



BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

April • 1953
Vol. XXIII • No. 4
Youngstown • Ohio

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

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TABLE OF CONTENTS

Volume XXIII—No. 4

April, 1953

President's Page	- - - - -	128
Editorial	H. J. Reese, M.D.	129
Studies in Rheumatoid Arthritis Using Hydrocortone, Cord Plasma, Gold, Albumin and Ethyl Chloride Spray	M. M. Szucs, M.D.; T. K. Golden, M.D.	131
Academy of General Practice	Sidney C. Keyes, M.D.	139
Keeping Up With A.M.A.	W. M. Skipp, M.D.	143
Special Session of House of Delegates	W. M. Skipp, M.D.	152
Coming Medical Meetings	- - - - -	159
Doctor Draft Bill	- - - - -	160
News Notes	- - - - -	163
Woman's Auxiliary	Mrs. Asher Randell	167
From the Bulletin	J. L. Fisher, M.D.	167
Proceedings of Council	- - - - -	171

ADVERTISERS' LIST

Beil-Rempes Drug	162	Mead Johnson & Company	172
Blair Dry Cleaning Co.	170	Medical-Dental Bureau	164
Borcherdt Malt Extract Co.	168-170	Merrell Drugs	164
Bowman Drugs	168	O'Linn's Drugs	142
Columbus Pharmacal Co.	164	Pfizer	136-149
Cross Drugs	162	Professional Pharmacy	144
Fellows	126	Renner's	168
Geigy Pharmaceuticals	130	Scott Co.	144
Healthaven	166	Spencer Supports	164
James & Weaver	162	Stillson & Donahay	142
Laeri's Pharmacy	170	Strouss-Hirshberg Co.	140
Lester's Pharmacy	168	Thornton Dry Cleaning Co.	162
Lilly, Eli & Co.	134	Yo. Com. for Education on Alcoholics	138
Lyons Physician Supply Co.	138-140	Zemmer Company	170

Our President Speaks

The past few months have been a pleasureable experience for me. I had supposed busy doctors would not have time for committees — but most men who have been asked to do a job for the Society have gone ahead without lengthy conferences.

Council meetings have been well attended and we have been able to begin them promptly at nine o'clock.

As you will recall, this month, April 21-23, the Ohio State Medical Meeting will be held in Cincinnati. Our members attending this meeting would be out of town on our usual meeting night, Tuesday, April 21. It was the wish of your council to have a business meeting without a formal paper on Tuesday, April 23 at the Elks' Club. Our present program chairman, Dr. Fred S. Coombs, and Dr. Steve W. Ondash, who takes over in September, will conduct this meeting. Dr. Richard Goldcamp has charge of the refreshments. The meeting will be more informative if you will send in your suggestions, questions, etc., beforehand. Problems of interest to all, and all groups will be discussed.

Vernon L. Goodwin, M.D.

BULLETIN of the Mahoning County Medical Society

Published Monthly at Youngstown, Ohio

Annual Subscription, \$2.00

**VOLUME 23****APRIL, 1953****NUMBER 4**

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

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Editorial

YOUR SOCIETY

From time to time, we doctors prove that we are not only physicians but also human beings. Like other people, we express our likes and dislikes. At times our favorite topic is "the Society."

A medical society is an organization composed of physicians, who are joined together by their common interest in their profession. The Mahoning County Medical Society has approximately 270 members, all in good professional standing, licensed to practice medicine in the State of Ohio and practicing in Mahoning County. Each member of Council is elected by the membership. The activities of the Society are governed by the Council and by specific committees made up from the membership.

The Council is not a sacrosanct body which meets behind locked doors. All Council meetings are open to the members of the Society and they are cordially invited to attend.

From time to time a business meeting may be held. This is an excellent opportunity for our members to bring up for discussion matters of importance.

Let us not confine our grumblings to a luncheon gathering, instead, let us attend the Council meetings and the business meetings and be heard. We will then learn that the Council represents and acts only for the good of the entire membership. We will also learn that the Council is not a royal body which acts in arrogance, in self-interest and in hidden places.

H. J. REESE

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STUDIES IN RHEUMATOID ARTHRITIS USING HYDROCORTONE, CORD PLASMA, GOLD, ALBUMIN AND ETHYL CHLORIDE SPRAY

M. M. Szucs*, M.D., F.C.C.P., et al†

T. K. Golden, M.D., Orthopedic Consultant

This is a story of drama, mystery, pain, hope, frustration and miracles. It is a story that directly concerns 30,000,000 or more Americans, the story of rheumatic diseases, the greatestcrippler of mankind. Thesecrippers are arthritis, gout, rheumatic fever and a host of allied ailments that affect joints and muscles.

There is drama in new drugs that bring relief — not cures — to bedridden, pain-wracked victims of arthritis. There is mystery — why and how these and other drugs produce results — mystery even about what causes these diseases, and why some of them disappear often by themselves.

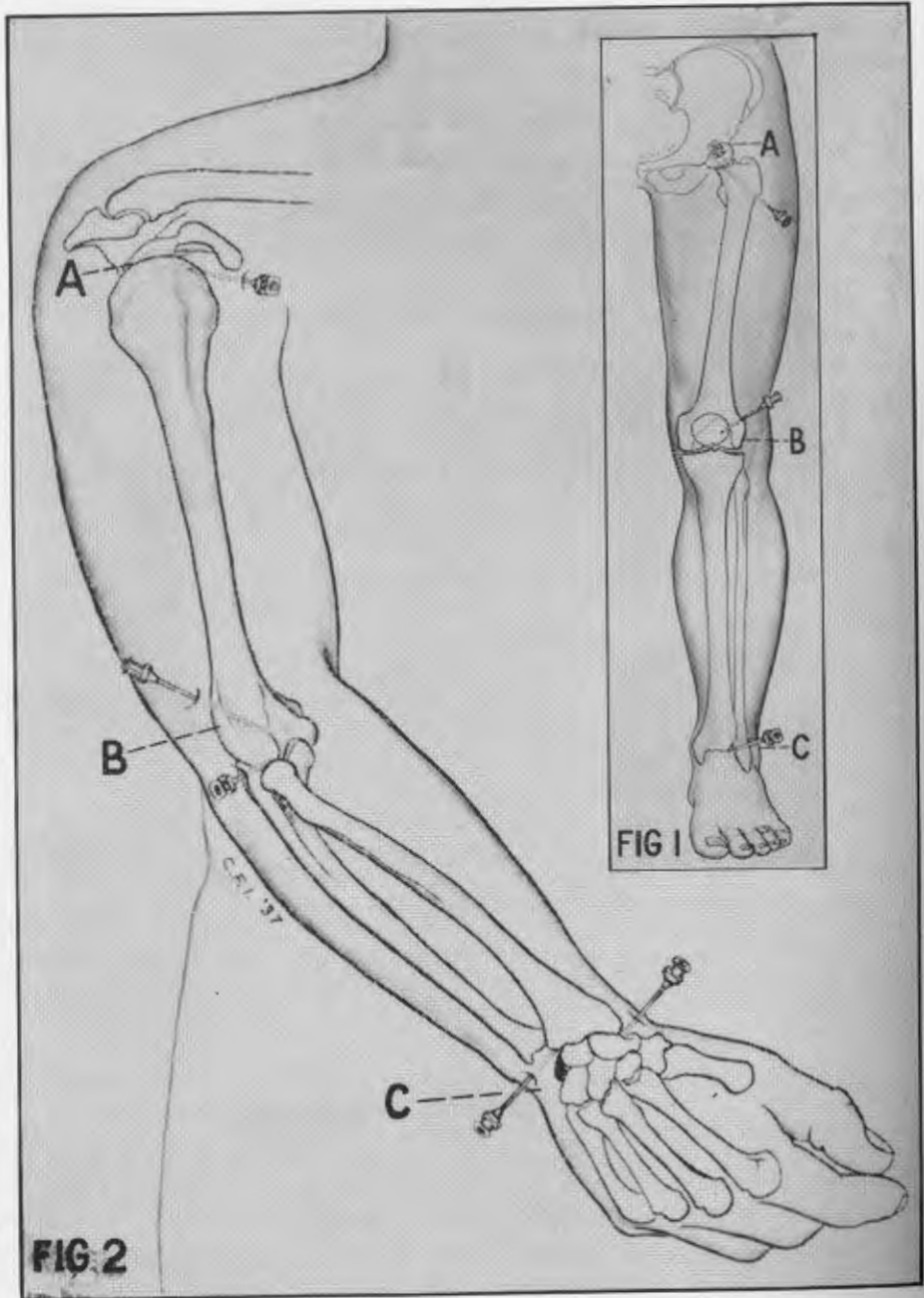
There is pain, and there is tragedy. As one person with arthritis remarked, "No one ever dies of arthritis, but oh, how they sometimes wish they would." But there is hope. Never before has the outlook been so good. Never before was there so much that could be done to aid these people. Never before has there been so great an opportunity for every one — victims, relatives or friends — to help tear the veil of mystery and to banish man's oldestcrippler.

Arthritis is one of our oldest and most neglected diseases. The pains of arthritis even preceded man on our planet. Bones of dinosaurs, which reportedly lived some 200 million years ago show tell-tale signs of crusted overgrowths of arthritis. Arthritis is more common than the total number of cases of diabetes, cancer, tuberculosis and heart disease.

The cause of the most common types of arthritis is at present unknown. While no specific theory has as yet been advanced for this type of chronic condition, there would appear to be no reason for a gloomy note of futility among physicians and a large portion of the population. Many arthritis patients fail to seek the advice of a physician until it is too late to prevent deformity and invalidism; others in their search for relief may fall into the waiting arms of the charlatan or seek the advice of their neighbors or friends. This paper will deal specifically with the treatment of rheumatoid arthritis — the worst of the arthritic diseases.

There may be spontaneous recovery or improvement in rheumatoid arthritis. This is all to the good. However, it creates a pitfall when doctors or patients try to pin down a treatment and give it credit for making the patient feel better. The question is then: Would the person have gotten better anyhow? So any treatment of arthritis takes testing on many, many persons, and a few years of watching, to learn how effective it is.

New drugs and treatments are coming rapidly now, but there are eight general steps which experts call of proven value: (1) Good and continuous medical supervision, (2) rest—the whole body as well as the joints, (3) a good nourishing diet, (4) drugs to relieve spasm, (5) preventing and correcting deformities, (6) exercise which is helpful in some cases, (7) relief from worry, anxiety, tension, fear and other psychic factors, (8) training person afflicted in new jobs and occupations.



With the above eight joints in mind we progress into working with Compound F, a substance secreted by the cortex or outer cover of the adrenal gland. Many scientists think that the adrenals, under normal stimulation put

out Compound E leisurely, whereas F. is secreted under strong stimulation as an emergency product.

In the series of cases followed at St. Elizabeth Hospital over a period of several months, Compound F was used in all major joints with weekly injections, followed carefully and compared with controls of Gold cases, irradiated Cord Plasma cases, and Albumin cases. All injections were given intramuscularly with the exception of Compound F which was given intra-articular under proper supervision. The cases were picked on the basis of severity and so that we could inject the major joints as the hip, knees, ankles, shoulders, elbows and wrists.

RHEUMATOID ARTHRITIS

Somewhere between 1,000,000 and 2,000,000 Americans suffer from rheumatoid arthritis, in many ways the worst of the rheumatic cripples. Eighty per cent of the cases occur between ages 25 and 50, and it usually starts between 35 and 40. Rheumatoid arthritis also afflicts children and sometimes does not hit until after middle life. It is three times more common among women than men. Usually it starts in one joint, commonly in the small joints of the hands or feet, knees, ankles, elbows and wrists. Sometimes slight joint swellings that come and go over a term of years are the first sign. Then it may burst forth to stay for months or maybe years, affecting one or two joints or, usually, many in different parts of the body.

This type of arthritis is a chronic inflammation of the connective tissue of joints and their sheaths which bind muscles and other tissues together. The tissue lining the joint contains, seems to be affected particularly, and the cartilage becomes diseased and may be destroyed. Bony growths sometimes occur on joints and nearby tissues, causing more stiffness and pain on movement. The spine may be involved leading to stiffness or curvature. However, it is not just a disease of joints. Rather it is a general or systemic illness and may involve the heart, nerves, muscles and other tissues.

Muscle lesions in rheumatoid arthritis show a wide involvement of all connective tissue and neuromuscular tissue. Nodular myositis is frequently present in muscles of the rheumatoid patient. This may be present even when the activity of disease has stopped. These give symptoms of pain and muscle spasticity. Nodules are situated in the perimysium and endomysium, the nodules consisting of collections of lymphocytes and plasma cells. Because of the involvement of the connective tissue, these rheumatoid disorders are classed as Collogene disorders.

LABORATORY STUDY OF SERIES

Prior to use of the drugs, measurements of joint swelling, angle motion, pain and activity of disease are noted. Photographs of joints involved are taken, C. B. C., Hemoglobin, Urine, Sed. Rate, and the Eosinophil count are done. Joint fluid studies — cell count, temperatures and viscosity are noted. N. P. N., Blood Sugar and Glucose Tolerance are done.

Hydrocortone Cases:

The drug was given interarticularly. Test doses, irrespective of joint, ½ cc. — repeat dose 1 cc. One can increase to 2 cc., but we have found it more economical and the results were as good if 1 cc. or 1½ cc. were given at weekly intervals instead of 3 day periods. Also, after four injections, the period between injections was reduced to 1 month — later to two months in some cases.

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CHART
TOTAL NUMBER CASES OF HYDROCORTONE—150

Joint Injected	Number of Cases	Dosage Hydrocortone (mgm)	Degree of Local Improvement
1 or both knees	50	25 mgm in 45 cases 37½ mgm in 5 cases	4† in 45 cases 3† in 5 cases
1 or both hips	60	37½ in 10 cases 25 mgm in 50 cases	3† in 20 cases 4† in 40 cases
1 or both wrists	10	25 mgm in 10 cases	4† in 8 cases 2† in 2 cases
1 or both ankles	10	25 mgm in 10 cases	4† in 10 cases
1 or both elbows	10	25 mgm in 10 cases	4† in 10 cases
Metacarpophalangeal	10	25 mgm in 10 cases	4† in 7 cases 3† in 3 cases

IRRADIATED CORD PLASMA CASES

Total Number	100	20 cc. L-M 80 cases 50 cc. I-M 20 cases	4† in 50 cases 3† in 30 cases 2† in 20 cases
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GOLD CASES

Total Number	200	50 mgm weekly—I-M	4† in 100 cases 3† in 60 cases 2† in 40 cases
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ALBUMIN CASES

Total Number	60	5 to 10 cc. given I. V. or I. M.	4† in 10 cases 3† in 20 cases 2† in 30 cases
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ETHYL CHLORIDE CASES

Spine mostly	50	Spray area until white	4† in 30 cases (lwk.) 3† in 20 cases (lwk.)
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Joint Injected	Number of Cases	Dosage Hydrocortone (mgm)	Degree of Local Improvement
----------------	-----------------	---------------------------	-----------------------------

Grand total of cases — 560.

- 4† Benefit—Local complete remission—Complete absence of pain, swelling, tenderness or limitation of function.
- 3† Benefit—Complete relief of symptoms, marked reduction of tenderness and swelling, markedly improved function.
- 2† Benefit—Marked reduction of pain and stiffness, definite reduction of swelling and tenderness, function improved.
- 1† Benefit—Lessening of pain and stiffness and tenderness. Little change in function.

HIP JOINT TECHNIQUE OF HYDROCORTONE GIVEN INTRA-ARTICULARLY

For injection of hip joint, the lateral, posterior or anterior approach is suitable. (See fig. 1A).



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In the lateral approach the needle is inserted just below and anterior to the greater trochanter forming an angle of 45 degrees with the surface of the thigh. The method we used was the anterior approach. The test dose was $\frac{1}{2}$ cc. or $12\frac{1}{2}$ mgm. of Hydrocortone, with repeat dose of 25 mgm thereafter.

ANKLE JOINT

To avoid injury to important structures, the needle should be inserted on the anteriolateral aspect of the joint, posteriolaterally, anteriomedial, posteriomedial and anteriomedian (See Fig. 1-C).

KNEE JOINT

The knee, being a superficial joint, may be aspirated with comparatively little difficulty. The needle is inserted at the level of the upper extremity of the patella, on the outer side of the joint. (See Fig. 1-B)

SHOULDER JOINT

The shoulder lends itself to injection readily anteriorly, posteriorly and laterally. The needle usually is inserted at the fluctuant area over the anterior surface. (See Fig. 2-A)

ELBOW JOINT

To inject the elbow joint — the joint should be held in active flexion and the needle inserted on the posterior aspect immediately lateral to the olecranon. (See Fig. 2-B).

WRIST JOINT

For injection of the wrist the needle is inserted into the joint from the dorsal aspect just medial to the anatomic snuffbox. (See Fig. 2-C)

* Director of Peripheral Vascular and Arthritis Clinic, St. Elizabeth Hosp.

† R. P. Yeager, M. D., Interne, St. Elizabeth Hospital.

V. Holonko, M.D., Interne, St. Elizabeth Hospital.

A. Luciv, M.D., Interne, St. Elizabeth Hospital.

MENTAL HEALTH WEEK

Mental Health Week will be observed this year from May 3rd to 9th.

The Mahoning County Mental Hygiene Association acts as the coordinator for many mental health activities in our community. The purpose of the association is to conserve, protect, and improve the mental health in this area. It's major emphasis is an educational program.

Education has been carried on through (1) monthly meetings, each treating a different aspect of mental health—mental health and child guidance, religion, aging, alcoholism, family life, schools, general medicine and psychiatry; (2) a Speakers' Bureau providing mental health programs for other organizations and clubs; (3) distribution of pamphlets and other educational material; (4) special projects, such as the Beauty Culture program at the Woodside Receiving Hospital and the recreational program for the non-school mentally retarded children; (5) radio programs which started in the spring of 1950 and now include a transcribed series, live shows, spot announcements, and interviews with guest speakers.

The efforts of this association are not directed towards fund raising, but towards an intensive education program and membership drive.

A REMINDER

Local pharmacists are receiving many prescriptions for narcotics and barbiturates which do not have the patient's name and address. Physicians are hereby reminded that the law specifically requires that each prescription must include the name and address of the person for whom it is written as well as the ingredients.

H. J. R.

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Heart Clinic Presentation, South Side Unit, Tuesday, Feb. 17, 1953. Left to right: Drs. W. H. Bunn, J. Noll, Chas. C. Wolferth, W. W. Ryall.

Photo by Dr. M. H. Steinberg

ACADEMY OF GENERAL PRACTICE MAHONING COUNTY CHAPTER

The Mahoning County Academy of General Practice held their meeting on the evening of March 10, 1953. The meeting was called to order by President Camp. The scientific program was presented by Dr. E. Perry McCullagh, Clinical Professor of Endocrinology of the Cleveland Clinic. Dr. McCullagh presented two papers, his first paper was entitled "The Clinical Aspects of Pituitary Disease." He stated that we think of pituitarism when we see evidences of failure of several glands. Included among these are adrenal failure, hypoglycemia, and myxedema. Failure of vision is very frequently associated with pituitary tumor and he noted that the upper outer quadrants of vision are first lost in tumors involving the optic chiasma. However, he warned that no pressure signs are present in cases of suprasellar tumors or cysts such as may occur in acromegaly or basal cell tumors. Parasellar tumors such as carotid aneurism may be exhibited by failure in appearance of one clinoid process on X-ray of the skull. We may also think of pituitary failure from hydrocephalus or infarction of the pituitary as may occur after a stormy parturition, vascular accident, and severe skull injury. Posterior pituitary failure is uncommon. He noted that the posterior lobe of the pituitary is intimately connected with the hypothalamus by nerve tracts which pass through the stalk to the posterior pituitary. Hyperfunction of the posterior pituitary is not known clinically and although one thinks of it in premenstrual edema, this has not been proven. Diabetes insipidus, failure of ability to concentrate the urine, is the one condition we think of in posterior pituitary failure. For diagnostic purposes the individual should pass more than four liters of urine daily. This can be a familial condition or it may appear spontaneously and leave spontaneously. It is rarely caused by tumor and is not caused by section of the stalk. It apparently cannot

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occur unless the anterior lobe is intact and functioning, such as is proven by the absence of diabetes insipidus in Simmond's Disease. The urine in diabetes insipidus is always dilute and rarely gives one a specific gravity of over 1.004. It may frequently present a rather difficult differential diagnosis from water drinking neurosis. Dr. McCullagh then described a test called the Carter-Shorr test based on the principle that the most powerful influence on the posterior lobe of the pituitary is the osmotic pressure of the plasma, particularly the sodium concentration. He noted that diabetes mellitus and hypercalcemia must be included in the differential diagnosis. Patients with hypercalcemia also suffer from polyuria and polydipsia.

In discussing the anterior lobe of the pituitary, Dr. McCullagh noted that true growth hormone has not been manufactured nor can it be properly measured. Spontaneous hyper-function of the anterior lobe—pubertis praecox—occasionally occurs. These individuals have extremely high levels of gonadotropic hormone in the urine. This is not true in the presence of adrenal tumors. Hypo-function of the anterior lobe is not as common as formerly thought. We frequently think of Froehlich's syndrome when we see the fat boys and girls at the age of twelve. However when it does exist it responds frequently to chorionic gonadotropin and it is now felt that one large dose weekly may be more effective than smaller doses given three times weekly. In severe pituitary failure there are low gonadotrophins, hypotension, hypoglycemia, and one may see the acute Addisonian type of crisis. Men respond fairly well to 100 to 150 mgms. of testosterone propionate daily; women respond best to the combination of Cortisone, Thyroid and Estrogen. However, this condition must be carefully differentiated from Anorexia Nervosa.

Dr. McCullagh's second paper involved "Testicular Deficiencies" wherein he discussed failure of the variety of testicular cells and their hormonal significance.

The next meeting of the Mahoning County Academy of General Practice will be held Tuesday evening, April 14, 1953, starting at 8 o'clock, continuing the series of Endocrinology lectures. There will be two speakers: Dr. J. R. Cook, who will speak on Toxic Goitre and Dr. Penn G. Skillern, who will speak on Thyroid Failure.

Sidney C. Keyes, M.D.

REQUEST FROM HEALTH DEPARTMENT

Dr. Charles Scofield, Health Commissioner, Mahoning County, states that the Health Department of Mahoning County would appreciate it if physicians would report communicable diseases and also inform families affected of the correct isolation period.

The isolation time for the various diseases is shown in the following table:

Chicken Pox	14 days
Measles	14 days
Meningitis	14 days
Polio	7 days
Scarlet Fever	14 days
Whooping Cough	14 days
Mumps	Until swelling goes down
Scarlet Fever contacts who have not had disease	14 days

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

The National Research Panel has been holding closed meetings on allocation of gamma globulin for the use, if so needed, in next summer's polio attack. The members are trying to find a method whereby this blood fraction can be allocated to cover most of the needs if the demands of the public get excessive.

The Panel is: 1. Dr. Hugh R. Leavell, Harvard, Chairman; 2. Thomas P. Murdock, Board of Trustees, A.M.A.; 3. John D. Porterfield, Ohio State Dept. of Health; 4. E. Bruce Underwood, Health Commissioner, Kentucky; 5. Alexander Langunia, Communicable Disease Centre; 6. James A. Shannon, National Institute of Health; 7. Wm. McD Hammond, University of Pittsburgh.

The American Red Cross has agreed to produce gamma globulin under a stepped up program, the Red Cross financing the program. The globulin will still be used for measles and hepatitis.

The Army Surgeon General has asked area surgeons in the U. S. to review records of about 1,000 priority 3 physicians who were deferred for physical reasons, prior to lowering of physical standards. A number of doctors in this group are expected to be found fit for duty. Under lowered standards announced last month, each case is decided on its own merits. Generally, the armed services are taking the position that if a doctor is physically able to carry on a private practice, he is fit for military service.

APPOINTMENT: Medical and health consultant to the International Association of Machinists is Dr. William A. Sawyer. He will set up and direct the union's medical and health department. IAM previously had announced plans for sponsoring prepaid health insurance plans in its local unions. Dr. Sawyer formerly was a member of the A.M.A.'s Council on Industrial Health.

S. 461 (Humphrey, D-Minn., Jan. 13) Federal Aid for Public Health Education. Bill authorizes 1,000,000 annually for the next five years for schools of public health providing training leading to a graduate degree. Federal payments to be made up as follows: 1. 15% of the basic operating costs of graduate instruction, 2. an additional \$500 for each full-time student (in excess of 30 students), and 3. an additional \$500 for each full-time student enrolled in excess of its average past enrollment. Total federal payments not to exceed 50% of the basic operating costs of graduate instruction.

H. R. 474 (Keating, R-N. Y., Jan. 31) provides for medical expense deductions from income, including premiums for health and accident insurance, could be deducted from adjusted gross income, if income is under \$2,000; all except 1% if income is between \$2,000 and \$4,000; all except 2% if income is between \$4,000 and \$6,000; all except 3% if between \$6,000 and \$8,000; all except 4% if between \$8,000 and \$10,000; and all except 5% if income is over \$10,000. To Ways and Means Committee.

H. R. 482 (Keating, R-N. Y., Jan. 3) provides taxpayer may deduct 90% of the cost of health insurance premiums if his adjusted gross income is under \$2,000; scaled by steps to 60% where the income exceeds \$10,000. To Ways and Means Committee.

H. R. 633 (Teague, D-Tex., Jan. 3) Federal Board of Hospitalization. A Board composed of the Attorney General, Secretaries of Defense and Interior; Director of the Bureau of the Budget; Administrators of Federal Security, General Service Administration and Veteran's Administration would seek to prevent duplication of services and overbuilding of hospital and

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health facilities and insure efficiency and decide need for existing and proposed facilities.

H. R. 1029 (Hand, R-N. J., Jan. 6) This bill is similar to H. R. 474.

H. R. 1240 (Cole, R-N. Y., Jan. 7) Authorizes the Secretaries of all the armed forces to establish cadet nurse programs. Trainees would receive monthly pay not to exceed \$600 per year. Upon graduation they would be appointed as Ensigns in the Navy or 2nd Lts. in the Army or Air Force. Enrollment in the Reserve of the Corps which trained them and service of one year of military service for each year of training would be required.

H. R. 1590 (Miller, D-Calif., Jan. 13) authorizes, upon the employee's request, withholding of subscription charges for hospitalization, accident, and life insurance from federal employee's compensation.

Read the Jan. 24, 1953, A. M. A. Journal, page 313 about the "Insidious Stranglehold on Medical Freedom."

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 U. S. find their wrists shackled tighter than probably anywhere else in the world, with the possible exception of Russia . . . 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 . . . From now on the academies are no longer free corporations 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.

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 of his medical service issued by the professional colleges, the professional corporations, of the Ministry of Health. All infractions of the law or lack of obedience will be punished by fines, imprisonment (1 to 6 months) or retirement of professional license.

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 a 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.

Lloyd Fowzer, M.D. (and the Farnsworth Labs., Inc., Chicago) who dubs himself the "dean of diagnosticians," offers a two-day \$50 "symposium in daily office and bedside diagnosis." Dr. Fowzer is an old-timer in the Bureau of Investigation files. His signatures appeared variously on diplomas sold in 1910 by the non-existent "Crescent Medical University" of Chicago, whose promoters became involved in mail fraud charges. In 1928, information was received that Fowzer was selling "wild horse serum" as a cancer cure . . . Fowzer practiced at one time in Wisconsin, but in 1931 he was reported to have abandoned his practice in Milwaukee to sell stocks and bonds. He came to the attention of the Bureau as recently as 1950 when he was scheduled to appear at the "commencement of a Chicago diploma mill — the McCormick Medical College.

H. R. 1817 (Dingell, D-Mich.) here is an old proponent of socialized medicine back again. National Compulsory Health Insurance Omnibus Bill. Similar to the usual national Compulsory Health Insurance bills. Contains seven separate titles: 1. Federal aid to medical education (medical, dental, public health, nursing, sanitary engineering, hospital administration. 2.

Medical Research. 3. Hospital Construction Act Amendments. 4. Special Aid for Rural and other Shortage Areas. 5. Grants to States for Local Public Health Units. 6. Research in Child Life and Additional Grants for Maternal and Child Health and Crippled Children's Services. 7. Compulsory Prepaid Personal Health Insurance.

Like the perennial plant that blooms each year, Mr. Dingell introduced compulsory national health insurance legislation as soon as the new Congress opened for business. At the same time he issued a statement saying that his bill had the same objectives as the report of the Truman Commission for the Health Needs of the Nation and the same "freedom from socialistic taint." "It is my aim to keep this legislation before Congress."

H. J. Res. 147 (Gross, R.-Iowa) to outlaw treaties and executive agreements which supersede laws of the U. S. — Similar to the bill introduced in Senate called the Bricker Bill.

The Public Affairs Committee, Inc. is distributing a new pamphlet "Science vs. Chiropractic." The article outlines the conflict between the theories behind chiropractic and the findings of modern science as established by experimentation and verified by medical practice. It discusses the advantages and disadvantages of licensing chiropractors, but concludes that whether chiropractors "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 all the odds are against them."

Yale Law Journal to Tell A. M. A. Story. Two seniors and two sophomores are planning to tell the A. M. A. story in the Yale Law Journal. — The four Yale students are undertaking a study of the A. M. A. and its constituent societies from the standpoint of a social force in American life. — This project has been discussed at some length with the Yale Law Journal staff and others and have been assured that the information supplied by the A. M. A. and the state societies will be fairly presented.

Plan Education Foundation's '53 campaign: When state chairmen and other representatives from 45 states met in Chicago Jan. 25 to plan for 1953 campaign to raise funds for our 79 needy medical schools. The 1953 goal is two million dollars as there is a ten million dollar need. It is the hope that the remainder of this amount will be forthcoming from industry, but we still must remember the amount we give to our school is an annual amount because we are falling short as the medical profession for 1952 only gave \$906,553, which came from a small percentage of our physicians and societies, the number being 7,259. Think how small this is when there are over 150,000 of us in the U. S. Let's give to keep our schools out of government domination. Don't forget, the amount included \$500,000 from A. M. A.

Defense Department Proposes Regroupings in Doctor Draft: For amending and extending the Doctor Draft law were disclosed at a Pentagon meeting attended by representatives of the A. M. A. and eight other professional associations.

1. All registrants except those in the present Priorities I and II to be divided into two groups. First to be taken, those with no military service, who would be inducted by age, with the youngest going first. Next, those who have had active duty, with those having the least active duty inducted first. (Those remaining in the present Priorities I and II to be called immediately on expiration of deferrals.)

2. Maximum age for inductions would be maintained at 51.

3. Men called to duty as reservists would be commissioned in grades "commensurate with professional education, experience or ability.

4. Other provisions — law to expire July 1, 1955; National and State Advisory Committees continued and strengthened; World War II service with co-belligerents recognized for purposes of Doctor Draft; \$100 special pay not disturbed.

The CIO is calling for larger social security pensions, but opposes the U. S. Chamber of Commerce plans for reorganization of the system. Jack B. Beardwood, former Associated Press and Time Magazine writer, is the first appointment announced by FSA Administrator Hobby; as an assistant to the administrator he'll be responsible for public relations and congressional liaison.

H. R. 2446 (Angell, R.-Oreg., Feb. 2) Federal Social Security for All, including Disabled. Would scrap the present social security system and substitute a scheme under which 2% of gross income of individuals or business firms (personal income exempted up to \$250 per month) would be paid into a fund and matched annually with tax funds. Annuities would then be paid to all persons at 60 years of age, to citizens between 18 and 60 when disabled for periods longer than 6 months, and to unemployed widows with one or more children under 18 years of age. An identical bill, H. R. 2247 (Secrest, D.-Ohio) H. R. 2533 (Elliott, D.-Ala. Feb. 3) Tax Postponement for self-employed would permit annual tax deferral of 10% of income or \$7,500, whichever is lesser, providing money is invested in a restricted annuity. Identical with the original Reed-Keogh bills of last Congress.

H. R. 2692 (Camp, D.-Ga. Feb. 6) Tax-Postponement for Self-employed. Identical with H. R. 10 and H. R. 11.

Reuther Advocates U. S. Health Plan: CIO President Walter P. Reuther went all out last week in support of the program offered by Mr. Truman's Commission on the Health Needs of the Nation. — He called upon President Eisenhower's administration to redeem Republican campaign promises through promotion by the federal government of "A comprehensive health program for all the American people." — He also declared that CIO unions would seek improved health and social security provisions in all future contract negotiations. — One of the Philip Murray awards was presented to Oscar Ewing for promoting social welfare legislation.

S. 93 (Hill and Aiken) Federal Aid to States to subsidize voluntary health insurance plans. The measure is opposed by A. M. A. because of the socialized angle.

S. J. Res.1 (Bricker, et al) proposing an amendment to the Constitution of the U. S. A. relative to making treaties which are sponsored by one organization (Like International Labor Organization). This resolution is favored and endorsed by the House of Delegates Dec. 1952.

H. R. 8 (Dingell, Mich.) Federal hospitalization for aged social security beneficiaries. The A. M. A. is opposed to this setup. There would be no increase of taxes but the fund could not stand the 191 to 235 million annually. Actuarially this is unsound.

H. R. 9 (Dingell-Mich.) Waiver of premiums for disabled social security beneficiaries. A. M. A. opposed, for the following reasons: 1. A. M. A. favors adoption of formula for computing OASI insurance benefits based on a wage earner's best 5 or 10 years, thus obviating necessity for special consideration in cases involving permanent and total disability; 2. waiver of premium provision has not been thoroughly explored; 3. Although state agencies would administer the program the FSA would set over-all standards

and regulations; 4. Intervention by federal government in this phase of medical activity would be a further interference in the field of private medical care. And it would set a program as our archenemy Dingell wants.

H. R. 10 (Jenkins-Ohio) Tax Deferral to set up voluntary pension plans for self-employed. This you have heard about several times in the past as the old Keogh-Reed bill approved by the House of Delegates in Dec. 1952 at Denver.

H. R. 173 Rivers. Hospitalization and medical care for dependents of members of the uniformed services. A. M. A. opposed because the unauthorized expansion of a dependent medical care program and requests that a congressional determination be made as to whether such benefits are proper emoluments of military service. The Association is also concerned over the drafting of a great number of physicians to be used to large extent in providing medical care for other than military personnel.

The National Health Council has turned thumbs down on a request by the A. M. A. Board of Trustees that it either cancel or postpone the two-day New York forum on the report of Truman's Commission on the Health Needs of the Nation.

Council President Mrs. Oswald B. Lord informed all delegates, members of the council's board of directors, and presidents and executives of member organizations that the forum will go on as originally planned.

The fact of the matter is that the forum will serve as an ideal spring-board for tooting, publicly, the commission's recommendations, which would lead to compulsory health insurance for a large segment of the American people.

It has invited 500 key health people from all over the U. S. to attend. It already has publicized the forum and its objectives in several news releases, announcing, at the same time, that Mrs. Albert Lasker "had offered to pay the part-time expenses and salary"—of government publicist Mike Gorman, who has worked very closely with the President's Commission, both in and out of Washington ever since it came into being. Almost simultaneously, Dr. Thomas D. Dublin, the council's executive director, announced to the membership that publicity releases on the New York meeting would be issued "every week from now on."

The Board of Trustees drafted a wire and sent it to Dr. Dublin asking the council to postpone the forum or select a different topic for discussion.

Dr. Dublin said in reply: "Insuperable difficulties presented by the schedules of the 27 program participants and by available meeting accommodations make postponement impossible at this time. Furthermore, the executive committee reaffirmed unanimously the earlier decision of the council that the subject "Advancing the Nation's Health" is an entirely appropriate one for consideration at the council's annual meetings."

The American Medical Association is a member of the National Health Council.

In one of its press releases, the council quoted Mrs. Lord as saying that "The National Health Council has a duty to tell the American people what it thinks of the commission's report."

A. M. A. OFFICIALS VISIT THE PRESIDENT AND FSA ADMINISTRATOR
A committee appointed by A. M. A.'s Board of Trustees, Feb. 5, 1953, spent 45 minutes with President Eisenhower in a "get acquainted" meeting and general discussion of health problems. Those present were A. M. A. President Louis H. Bauer, President-elect E. J. McCormick, Dr. Dwight Murray,

chairman of the Board. Dr. Frank E. Wilson, Director of the Washington Office also present were FSA Oveta Culp Hobby and Major Gen. Wilton B. Persons, special assistant to the President for legislative liaison.

Feb. 6, 1953, a larger group conferred with Mrs. Hobby and Surg. Gen. Leonard A. Scheele of the U. S. Public Health Service. Representing A. M. A., in addition to those named above, were Dr. F. J. L. Blasingame, chairman of the Board's Committee on Legislation; Dr. George F. Lull, secretary and general manager; and Dr. Ernest B. Howard, Asst. sec'y. The delegation commented on the friendly reception from Mrs. Hobby and said several health problems were discussed.

U. S. LOSS OF MILLIONS ON AID PAYMENTS REPORTED. The federal government loses perhaps as much as \$75 million annually in payments to ineligible kept on state rolls of needy aged, dependent children, the blind and the totally disabled. (U. S. shares costs with states.) This was the estimate of a Senate investigator who spent months looking into FSA'S Bureau of Public Assistance. The investigator testified at a hearing of the Senate Investigation's Subcommittee that the Bureau couldn't detect more than a portion of the ineligible because it had only 33 trained technicians checking on the whole country.

Mrs. Oveta Culp Hobby, in her first address as Federal Security Administrator, told a group of Republican women: "To junk at once all that came to us from the preceding administration, would be unfair . . . we must not start with any idea that the policy can be changed overnight. . . ."

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THE YOUNGSTOWN HOSPITAL ASSOCIATION STAFF MEETING

March 3, 1953

The March meeting of the Youngstown Hospital Staff was called to order March 3, 1953 by Dr. John Noll, Vice President. The minutes of the previous meeting were read and approved. The vital statistics for February were read and approved.

Miss Dunlap, Director of Nursing Education thanked the Staff for help in nursing scholarship and for help in the recruitment campaign.

Dr. Gustafson read a resolution about Mr. John Tod. This is included in the minutes.

Dr. Noll spoke about the Intern situation and recommended reading the A. M. A. Journal for February 7th and 14th in regard to Interns.

Dr. Yarmy presented the relief of Peptic Ulcer Pain with Prantal. The presentation was illustrated with slides. Relief was usually obtained in 4 hours. There was considerable discussion. *E. C. Baker, M.D. Secretary*

MONTHLY STAFF MEETING OF ST. ELIZABETH HOSPITAL

The regular monthly staff meeting was held on Tuesday, March 3, 1953. Meeting called to order at 8:15 p. m. by Dr. W. H. Evans, chief of staff.

1. Speaker of the evening, Dr. Roger Scott, Director of OB-GYN department, University Hospital, Western Reserve Hospital, Cleveland, Ohio, spoke on the subject "Office Gynecology." He touched upon Trichomonas vaginitis, monilia infections; foreign bodies; leucorrhea; chronic cervicitis; carcinoma; functional bleeding; both ovulatory and non-ovulatory; and menopause.

Dr. Scott discussed the Papanicolau technic and its interpretation and showed how, in a number of cases without gynecological symptoms, routine Papanicolau smears revealed early carcinomata.

He emphasized thorough diagnostic curettage and biopsy can be done in the office.

Question and answer period followed.

In the absence of further business the meeting adjourned at 10:10 p. m.
H. J. Reese, M.D. Secretary

INVITATION

to members of

MAHONING COUNTY MEDICAL SOCIETY

To attend a meeting scheduled for the

District Nurses No. 3 of the
Ohio State Nurses Association.

Date — **Wednesday, May 13**

Time — **8:00 P. M.**

Place — **Auditorium of Woodside Receiving Hosp.**

Speaker — **Leon Bernstein, M.D.**

Subject —

**History and Progress of Psycho-Surgery,
its Past and Present**

APRIL MEETING

**THE PHYSICIAN'S RESPONSIBILITIES
TO THIS COMMUNITY**

OPEN DISCUSSION BY ALL MEMBERS

APRIL 28, 1953

8:30 P. M. - ELKS' CLUB

FREE LUNCHEON

RIDE THE ELEVATOR

(Note The Date, April 28, 4th Tuesday)

Annual Golf Meet

Youngstown Country Club

THURSDAY, MAY 14

**Entire Program Sponsored by
CHAS. PFIZER & CO.
(Except Greens Fees)**

PROGRAM

**12:00 P. M. - 6:00 P. M.—Golf Tournament
5:00 P. M. - 6:00 P. M.—Golf Films
6:00 P. M. - 6:30 P. M.—Golf Clinic
6:30 P. M. - 7:00 P. M.—Cocktails
7:00 P. M. - 8:30 P. M.—Dinner**

Award of Pfizer Golf Trophy — Other Prizes

**SPECIAL SESSION OF HOUSE OF DELEGATES
OF THE AMERICAN MEDICAL ASSOCIATION — MARCH 14, 1953
Statler Hotel — Washington, D. C.**

SUMMARY OF MEETING

1. House of Delegates opposed to Plan.
2. Senator Taft and Representative Judd, friends of the profession, explained in detail, then opposition ended.
3. Reorganization Plan would be passed without A. M. A.
4. Plan similar to Truman's, without Oscar Ewing.
5. A. M. A. did accept with reservations, to fight if plan does not produce as advised.
6. Still wants Health Dept. which has been advocated for over 80 years.
7. Best possible program that can be set up at the present time, and is in the right direction.
8. A. M. A. and advisors realize that with change of administration, profession may be faced with socialism, if head is social-minded.
9. President Ike says this is a method for profession to give better service and will produce improvement of the health of the nation.
10. The administration is looking to the profession for advice and cooperation; the President's office, with all departments where health is involved, have opened their doors to the profession.
11. The Assistant Secretary will be a Doctor of Medicine from civil practice, not a politician.

The Speaker of the House, James R. Reuling, Bayside, New York, opened the meeting with reading from the Constitution and by-laws of the Association, giving the authority for calling such a meeting. Chapter IX, Sec. 3 B, page 24, Special Sessions By-Laws.

Rev. Edward L. R. Elson, D. D., Pastor of the National Presbyterian Church, President Eisenhower's Church, gave a well-worded, short invocation.

Three committees were appointed: Credentials, Resolutions, and Tellers.

The Speaker then explained the reason for this special call which was for the purpose of transacting such business as hearing and discussing the President's reorganization plan No. 1 of 1953. He explained the House would remain in session until all matters pertaining to this plan were fully solved, if it required three hours, three days, or three weeks.

The Speaker explained that this was the first time in the history of the A. M. A. in over 100 years that the President of the United States had addressed the House of Delegates.

The chair requested the Chairman of the Credentials Committee to inform the House if a quorum was present. The report showed there were 179 delegates registered out of a total of 183; a quorum being declared present, roll call was made by states.

The Constitution required that a 2/3 vote of the delegates present must be obtained before a person, not a member of the House, shall be permitted to address the body. A unanimous vote on the motion to permit the President to address the house was acclaimed.

The Speaker announced that pictures of the President, and other dignitaries would be permitted, but not after his address had started. Senator Robert Taft entered here without an escort. Somehow he missed the individuals who were to accompany him to his seat, but received long and loud applause. The Speaker introduced many distinguished guests such as Admiral Boone, Armstrong of the Air Force, Senator Taft, Rep. Walter Judd.

The President was escorted to the Speaker's platform by the President, President-elect, Chairmen and Board of Trustees and the Vice-speaker and

was surrounded by many secret service and uniformed officers.

President Eisenhower's talk was to the point but gave an understanding of the administration toward medicine and its stand on socialism. "Sometimes an individual finds himself in a position that he would like to explain, even to himself" — "I certainly have no prescriptions to offer for anything that you people might be thinking about" — "exercising my privilege of welcoming you here on behalf of the administration" — to express our great belief that the decisions you reach — particularly as they touch upon the functions of government, will represent your views of what is best for the United States of America."

"I have found — that I have certain philosophical bonds with doctors, I don't like the word "compulsory." I am against the word "socialized." Everything about such words seems to me to be a step toward the thing that we are spending billions to prevent — that is the overwhelming of this country by any force, power, or idea, that leads us to forsake our traditional system of free enterprise."

"That is the doctrine of the administration and the Republican Party. The leaders of Congress are here to speak for themselves. We live by it and intend to practice it. — We understand the importance of your functions in our society, are determined to meet the requirements of our population in the services that only you can provide."

"We do have faith that you, as Americans, want to do the right thing and the medical profession will provide the kind of services our country needs better, with the cooperation and the friendship of the administration; rather than its direction or any attempt on its part to be the big "poobah" in its particular field. I have said this before in many parts of the country, and to many of you here today. It will be the philosophy of this administration for the next four years, or as long as the good Lord will allow me to spend any part of it. That is our pledge, and again I express the confidence that you people will be helpful, according to your judgment of what is good for the United States of America."

"On part of the Administration, a most hearty welcome."

President L. H. Bauer explained why it was necessary to call this Session, as the proposition put to us had to be settled now, as the bill would be introduced and acted on by Congress before the June meeting in New York. What the bill would contain we did not know, but our good friends in Congress were still, and are now, carrying our banner.

Senator Taft introduced by the Speaker (with long and loud applause) as always being, and still is, the friend of the A. M. A.

The Senator thanked the Association for helping to stop socialization of our country — "for without your continued fight and by showing the people and their representatives in Congress that you would not be socialized, you have protected "free enterprise." We have been on the battle line together and have fought continuously against the socialist line. — We have all fought against socialized medicine, which is and was just an opening wedge, so that the government could federalize everything, and all of us would be included in the Welfare State. — The A. M. A. should be thanked by all of the citizens of the United States for its fight against socialism. All those that believe in free enterprise, not socialism, or government control."

"A resolution will be introduced for a commission that will make a study on the necessity for federal aid to the states for such subjects as health, education, welfare, roads, etc. It is to determine whether the federal government shall finance these various projects, or if it shall become the duty

of the states, or government at the local level."

"I believe there should be a department of Health, Education and Welfare, with a Department head of Cabinet rank. This department shall cover all matters about which the federal government is interested, but local government should control — federal government should give assistance when needed. Each division should have its head so that all matters pertaining to that in which it is interested can be coordinated with each other, and in this way can be brought to the attention of the President. Then, too, if each were set up separately each would go his own way without regard to others."

"The old age and survivors pensions is not a federal government function and should not be there. It is not insurance but just a place to get more money to be spent. The old age pension system should be set up under a separate department."

"The Department of Health which will cover all phases of health in government shall have its own head, a Doctor of Medicine."

"The Secretary of Social Security, under Mrs. Hobby, has been so set up under Civil Service that not one of the employees can be replaced."

"It is felt, if the present Republican administration can infiltrate into the Truman administration, as well as the Communists did in getting in to the former administration, it will do well if it has achieved this in one year."

I feel this present proposition, for all it is not what the A. M. A. has asked for over the years will be of a general advantage to the profession and will be a benefit to the people of the United States.

Hon. Walter Judd of Minnesota, Representative, when introduced as a physician, explained that he was a physician in the House, said some of us are in the House because if we were not, the rest of you would not have long to practice medicine. He urged that the House of Delegates get behind this resolution (Reorganization No. 1, 1953) it is going to be passed. He regrets social security is in the same basket; they are the tail which is bigger than the rest of the dog. It would be a mistake for the profession to say we are against. At times you have to rise above principle, take what you can get instead of nothing. The President cannot get changes without this reorganization. The Secretary's policies are now made by under fellows, so all want to bring their own people.

President Louis Bauer explained what has lead up to the time of calling this session of the House. "Senator Taft and Rep. Judd have explained how we all feel now. We have been assured by the Republican party and administration that we will not be ignored. The A. M. A. will be listened to."

The A. M. A. officials, in February, met with Mrs. Hobby, it being the first time the door of that department was opened to the profession. The Department has the same ideas as ours but their hands are tied because department heads cannot be replaced. They do not have the same philosophy as is desired by the head of the department. The President is now going to unfreeze all of the employees.

The President also met the A. M. A. officials which again assures the profession of an open door and that they will be listened to when an audience is requested.

Under this proposed setup, all independent departments dealing with health shall be brought together under one head. Naturally the thought comes — will this be bad for us under an unfavorable administration? This is true and it may bring us closer to socialism, but it is a move in the

right direction, as half a loaf is better than none at all. This plan sets up a special assistant to the Secretary through which all health matters must be screened before going to the Secretary and then to the President.

We have objected over the years to having anything dominate medicine, but now all health matters in any department will become a part of this department. Many things that are not health but allied will be directed by this head, for example: Indian affairs.

Mrs. Hobby says the assistant secretary shall be a doctor of medicine from civil practice, not a career man or a politician.

This is a place to start, not what we wanted, but a step in the right direction, as the profession now stands a little higher in Washington. This is part of what we have been trying for in the past 80 years.

A joint resolution one Reorganization Plan No. 1, 1953, is going to be introduced and will be passed, to take effect in 10 days, after signature of the President. We are willing to accept this setup with the understanding that if unsatisfactory we will be heard from later.

REPORT OF BOARD OF TRUSTEES ON REORGANIZATION PLAN No. 1, 1953 — Presented by Dwight H. Murray, M.D., chairman to House of Delegates, March 14, 1953.

The House of Delegates of the A. M. A. has for nearly 80 years been on record as favoring an independent Department of Health in the federal government. The reason for this stand has been that the House has felt that health and medicine should be given a status commensurate with their dignity and importance in the lives of the American people, and that they should be completely divorced from any political considerations.

The Board of Trustees, after a careful study of the policy of the A. M. A. with respect to the administration of health activities in the Executive Branch of the government and after studying the Reorganization Plan for elevation of the Federal Security Agency to cabinet status submitted by President Eisenhower to the Congress, finds that Reorganization Plan No. 1 of 1953 provides for a special assistant to the Secretary for Health and Medical Affairs. This provision is a step in the right direction which should result in centralized coordination under a leader in the medical field of the health activities of the proposed department. Health, therefore, is given a special position. The proposed plan, properly administered, will permit more effective coordination and administration of the health activities of the new Department without interference or control by other branches.

Previous attempts to raise the Federal Security Agency from an independent agency to the level of an Executive Department have been opposed by the Association because the plan did not meet these aims.

Inasmuch as federal health benefits and programs are established by the Congress, an administration bent on achieving the nationalization of medicine cannot reach that goal except with the support of Congress. Therefore, an organizational plan through which federal health activities are administered, although important, is not nearly so vital an issue as the policies adopted by the Congress of the U. S.

The Board of Trustees recommends that the House of Delegates reaffirm its stand in favor of an independent Department of Health but that it support the Reorganization Plan No. 1 of 1953 as being a step in the right direction; that the American Medical Association cooperate in making the plan successful and that it watch its development with great care and interest.

It should be understood, however, that the Association reserves the right

to make recommendations for amendment of the then existing law and to press for the establishment of an independent Department of Health, if the present plan does not, after a sufficient length of time for development, result in proper advancement in and protection of health and medical science and in their freedom from political control. . . .

March 16, 1953, a joint resolution was introduced in both houses of Congress. The actions should be noted in the news releases from time to time.

Motions made to accept the report of the Board of Trustees seconded. Some discussion, but motion to adjourn until 1:30 passed. House reconvened at 1:30 P. M.

The motion to accept Trustees report was called for discussion.

A substitute motion was made that objected to certain sections of report, was voted down.

Original motion passed by unanimous vote, approving Reorganization Plan No. 1 for 1953.

Dr. L. H. Bauer thanked the House for its action and as stated by Julian Price the organization has shown now to be very democratic. Bauer said "this is a most constructive act by this House, and your officers and trustees will try and make it work. The A. M. A. will get a lot of praise for its action here today."

Howard Schriver, Cincinnati — "When many of us came here today, I should say a majority, we were opposed to this plan as it did not fit into the picture and seemed to be just what we were fighting against, but after our friend and advisor, Senator Taft, explained, together with Rep. Judd, we all felt differently, and you have witnessed the response and the vote.

This should be a place to "look out." Is it well to confer with socialism —if so always be on the look out."

◆

DR. McCANN HEADS AMERICAN FEDERATION OF STATE BOARD EXAMINERS

Dr. John N. McCann was elected president of the American Federation of State Board Examiners of the United States and was installed during the annual meeting of the Federation at Chicago, Illinois on February 10, 1953.

Long active as a member of the Ohio State Board of Medical Examiners, Dr. McCann became its president in 1952 and was on the executive committee of the American Federation of State Board Examiners of the United States during that year. His installation marks the culmination of years of outstanding service in matters pertaining to the accreditation of physicians for practice in the State of Ohio.

Dr. McCann is past president of the Mahoning County Medical Society, and for many years a member of the Board of Trustees of the Mahoning County Tuberculosis Sanatorium. He is also Chief of the Department of Medicine at St. Elizabeth Hospital.

The election of Dr. McCann to leadership of the American Federation of State Board Examiners of the United States is a tribute to organized medicine in Mahoning County and adds to the rank of other illustrious members who are active in the proceedings of national medical organizations.

Congratulations, Dr. McCann, for an honor well earned and more importantly, so well deserved. The stature of the American Federation of State Board Examiners of the United States has, in our opinion, been enhanced by the elevation of a vigorous champion of the highest order of medical practice to its presidency for 1953.

○—

A RESOLUTION EXPRESSING THE SYMPATHY OF THE STAFF AND THE MEMBERS OF THE YOUNGSTOWN HOSPITAL ASSOCIATION UPON THE DEATH OF JOHN TOD

Whereas, God in His infinite Wisdom has removed from our midst Mr. John Tod, president emeritus of the Youngstown Hospital Association, one of Youngstown's most valued and respected leaders and one of the Youngstown Hospital Association's greatest benefactors; and

Whereas, despite the pressure of business affairs incumbent upon him as one of the community's leading industrialists and as an officer in many important district industries and business firms, including the Youngstown Sheet and Tube Company, Mr. Tod gave liberally of his time and wealth to many worthwhile civic causes, including the American Red Cross, the Community Chest, Tod Homestead Cemetery and others; and

Whereas, one of Mr. Tod's closest civic interests was the Youngstown Hospital Association, which he served faithfully and tirelessly from 1918 to 1945, first as a director, later as a vice president and then for fifteen years as President before being named president emeritus; and

Whereas, under Mr. Tod's devoted leadership the Youngstown Hospital Association made some of its greatest improvements including:

1. Construction of North Side Unit, a project for which Mr. Tod served as chairman of the building fund to raise \$2,000,000.
2. Establishment of Tod Nurses' Home, a gift from Mr. and Mrs. Tod,
3. Completion of \$3,000,000 in capital improvements, including doubling of the capacity of North Side Unit and South Side Unit,
4. Construction of the East Wing of South Side Unit, an addition to Stambaugh Nurses' Home and Buechner House,
5. Better service for patients and modern educational and training facilities for nurses and interns,
6. And many other benefits; and

Whereas, Mr. Tod's devotion to the hospital's cause included almost daily inspection of facilities and studious examination of records in addition to attendance at nurses' graduation ceremonies and many hospital affairs;

NOW THEREFORE BE IT RESOLVED that the staff and members of the Youngstown Hospital Association go on record expressing their deepest sympathy to the family of Mr. John Tod; that a copy of this resolution be sent to the family; and that a copy of this resolution be spread upon the minutes of the Youngstown Hospital Association.

Submitted This 3rd Day of March in the year 1953, by the committee on Resolutions, J. L. Fisher, M.D.; W. H. Bennett, M.D.; C. A. Gustafson, M.D.

A TRIBUTE TO DOCTORS

"But nothing is more estimable than a physician who, having studied nature from his youth, knows the properties of the human body, the diseases which assail it, the remedies which will benefit it, exercises his art with caution, and pays equal attention to the rich and the poor."

"VOLTAIRE"

NEW STAR IS BORN

The Bulletin welcomes a new scientific publication, which has just appeared on the local scene. This monthly pocket-size gem, "Proceedings of the Obstetrical and Gynecological Department of St. Elizabeth's Hospital," is a punch-packed tribute to its Editor, Dr. John J. McDonough.

STUDIES IN THE USE OF HYDROCORTONE, CORD PLASMA, GOLD AND ALBUMIN IN ARTHRITIS CASES.

COURSE I

Given under the auspices of the Mahoning Valley Chapter
of the American Rheumatism and Arthritis Foundation and
St. Elizabeth Hospital, Youngstown, Ohio.

Introduction	Dr. J. N. McCann
	Medical Director, St. Elizabeth Hospital
Moderator and Director of Course	Dr. M. M. Szucs
Lectures	
Nerve Block	Dr. A. J. Bayuk
Physiotherapy and Rehabilitation	Dr. I. C. Smith
Anatomy and Technique of injection of major joints	Dr. T. K. Golden
Preparation and usage of Cord Plasma	Dr. J. J. McDonough
Practical usage and expected results of the following drugs: Hydrocortone, Gold, Cord Plasma and Albumin	Dr. M. M. Szucs
Instructions in the injections of Hydrocortone	Dr. M. M. Szucs

Program

1. Instruction in the recognition and management of Rheumatoid Arthritis from the stand-point of Physicians in General Practice.
2. Present concepts of Compound "F," and intraarticular injections into the Hip, Knee, Ankle, Shoulder, Elbow and Wrist Joints.
3. Usage of Gold and Cord Plasma.
4. Demonstration and discussion of Nerve Block to relieve muscle spasm in arthritis.
5. Physiotherapy and rehabilitation of the chronically ill Arthritics.

This will be a six-week course opening on Thursday, March 12th at 2 P. M., St. Elizabeth Hospital, and continuing on the following consecutive Thursday thereafter.

Summary

This series comprised 560 cases of Rheumatoid Arthritis, the study of which extended over several months.

The purpose of this study was two-fold, first, it enabled young physicians—such as interns—to study the different drugs and techniques first hand: second, it showed all in the group the value of the different drugs and techniques.

Hydrocortone was the most beneficial in all the cases tried. The technique was simple, and there was not one case of reported joint injuries as a result of the injections in the 150 cases studied.

The Gold series of 200 cases, also showed remarkable improvement, and thought it is an old form of medication it still has a definite value in Rheumatoid therapy.

The Irradiated Cord Plasma cases showed us great possibilities in Rheumatoid therapy. This form of plasma has been used by us for four years with gratifying results. We have much to learn about this plasma before a final conclusion can be formed.

Albumin therapy was tried because it is one of the components of Cord Plasma and we thought perhaps this was the chief acting principle in the plasma, and also because of a series of experiments are being made at large university and we hoped to compare our results.

Ethyl Chloride Spray in spinal arthritis had been tried for relief of pain and muscle spasm in the East with gratifying results. Our study showed good relief of pain and spasm for one week. To increase this relief at present we are using blocking drugs to prolong this period. We cannot give a statement on this project as yet.

Conclusion

The real purpose of this paper was to stimulate young physicians in the interest of Arthritis and the proper therapy, and also to stimulate the physician in practice so that one can aid these rheumatic cripples.

Finally, we are carrying this procedure further in aiding the physician in the proper procedures to use, techniques in inter-articular injection of Hydrocortone, and the value of certain drugs in Rheumatoid Arthritis. This series of instructions to physicians are to be started soon at St. Elizabeth Hospital with a few lectures, and practical procedures which are more to the advantage of the physician.

You can enroll in this practical course by calling the Arthritis Clinic at St. Elizabeth Hospital.

COMING MEDICAL MEETINGS

Date	Association	City	Place
April 6-10	Federation of American Society for Experimental Biology	Chicago	Conrad Hilton
April 7-9	American Association of Rail- way Surgeons	Chicago	Drake
April 9-11	American Association for Cancer Research	Chicago	Drake
April 13-17	American College of Physicians	Atlantic City	Convention Hall
April 21-32	Ohio State Medical Association	Cincinnati	Netherland-Plaza
April 21-24	Industrial Medical Association	Los Angeles	Statler
April 26-29	Texas Medical Association	Houston	Shamrock
April 27-30	Connecticut State Medical Society	Hamden	Hamden High School
April 28- May 1	Philadelphia County Medical Society	Philadelphia	Bellevue-Stratford

ANALYSIS OF THE DOCTOR-DRAFT BILL

(From A.M.A. March 13, 1953)

The A.M.A. Council on National Emergency Medical Service has just completed an analysis of the doctor-draft bill, prepared by the Department of Defense to extend the "Doctor-Draft Law" beyond its current expiration date of July 1, 1953.

The council's analysis indicates that the proposed bill would:

- (1) Extend the "Doctor-Draft Law" to July 1, 1955.
- (2) Set up two priority groups — (a) non-veterans and (b) veterans; also retain liability of those physicians now registered and classified in priorities 1 and 2.
- (3) Group 1 to go by age — youngest first. Group 2 to go by service — those with shortest service first. Present priority 1 and 2 men to go as their deferments expire.
- (4) Retain maximum induction age of 51.
- (5) Retain 24 months as required period of service.
- (6) Provide for deferments to maintain national health, safety and interest.
- (7) Define military service to include enlisted and commissioned service since September 16, 1940, except: (a) Army Specialized Training Program, V12 or Army Air Force College; (b) internship and residency training or senior student programs.
- (8) Excuse from registration liability any physician who is a member of a reserve component.
- (9) Recognize service during World War II with countries which were allies of the United States.
- (10) Exclude from any liability under the Act registrants or reservists who had 12 or more months of service since June 25, 1950.
- (11) Permit the commissioning of aliens.
- (12) Authorize the continuation of the national, state and local advisory committees to the Selective Service System; give them added authority with respect to residents and faculty members.
- (13) Extend until July 1, 1955 authority of the Secretary of Defense to transfer reservists between the Armed Services.
- (14) Terminate reserve commissions *automatically* upon completion of stipulated active duty. This provision would be retroactive to September 9, 1950.
- (15) Authorize recall of reservists at rank "Commensurate with professional education, experience or ability." Current limitation on number of higher grades would be waived for physicians.
- (16) Withhold \$100 extra pay per month from those registrants "inducted" even though later commissioned.
- (17) Continue authority of President to recall medical, etc., reservists until July 1, 1955. Those with 12 or more months of service since June 25, 1950 would be excused.
- (18) Provide that reservists with 12 or more months' service since September 16, 1940 serve only 17 months.

The bill would not:

- (1) Specify any maximum age for liability to register. In the present law maximum age for registration is 50.
- (2) Take cognizance of new registrants who would fall in present priorities 1 and 2.

- (3) Make provision recognizing allied service in World War II retroactive.
- (4) Make provision permitting a reduced period of service (17 months) in certain cases retroactive; thus would not help priority 2 men.
- (5) Require registration of non-medical reservists.
- (6) Permit a reservist to keep his commission even if he wanted to.

MORE ON "SERVICE"

Only recently our attention was editorially called to an alleged lack of service, particularly the answering of house calls.

Scattered instances of "limited service" and discrepancies in making house calls by no means implies gross neglect, and the implication that the "Society is asleep at the so called switch," and not doing anything about it, can be obviated.

First of all, the inattention to the house call problem is from a factual standpoint, exaggerated. Too often night house calls are unnecessary and the cry of wolf immobilizes a physician making the call which could have been arranged during the day and in many instances, the problem could well have been presented in the office. Too often house calls are requested as a convenience to the patient. Such calls do not constitute a necessity and the physician is immobilized unnecessarily. Public education to this may well be indicated and the service of physicians will be adequately available in times of actual need.

Secondly, our members leave the names of reference doctors at the *Medical-Dental Bureau* for calls during their absence. This represents a constructive measure of the Society to maintain availability of physicians for service during their absence. A 24-hour emergency service is available at the *Medical-Dental Bureau*. Our Public Relations Committee is outlining a periodic publication of the fact in the local newspaper which would remind the public that such a service is available and obviate the criticism that a physician is beyond reach. Let us emphasize the fact to patients by every media and thereby remove any doubt as to availability of medical service.

The impact of the Bulletin editorial on "Service" should not be minimized. The few who may have failed to make provisions for an answering service for their calls should do so at once. Check your answering service status today!

Surely, as members of a progressive Medical Society we are proud to render service and strive for the highest caliber performance at all times. The exceptions, as in any other service group, will always occur but wholesale or even appreciable neglect is far from prevalent in this community.

MEETING

On Wednesday, 15th of April, at 8:00 P. M., Graham C. Taylor, M.D., one of the few trained industrial psychiatrists in this country will talk on "Industrial Mental Health" in the Central YMCA. All interested physicians are invited to attend. There is no charge for this lecture which is sponsored by the Mahoning County Mental Hygiene Association.

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NEWS NOTES

Drs. Saul J. Tamarin and Raymond J. Scheetz announce the association with them of Dr. George L. Altman in the practice of Radiology at St. Elizabeth Hospital.

Dr. Stephen W. Ondash addressed members of the South Side Lions club, Tuesday, February 24, 1953 — his subject, "The Case Against Socialized Medicine."

Dr. Louis H. Bloomberg has returned from military service and has reopened his offices at 508 Home Savings and Loan Building. His practice is limited to Ophthalmology.

Born: To Dr. and Mrs. Alexander K. Phillips, a boy, Alexander K. Jr., on March 4, 1953, at St. Elizabeth Hospital.

Born: To Dr. and Mrs. Kenneth J. Hovanic, a boy, Kevin John, on March 4, 1953, at St. Elizabeth Hospital.

Dr. Denton P. Engstrom announces the opening of an office for the practice of Psychiatry, 76 E. Midlothian Boulevard, Youngstown, Ohio.

Dr. George M. McKelvey announces the removal of his office to 402 Oak Hill Avenue.

Dr. Edward A. Shorten announces the removal of his office to 402 Oak Hill Avenue.

Dr. Paul R. McConnell announces the removal of his office to 3720 Market Street.

Born: To Dr. and Mrs. Frank Morrison, a girl, Betsy Jane, on March 19, 1953, at St. Elizabeth Hospital.

Dr. Sidney Franklin, after successfully completing his State Bar Examinations, was sworn in as Attorney and Counselor of Law, in Cleveland, Ohio, on March 28, 1953. Dr. Franklin expects to limit his legal practice exclusively to medical aspects of civil litigation. Congratulations, Sid!

Dr. William M. Skipp will present a paper on "Thyroidectomy, Indications and Pitfalls," at the Sectional of the International College of Surgeons at Chicago, Illinois on Tuesday, May 5, 1953.

Dr. Edward A. Shorten was certified as a Diplomate of the American Board of Surgery. Congratulations, Ed!

Dr. Patrick B. Cestone was certified as a Diplomate of the American Board of Surgery. Congratulations, Pat!

MEDICAL EDUCATION KEEPS AMERICA HEALTHY

Abstracts from Jan. 1953 Medical Advance (Published by the National Fund for Medical Education)

The key role of our 79 medical schools in keeping the nation healthy has been vigorously set forth by two high-ranking groups of national authorities: (1) President's Commission and (2) the Commission on Financing Higher Education.

The Health Commission recommended:

1. Producing more doctors and other health personnel to relieve shortages.
 2. Enlarge hospital programs so all communities will have a well rounded health center.
 3. Expanding prepayment insurance so that health service will be within reach of all people.
1. Doctor shortage is holding up dynamic research, public health, industrial medicine and rehabilitation. Surgery is the only field where there is no shortage. Other present needs are not met—not to think of the future.
 2. More hospitals are needed in many areas, much of the present equipment

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needs to be replaced or modernized. The hospital of tomorrow should be a health center. Federal aid should be forthcoming but should have local responsibility.

3. Health services following should be encouraged: 1. Local health departments. 2. Regional programs of health services. 3. Group practice for specialists.

4. Medical research—no field offers more possibilities for human treatment than medical research. It is largely responsible for the medical miracles of the recent past. But 3/10 of 1% of the nation's defense budget was all that was spent, less than was spent for tombstones and monuments.

5. Prepayment medical insurance should be advanced to cover all.

6. Medical schools are finding themselves in bad way unless more money is forthcoming. They cannot hold their teachers. Their equipment is bad, and they find enrollment expansion impossible. Also teaching standards must not be lowered.

The plight of medical schools is critical and is not a local, but a national problem.

There is danger of government control unless there is more money forthcoming so that they can function better and more efficiently.

Let's all give to our medical school regardless of where, to ease this over-taxed burden and stop regimentation.

Health Department Bulletin

CITY OF YOUNGSTOWN

REPORT FOR FEBRUARY, 1953

	1953	Male	Female	1952	Male	Female
Deaths Recorded	252	149	103	179	101	78
Births Recorded	530	278	252	500	279	221

CONTAGIOUS DISEASES	1953	Cases	Deaths	1952	Cases	Deaths
Chicken Pox		215	0		48	0
Measles		97	0		137	0
German Measles		0	0		2	0
Mumps		111	0		8	0
Scarlet Fever		2	0		7	0
Tuberculosis		9	2		13	4
Whooping Cough		1	0		8	0
Gonorrhoea		19	0		18	0
Syphilis		12	0		17	0
Chancroid		1	0		0	0
Infectious Hepatitis		3	0		0	0

VENERAL DISEASES

New Cases	Male	Female
Syphilis	1	4
Gonorrhoea	14	8
Chancroid	1	0
Total Patients		28
Total Visits to Clinic (Patients)		183

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MAHONING COUNTY MEDICAL SOCIETY WOMAN'S AUXILIARY

In February the fashion parade staged at Rodef Sholem Temple by the Woman's Auxiliary to the Mahoning County Medical Society, Mrs. W. O. Mermis, President, attracted over two hundred and fifty members and guests.

A dessert course and social hour arranged by Mrs. B. S. Brown, Mrs. Dean Stillson and committee preceeded the style show. The program, in charge of Mrs. Harold Chevlen, was greeted with enthusiastic applause. The presentation of the latest in suits, furs, millinery, evening gowns and cruise clothes was through the courtesy of Charles Livingston & Sons. Models for modern fashions were, Mrs. S. C. Keyes, Mrs. G. M. McKelvey, Mrs. E. R. McNeil, Mrs. John Renner, Mrs. J. L. Scarnecchia, Mrs. Robert Tornello and Mrs. Sam Zlotnick.

Also featured were the gay nineties costumes introduced by Mrs. E. E. Kirkwood, Co-chairman and modeled by Mrs. Paul Fuzy, Jr., Mrs. R. R. Goldcamp and Mrs. Dean Nesbit.

Two delightful surprise features were the Charleston and Boogie dances done by Mrs. Robert Tornello and Mrs. Myron Steinberg; and the "how not to dress" fashions created and modeled by Mrs. A. E. Rappaport and Mrs. E. H. Young.

Narration was beautifully done by Mrs. David Brody and a lovely vocal solo was rendered by Mrs. Sam Small.

In March the Auxiliary had a tea for prospective nurses at North Side Hospital Nurses Home on Gypsy Lane. The program, in charge of Mrs. D. M. Rothrock and Mrs. Dean Nesbit, had as speaker Miss Muriel Dunlap, Director of Nursing Education, with the social portion of the afternoon in charge of Mrs. E. M. Thomas and committee.

*MRS. ASHER RANDELL,
Co-chairman, Publicity Committee*

FROM THE BULLETIN

TWENTY YEARS AGO — APRIL, 1933

Pages and pages that month devoted to the Eighth Annual Post-Graduate Assembly. James Ewing, Burton Lee, Lloyd Craver and Benjamin Barringer were coming from the Memorial Hospital in New York for a day of instruction on cancer treatment covering everything from lymphosarcoma to melanoma. Three papers in the morning, four in the afternoon and two after the dinner. Gordon Nelson, Getty, Fuzy, James Brown, Saul Tamarkin and Pat Kennedy ran the show. Dean Nesbit's publicity committee sent out more than a thousand notices to hospitals and doctors within a hundred mile radius.

For a week the public health committee had been putting on a cancer educational program. The American Society for the Control of Cancer sent Dr. Frank Rector here to help. The Speaker's Bureau supplied speakers for 47 appearances before women's clubs, parent-teacher associations and service groups. There were daily radio talks and articles in the Vindicator and the Telegram. It was a very busy time.

From the Alliance City Hospital: "Expressing our appreciation of your Bulletin which most of our Staff members receive. Many of our members have attended your programs and post-graduate days and feel that they have been exceedingly valuable."

From Medical Economics: "May I congratulate you on your editorship



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From Mead, Johnson and Company: "We have been watching with interest the development of the Bulletin. You manage to get interesting reading matter and the typography is excellent. With best wishes for the continuation of your good work."

From an article by the late Dr. M. P. Jones: "There is evidence that the National Economic Health is slowly returning. When recovery is an assured fact the American Physician will have written his name indelibly into the records of its accomplishment by his loyal, unselfish and high minded spirit of service to his patients, his community and his country."

TEN YEARS AGO — APRIL, 1943

Because of the stringencies of wartime, Post-Graduate Day was omitted that year. There were many expressions of regret and hopes for future resumption. Elmer Nagel attended the Ohio State Convention and reported that the usual fanfare and display were conspicuous by their absence.

There was left in Mahoning County, one physician for each 1500 people. The armed forces were asking for seventeen more doctors for the 1943 quota.

The meeting that month was in the lecture room of the South Side Unit. Dr. A. J. Beams from Western Reserve University was the speaker, his subject "Dietary Treatment of Certain Diseases."

More news from doctors in military service: Luke Reed wrote from Muroc, California where he was chief of medicine at the Station Hospital out in the desert 110 miles from Los Angeles. Asher Randell was at the Portage Ordnance Depot, part of the Ravenna Arsenal. Brack Bowman received his major's commission and left to report to Carlisle Barracks. Clifford was stationed at the operating base for the South Atlantic Fleet near Recife, Brazil with a modern hospital and he the only surgeon on the base. Kupec had been transferred to Peterson Field at Colorado Springs, very uncomfortable from the sand storms. Renner had been sent to sea on a seaplane tender which he reported was very good duty. Conti was at the Naval Hospital in Norfolk, Va. a fine old hospital in beautiful surroundings. Ivan Smith was in charge of physiotherapy at Camp Campbell, Kentucky. Marinelli was in New Orleans eating regularly at Atoine's. Weller was at Camp Wallace near Galveston, Texas and Wales was at Camp Howze, Texas. Hathorn was at Camp Adair at Corvallis Oregon with his family. Joe Colla was at Walter Reed in Washington doing physical exams on WAAC'S. Nice work if you can get it.

Excerpt from a letter from Dr. Henry Manning, second physician to settle in Youngstown, written to his father in 1812: "I mean . . . to be moderate in my charges, to conduct with strict justice and liberality towards everyone, especially towards the poor, most of whom have been sick this year. My circumstances . . . are just this, value of paid for land and improvements \$45.00 but consider it worth more. For instruments and medicine \$30.00. My horse is not so valuable as the one I rode from home. I have paid up all my expenses . . . except I am some behind for board yet." Dr. Manning later became president of the First National Bank, now the Union National.

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

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PROCEEDINGS OF COUNCIL

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, March 9, 1953.

The following doctors were present: V. L. Goodwin, President, presiding, E. J. Wenaas, A. A. Detesco, H. J. Reese, C. A. Gustafson, S. W. Ondash, W. M. Skipp, G. E. DeCicco and G. G. Nelson, comprising Council, also doctors F. S. Coombs and C. W. Stertzbach.

Dr. Coombs discussed the meeting formerly proposed to be sponsored by Gray Drug Stores.

President Goodwin appointed Drs. Coombs, Ondash and R. Goldcamp to work out a program for an informal business meeting to be held April 28. A buffet lunch will be served.

Council discussed the advisability of an old fashioned picnic in June. The Secretary was instructed to contact Dr. Goldcamp, Social Chairman about arrangements.

The following applications were read.

ACTIVE MEMBERSHIP

Dr. Paul E. Ruth, 510 Dollar Bank Bldg., Youngstown, Ohio.

JUNIOR ACTIVE MEMBERSHIP

Dr. J. L. Finley, Petersburg, Ohio.

Dr. G. L. Altman, St. Elizabeth Hospital, Youngstown, Ohio.

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

Dr. Gustafson discussed free copies of bound Bulletins for Council members. No action taken.

Dr. Skipp discussed the Canfield Fair for 1953 with reference to the Allied groups that formerly had booths in our tent.

Council was of the opinion that Dr. Szucs should be informed that his efforts last year were greatly appreciated and that he should proceed along similar lines and conduct the exhibition to the best of his judgment.

Council discussed a proposed Ordinance submitted by the Ohio State Optometric Association and approved by local Ophthalmologists.

Dr. Reese suggested the giving of suitable awards to Internes and Residents who submit papers for publication in the Bulletin.

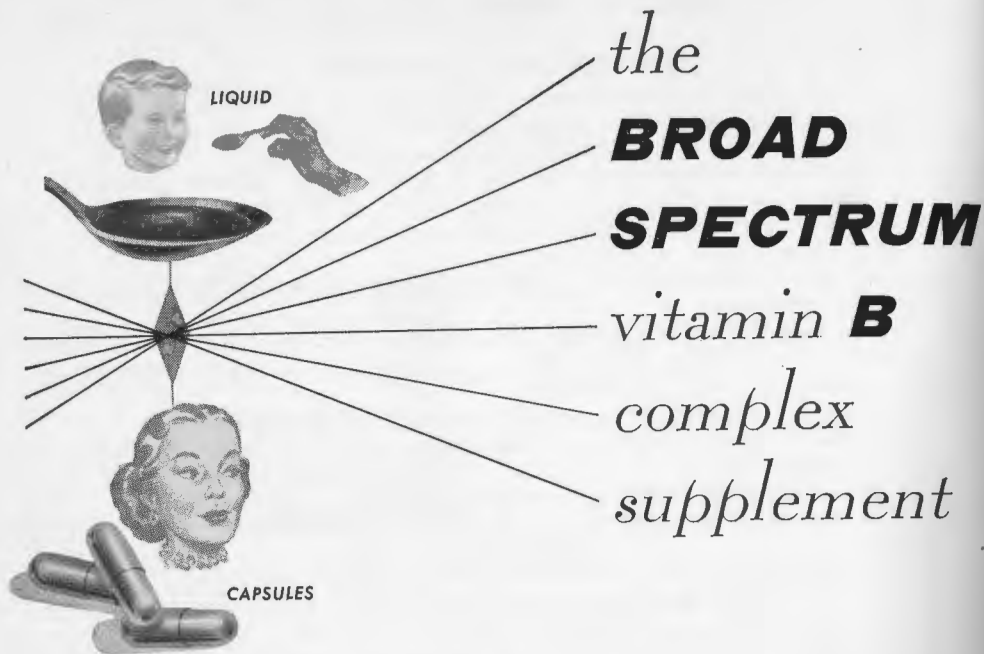
A motion was made seconded and duly passed approving suitable awards to Internes and Residents, possibly a certificate.

Dr. DeCicco read a resolution submitted by the Erie County Medical Society with reference to Draft Law 779. Council asked Dr. DeCicco to gather what information he could on the subject for next Council Meeting.

The Secretary read correspondence between Mr. Powers and Atty. B. W. Rosenberg, Warren, Ohio and Atty. E. L. Williams, Youngstown, with reference to giving consideration to formulating some procedure that will minimize the interference with physicians' time and at the same time secure the necessary assistance for the party needing expert testimony in court.

Council instructed the Secretary to send out reply postals to all members, asking their wishes as to where the Bulletin should be sent, to the home or the office. When replies have been compiled the requested changes are to be made and plates purchased to complete the file.

G. E. DeCicco, M.D.
Secretary



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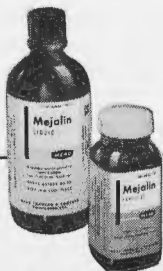
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Choline.....	50 mg.
Inositol.....	20 mg.
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Biotin.....	0.02 mg.
Para-aminobenzoic acid.....	0.5 mg.
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