor of medicine, University of Chicago, The School of Medicine, "Medical Management of Peptic Ulcer."

From 10 to 10:30 a. m., Thursday, April 23: Lester R. Dragstedt, Chicago, Thomas D. Jones Distinguished Service professor and chairman, Department of Surgery, University of Chicago, The School of Medicine, "Surgical Management of Peptic Ulcer."

From 11:15 a. m. to 12 m., Thursday, April 23: Charles K. Friedberg, M.D., New York, New York, "The Treatment of Coronary Heart Disease."

From 12 m. to 12:45 p. m., Thursday, April 23: Louis M. Rousselot, M.D., professor of clinical surgery, New York University College of Medicine, "Surgival Therapy in Portal Hypertension with Particular Reference to Selection of Cases."

The following medical motion pictures have been scheduled: For Tuesday, April 21: "Anemia," by William Dameshek, M.D., Boston, Commentator: Richard W. Wilter, M.D., Cincinnati. "Myasthenia Gravis," by Doctors Donald B. Effler and K. Allen, Cleveland. Commentator: Doctor Effler.

For Wednesday, April 22: "Bronchogenic Carcinoma," By Brian B. Blades, M.D., Washington, D. C. Commentator: Doctor Effler. "Rehabilitation Following Ileostomy," by R. B. Turnbull, Jr., Cleveland. Commentator: Doctor Turnbull.

For Thursday, April 23: "Urinary Infections — Bacteriology — Pathology — Treatment," by Grayson L. Carroll, M.D., St. Louis. Commentator, Arthur T. Evans, M.D., Cincinnati.

The following specialty sections have scheduled programs for Tuesday, April 21: Anesthesiology and Obstetrics and Gynecology (combined session); Ophthalmology, Urology, Anesthesiology, Obstetrics and Gynecology.

On Wednesday, April 22, the following sections will meet: Otology Rhinology and Laryngology; Pediatrics, Radiology and General Practice.

The annual banquet will be held at 7:30 p. m., Wednesday, April 22, in the Pavillon Caprice, Fourth Floor, Netherland Plaza Hotel. Entertainment will be provided and dancing will follow.

The House of Delegates will meet at 4 p. m., Tuesday, April 21, with dinner following, and at 1 p. m., for luncheon, Thursday, April 23. Both sessions will be at the Netherland Plaza Hotel.

SYMPOSIUM ON CANCER

Feb. 25 — April 22, 1953

School of Medicine, Western Reserve University, Cleveland, Ohio

Announcement

During the spring, a postgraduate course will be presented by the School of Medicine on "Cancer: Diagnosis, Treatment, and Investigational Aspects."

It will be held on Wednesday afternoons—February 25 through April 22, 1953 from 2-4 p. m. in the Lakeside Amphitheatre.

The fee for this course is $25.00 and 125 physicians can be accommodated.

LECTURES

Amphitheatre, Fifth Floor, Lakeside Hospital

FEBRUARY 25, (2-4 p. m.)—"CANCER OF THE THYROID"—Brown N. Dobyns, Associate Professor of Surgery, and Associates.

MARCH 4, (2-4 p. m.)—"CANCER OF THE BREAST"—John P. Storaasli, Assistant Professor of Radiology, and Associates.

MARCH 11, (2-4 p. m.)—"CANCER OF THE GASTRO-INTESTINAL TRACT" —William E. Abbott, Associate Professor of Surgery, and Associates.

MARCH 18, (2-4 p. m.)—"CANCER OF THE UTERUS AND CERVIX"—Paul R. Zeit, Clinical Instructor in Obstetrics and Gynecology, Instructor in Radiology, and Associates.

MARCH 25, (2-4 p. m.)—"LYMPHOMA"—Gordon C. Meacham, Senior Instructor in Medicine, and Associates.

APRIL 1, (2-4 p. m.)—"CANCER IN CHILDREN"—Arthur Newman, Clinical Instructor in Pediatrics, and Associates.

APRIL 8, (2-4 p. m.)—"CANCER OF THE LUNG"—Harvey J. Mendelsohn, Assistant Professor of Surgery (Thoracic), and Associates.

APRIL 15, (2-4 p. m.)—"CANCER OF THE HEAD AND NECK"—Clifford C. Kiehn, Assistant Clinical Professor of Surgery (Plastic), and Associates.

APRIL 22, (2-3 p. m.)—"DIFFERENTIAL DIAGNOSIS OF SKIN TUMORS" —Herbert H. Johnson, Acting Head of the Division of Dermatology and Syphilology.

APRIL 22, (3-4 p. m.)—"CANCER OF THE GENITO-URINARY TRACT"—George Austen, Jr., Assistant Professor of Genito-urinary Surgery.

MARCH MEETING

Speaker . . . . . .

K. E. CORRIGAN, Ph. D.
Director of Radiological Research and Physicist
Harper Hospital
Detroit, Michigan

Subject . . . . . .

"DIAGNOSIS BY RADIO ACTIVE SUBSTANCES THROUGH TRACER TECHNIQUES"

Time . . . . . .

8:30 P. M. — MARCH 17, 1953

Place . . . . . .

ELKS CLUB
220 West Boardman Street

(You can ride the Elevator to the third floor now)

POSTGRADUATE PROGRAM

UNIVERSITY OF MICHIGAN MEDICAL SCHOOL
1953

Anatomy, February 12—May 28 (Thursdays)

Internal Medicine

Clinical Internal Medicine, January 8—April 16 (Thursdays)
Diseases of the Heart, March 16-20
Electrocardiographic Diagnosis, March 23-28
Recent Advances in Therapeutics, March 30—April 2
Diseases of Blood and Blood-Forming Organs, April 6-10
Metabolism and Endocrinology, April 6-10
General Practice, April 13-24

Obstetrics and Gynecology
Obstetrics, January 21-24
Gynecology, February 25-28

Ophthalmology, April 20-22

Roentgenology, Diagnostic, April 6-10

Summer Session, June 22—August 14

COMMITTEES FOR 1953

AUXILIARY ADVISORY—C. A. Gustafson, Chairman; J. D. Brown.

AMERICAN MEDICAL EDUCATION COMMITTEE—W. M. Skipp, Chairman; H. Bennett, J. Brown, R. Clifford, W. Evans, W. Flynn, K. Camp, W. Hardin, S. Klatman, J. McDonough, C. Pichette, R. Poling, S. Ondash, J. Renner, J. Rogers, M. Rosenblum, A. Randell, F. Schlecht, E. Shorten, J. Stotler, M. Szucs, H. Smith.

ARTHRITIS—M. M. Szucs, Chairman; M. Sunday, J. Dulick, T. Golden, A. Marinelli, F. Lamprich.

BULLETIN—H. J. Reese, Editor; P. Cestone, A. Detesco, E. McNeal, F. Morrison, S. Ondash, C. Pichette, F. Schlecht, M. Steinberg, W. Coy, J. Fisher, D. Levy.

BLOOD BANK—A. E. Rappoport, Chairman; J. Rogers, J. Kupec, R. Brown.

CANCER—A. J. Brandt, Chairman; A. Rappoport, F. Resch, D. Brody, S. Lerro, P. Jones, E. Baker, H. Smith, W. Flynn, R. Lupse, Ben Brown, J. McDonough, J. Heberding.

CANFIELD FAIR—M. M. Szucs, Chairman; C. Walter, J. Colla, J. Cavanaugh, H. McGregor, W. Skipp, C. Gustafson, M. W. Baker, D. D. S., E. C. Brown, D.D.S.

CIVILIAN DEFENSE—C. C. Wales, Chairman; H. Ipp, H. Banninga, W. Hardin, A. Bayuk, S. Klatman, S. Schwebel, H. Teitelbaum, R. Tornello, B. Burrowes, M. Berkson, S. Goldberg, J. Colla, F. Schellhase.

CORRESPONDENCE-STATE AND A.M.A.—C. K. Walter, Chairman.

DIABETIC—M. S. Rosenblum, Chairman; R. Kiskaddon, J. Miller, H. Ipp, J. Smeltzer, J. Dulik, M. Yarmy, E. McNeal, S. Davidow, E. Wennas, J. McCann, G. DeCicco, H. Mathay, F. Coombs, C. Wagner

ECONOMICS—A. J. Fisher, Chairman; W. Baker, E. Wenaas, J. McCann, S. Schwebel.

HARD OF HEARING—Ray Hall, Chairman; F. Piercy, J. Benko, S. Myers, W. Evans.

HOSPITAL RELATIONS—J. M. Ranz, Chairman; J. Harvey, L. Coe, J. Fisher, H. Patrick.

HOUSING AND LIBRARY—J. Noll, Chairman; G. McKelvey, R. Brown, D. Stillson, E. Brody.

INDIGENT RELIEF—L. H. Getty, Chairman; F. Friedrich, W. Tims, H. Shorr, W. Young, B. Burrowes.

INDUSTRIAL HEALTH—C. F. Wagner, Chairman; K. Camp, M. Berkson, S. Goldberg, H. Mathay, P. Ruth, F. Kravec, P. Giber, M. Berkson, J. Goldcamp.

LAY EDUCATION AND SPEAKERS—L. S. Shensa, Chairman; A. Detesco, J. Smith, W. Breesmen.

LEGISLATIVE—W. M. Skipp, Chairman; G. McKelvey, J. McCann, C. Gustafson, F. Schlecht, E. Reilly, M. Szucs.

MEDICAL-LEGAL—J. J. Sofranec, Chairman; D. Belinky, L. Reed, R. Mossman, J. McCann, T. Golden.

MEMBERSHIP AND ATTENDANCE—G. E. DeCicco, Chairman; J. Scarnecchia, I. Chevlen, V. Herman, N. Bare, K. Kunin.

MENTAL HYGIENE—J. B. Birch, Chairman; F. Gelbman, L. Bernstein, M. Kendall, S. Davidow, M. Raupple.

MILITARY ADVISORY—W. M. Skipp, Chairman; A. Brant, F. McNamara, H. Patrick, I. Smith, J. Renner, A. Marinelli, A. Rappoport, A. Bayuk.

POLIO—I. C. Smith, Chairman; T. Golden, K. Hovanic, C. Lowendorf, G. Cook, W. Ryall.

POSTGRADUATE—G. W. Cook, Chairman, R. Tornello, J. Smeltzer, H. Hutt, S. Tamarkin.

PRE-SCHOOL HEALTH—H. B. Hutt, Chairman; C. Stertzbach, S. Myers, M. Raupple, C. Lowendorf.

PROGRAM—July 1952-June 1953—F S. Coombs, Chairman; R. Donley, W. Bunn, C. Lowendorf, J. Vance, S. Ondash, P. Kaufman, M. Rosenblum, J. Brown, J. Herald, R. Kiskaddon.

PROGRAM—July 1953-June 1954—S. W. Ondash, Chairman; A. Cukerbaum, G. DeCicco, R. Kiskaddon, J. Harvey, E. Thomas, P. Kaufman, M. Rosenblum, C. Wales, A. Scheetz, B. Brown, R. Resch.

PUBLIC HEALTH—E. J. Reilly, Chairman; C. Scofield, H. Teitelbaum, D. Levy, L. Moyer, D. Yoder, J. Dulick.

PUBLIC RELATIONS—E. A. Shorten, Chairman; S. Zoss, A. Phillips, E. Reilly, G. Delfs, J. Vance, F. Miller, W. Skipp, J. Smith, F. Gambrel.

PUBLICITY—C. W. Stertzbach, Chairman; F. Schlecht, E. Weltman, E. McNeal, M. Raupple, A. Goudsmit.

RURAL HEALTH—F. A. Resch, Chairman; B. Schneider, R. Heaver, C. Scofield.

SCHOOL HEALTH—E. R. Thomas, Chairman; R. Kiskaddon, E. Mylott, M. Goldstein, S. Davidow, H. Shorr, P. Ruth.

SOCIAL—R. R. Goldcamp, Chairman; S. Davidow, E. Thomas, J. Goldcamp, R. Hall.

VETERANS—S. Franklin, Chairman; P. Giber, M. Goldstein, J. Goldcamp, W. Sovik, J. Keyes, F. Schellhase.

There are additional committees now under study that will be published later.

PUBLIC COOPERATION URGED IN RAISING MEDICAL STANDARDS

Increased knowledge on the part of the public of the standards of legitimate medical service and how it can be obtained is of primary value in the struggle against cults and unscientific "healers," according to a pamphlet released today by the Public Affairs Committee, 22 East 38th St., New York.

"The answer does not lie in laws," the pamphlet declares. "It lies in a better understanding of the . . . limitation of any school of healing which separates itself from the . . . mainstream of scientific thought."

Written by Kathleen Doyle, the pamphlet, "Science vs. Chiropractic," outlines the conflict between the theories behind chiropractic and the findings of modern science as established by experimentation and verified by medical practice.

Granting that a spinal "adjustment" may appear beneficial in some instances, cases are cited where, in the absence of adequate training and experience in diagnosis, such treatment has delayed the obtaining of competent medical assistance.

Some persons without scientific training may "honestly believe that they have healing powers," the pamphlet declares; and "sometimes they succeed in conveying their belief to their patients."

For tired muscles, for instance, a chiropractic treatment "may perform the same service as massage. In the treatment of other ailments, however, much relief can be attributed to the effects of suggestion."

"Sometimes, the practitioner's evangelistic fervor alone convinces a patient with distraught nerves that his troubles are over. Sometimes the very fact that the patient is urged to talk out his worries may give him the kind of psychological help he needs in order to feel better."

Medical scientists maintain, however, "that clinical histories documenting the success of chiropractic treatment are consciously absent. So also is any body of scientific data to corroborate the claim that the cult has proved beneficial in treating diseases of recognized pathology."

The pamphlet discusses the advantages and disadvantages of licensing chiropractors but concludes that, whether they "are licensed or practice against the law, uninformed people will continue to patronize them just as they do bookmakers or fortune tellers and for the same reason: they do not realize that the odds are all against them."

The cost of this pamphlet is 25c. It is full of information and well worth reading.

THE PROPHYLAXIS OF RHEUMATIC FEVER

In line with the constant attack on this crippler, the following is published.

Rheumatic fever must still be classfied as a disease of unknown etiology. Ordinarily this fact might seem to preclude effective prophylaxis. However, it has been established that practically all attacks follow hemolytic streptococcus infections. It would therefore follow that if streptococcus infections can be prevented, rheumatic fever also will be prevented in most instances.

Rheumatic fever is a major health problem because every year this disease develops in an estimated 200,000 to 250,000 persons in the United States.[1]

The majority of attacks of rheumatic fever occur in the age group of five to fifteen years, and unfortunately it is in these young people that permanent cardiac damage is most likely to result from rheumatic fever.

ENVIRONMENT

A long-term survey of rheumatic and nonrheumatic families was carried out by Gray and others.[2] It was observed that there were more instances of poor housing and overcrowded living conditions in the rheumatic than in the nonrheumatic families. This type of environment obviously is conducive to the spread of upper-respiratory-tract infections and may well be the significant factor in the relationship between poor economic circumstances and rheumatic fever. Therefore, improvement of living conditions must be considered as a prophylactic measure against rheumatic fever.

HEREDITY

The factor of heredity was also considered by Gray and his co-workers.[2] When the families with rheumatic fever were analyzed on the basis of parent mating, it appeared that occurrence of rheumatic fever in the children approximated the pattern of a single recessive gene, except in the mating of two parents with the disease. In the latter case, only 66 percent of the children in such families had the disease, whereas 100 percent would be expected on a genetic basis. There was also very little difference in prevalence of rheumatic fever between the parents of children with rheumatic fever and the parents of children without rheumatic fever. These facts suggest that if heredity does play a part in the prevalence of rheumatic fever, it is perhaps one of inherited susceptibility to the disease. These authors speculated that the inherited factor may not be an increased susceptibility to rheumatic fever per se, but rather an altered host response to repeated streptococcus infection.

THE SULFONAMIDES

The sulfonamides have been used in the treatment of respiratory infections caused by Group A hemolytic streptococci.[3] They have also been given for a long period of time in small daily doses as a prophylactic measure against streptococcus infections. There is evidence to show that the sulfonamides do decrease the rate of recurrence of rheumatic fever; however, when sulfonamides are given, even in small doses, over prolonged periods of time, serious toxic effects, including agranulocytosis, may result.[4] Another disadvantage is that resistant strains of Group A hemolytic streptococci may develop.

PENICILLIN PROPHYLAXIS

Penicillin does not suffer from the same drawbacks as the sulfonamides. For all practical purposes this drug is non-toxic, and hemolytic streptococci do not readily become resistant to it.

When penicillin is administered for the prophylaxis of rheumatic fever, either the oral or the parenteral route may be employed. The drug itself may be used in two ways. The first method aims at the prevention of

hemolytic streptococcus respiratory-tract infections by the continuous daily administration of oral penicillin. The second method depends upon the prompt treatment of hemolytic streptococcus respiratory-tract infections with adequate doses of penicillin.

Continuous Daily Oral Penicillin

This method is recommended for the prevention of rheumatic fever recurrences in patients who previously have had one or more attacks of the disease. This recommendation is based on long-term surveys such as that by Evans, who conducted a survey over a twenty-three month period in a convalescent home for rheumatic children.[4] One daily oral dose of 100,000 units of penicillin was given to 155 children before breakfast. One hundred forty-five untreated children acted as a control group. In the group of children who received penicillin, only one doubtful case of clinical streptococcus tonsillitis or pharyngitis occurred. In the control group, there were seven definite cases of tonsillitis due to Group A streptococci. There were no rheumatic relapses in the penicillin group, whereas four cases of rheumatic fever recurred in the control group.

Doses of 100,000 to 200,000 units of oral penicillin should be given three time daily.[5, 6] The larger dose should be used for patients who weigh over 100 pounds. The first dose should be given when the patient arises in the morning, the second dose three hours after the midday meal, and the last dose just before bedtime. Since food interferes with the absorption of oral penicillin, it is recommended that each tablet be given either one hour before meals or three hours after meals.

This prophylactic regimen should be continued in adults for at least five years after the last attack of rheumatic fever. In children, it should be continued all through the period of schooling.

If a person has not previously had an attack of rheumatic fever, a continuous prophylactic regimen is not indicated.

Penicillin Treatment of Hemolytic Streptococcus Respiratory-Tract Infections

Denny *et al.* in 1950 demonstrated that the prompt treatment of streptococcus respiratory-tract infections with penicillin resulted in a very great reduction in the number of cases of rheumatic fever which subsequently developed.[1] In their series, 798 patients were treated with penicillin, and a control group of 804 patients went untreated. Among the penicillin-treated subjects, only two cases of rheumatic fever resulted, whereas seventeen cases developed in the control group.

Summarizing the extensive studies conducted at the Warren Air Force Base, Houser and Eckhardt[7] recently reported a 91 percent reduction in the incidence of initial rheumatic attacks when penicillin was used in the treatment of streptococcus pharyngitis. This compares with an 81 percent reduction when aureomycin was used.

Furthermore, penicillin was more effective than aureomycin in reducing the streptococcus carrier state and in inhibiting antibody formation, two factors which appear to be significant in reducing the incidence of recurrences of rheumatic fever. Although 'Ilotycin' (Erythromycin, Lilly) has not been available long enough for evaluation as a prophylactic agent in rheumatic fever, there is every reason to believe it will prove to be entirely satisfactory or even superior to penicillin, since it is a nontoxic oral antibiotic effective against hemolytic streptococci.

The recommendations of the U. S. Army Streptococcal Disease Laboratory may be summarized as shown in Table I.

The ultimate goal of medicine should be the *prevention* of disease. Here,

with the help of antibiotics, we have the first significant step in the control of rheumatic fever.

TABLE I

Patient	*Prophylaxis*	*Treatment of Streptococcus Sore Throat*
With active rheumatic fever or who had a recent attack	Sulfadiazine, 0.5 to 1 Gm. daily, for 3 years or more	600,000 units procaine penicillin daily for 10 days
With last attack 2 years or more ago or with evidence of rheumatic heart disease	Same as above when exposed to streptococcus infection (e.g., school children in winter; epidemic sore throat)	Same as above

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SERVICES IN THE HOSPITAL MEDICAL LIBRARY

By (Mrs.) Wanda L. Richards
Medical Librarian, St. Elizabeth Hospital

The medical library is one of the oldest departments in the hospital. Its origin goes back to the days when medical students served an apprenticeship under the family doctor. Its unique services stem from an extremely close working relationship between users of the library and the medical librarian.

The library must be conveniently located and its resources easily accessible at all times to those who use it. Each journal file should cover a ten-year period and reference works generally should not be more than ten years old. Possession of the basic indices, bibliographies and abstracting tools will enable a small library to emulate the sources of information available to large libraries.

The importance of the library in any well organized medical institution is tremendous. Modern medicine is based largely upon research and no investigator can advance until he is familiar with what others have accomplished. A library is only as good as the service it offers to its users. No matter how fine a collection of reference works may be, unless the librarian is able to assist the clientele in the use of those works, the facilities are wasted. The many duties of the librarian are often taken for granted, though only their careful discharge makes an efficient service possible.

It has been widely accepted in all discussions of medical library standards that there is a need for an adequate collection of reference material in all medical and scientific libraries. Services usually classified under "re-

ference" include answering questions, preparing bibliographies, maintaining files on subjects of current research and assisting with the preparation of articles for publication in medical journals.

The scope of reference service is not limited to the library walls but extends far beyond them through inter-library loans, answering inquires that come in by telephone and mail, and the preparation of reference aids for those too busy to spend much time in the library themselves. At times the librarian will find it necessary to supplement the facilities by borrowing material from other larger libraries which have been established on a more extensive basis. A cordial relationship between the patrons and the library staff proves useful to both. A regular user of the library develops a sense of pride in the books and will discuss needs and suggest titles to improve the reference collection.

In reference work it is important that the librarian obtain a clear picture of the type of material for which the patron is looking. Much subsequent difficulty can be avoided if all the information is obtained at the time the reference request is made. Such information should include the "angle" of the question in which the person is interested, such as etiology, therapy, pathological picture, or historical data. It should also be determined for what use the material is intended, such as a case report, journal article, a student lecture, radio address or staff meeting. Other important points to be considered are the amount of material needed, the number of years to be covered, whether an exhaustive or selective survey is to be made of the literature, and whether or not a bibliography is to be prepared. If the doctor requesting reference aid will make this information available to the librarian, a more rapid and accurate search can be made and he will be more certain of getting just the type of material he desires.

In general it is beyond the scope of the average medical library to undertake abstracting and translating on a large scale. A few large libraries are equipped to do this work, however it is important that the librarian know the names of these libraries. Among the more familiar ones offering this service are: the New York Academy of Medicine, the American College of Surgeons, and the library of the American Medical Association.

The content of the reference collection will vary with the size and the type of the institution. How inclusive a library's reference works can be will depend also on its financial resources. In the selection of books for a medical library emphasis should be placed on their practical value, and the latest edition of a publication should always be selected. Older editions should be included only when they contain information not available in the later editions. Medical literature is to be found for the greater part in periodicals rather than in textbooks and monographs. The journal files are an important part of the reference equipment and the latest issues of the approved ones should be found in even the smallest libraries.

Busy practitioners, residents, and internes should learn to look upon the library as their best friend and to use it with a real sense of dependence, knowing that in their task of prolonging life and alleviating suffering, many a mistake has been avoided by familiarity with the cumulated experiences of others. The librarian is on duty to assist patrons in the use of the library facilities and is most anxious to be of service to them. No one should hesitate to ask her aid in finding a book or journal, or in requesting reference service. Visit the library often and get acquainted with the wealth of information available to all who use it.

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FROM THE BULLETIN

TWENTY YEARS AGO — MARCH, 1933

The March meeting was held at the Youngstown Club. Dr. Louis Karnosh of Cleveland was the speaker. Announcements were out for the Post-Graduate Day to be held in April with a group from the Memorial Hospital in New York.

The Speakers Bureau and Public Health Committee were already started on speaking engagements before the service clubs and women's groups, stressing cancer control.

A communication from the Public Health Committee urged the members to practice preventive medicine in their offices in an effort to reverse the trend toward free clinics for immunization procedures.

Last month 275 doctors attended the regular monthly meeting to hear Dr. E. Starr Judd of the Mayo Clinic talk on "Acute Cholecystitis." This established a new record for attendance. All the surrounding counties were represented by visiting doctors.

Charley Scofield had an interesting article on "Costs of Medical Care." He directed attention to the high cost of luxuries, of pseudo-medical and pseudo-religious cults, of lawyers and undertakers, the high cost of government itself and the high cost of committees and commissions to study costs. He advocated the extension of voluntary insurance plans to cover preventive measures as well as sickness and injuries. Costs of illness could be kept down by the watchful family physician who would avoid unnecessary operations and extensive treatments. He urged that more publicity be given to the free work done by physicians in the hospitals and clinics.

TEN YEARS AGO — MARCH, 1943

Dr. J. L. Reycraft of Western Reserve University addressed the Society that month on "Diagnosis and Treatment of Sterility."

President-Elect Nagel reported that although most of the younger men were gone to war, the local situation was well in hand and there were no major complaints about lack of medical care.

Much news in the Bulletin about men in the armed forces and many letters from them. Chalker was at Camp Krauter in Missouri doing abdominal surgery and varicose veins. Sam Tamarkin in the Air Corps at Columbia, S. C. was doing general medicine and trying to keep warm in the damp, cold climate. Szucs was at the Maritime Training Station in Boston with the U. S. Public Health Service. Shensa was at Augusta, Ga. training with a field unit. McConnel was in Cairo, Egypt sight seeing up and down the Nile. Goldstein was practicing dermatology for the Navy at Newport R. I. Goldberg had been at Camp Davis in North Carolina for two years, doing anesthesia. Coombs was at Traux Field in Madison, Wisconsin, running the laboratory of a 700 bed hospital with only one technician to help. Cukerbaum was stationed at the U. S. Naval Hospital in Corpus Christi, Texas. John Goldcamp was at Fort Sill, Oklahoma. Tims was in England wishing he were here to see his new born son. Morris Rosenblum was at Columbia University studying clinical pathology, auspices of the U. S. Army. Kupec was Squadron Surgeon and Flight examiner for the Air Corps at Buckley Field, Colorado. Ipp was chief of the medical service at the Army Air Force Navigation School at San Marcos, Texas. The whereabouts of Wm. McElroy and Ray Hall were unknown. Their families had not heard from them for seven weeks.

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