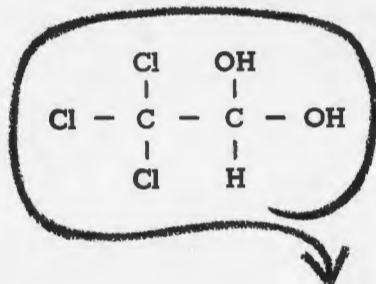




BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

May • 1953
Vol. XXIII • No. 5
Youngstown • Ohio



CAPSULES CHLORAL HYDRATE - *Fellows*

ODORLESS • NON-BARBITURATE • TASTELESS

Daytime SEDATION



3 3/4 gr.

without
HANGOVER

Restful SLEEP



7 1/2 gr.

without
HANGOVER



AVAILABLE:
CAPSULES CHLORAL
HYDRATE - *Fellows*
3 3/4 gr. (0.25 Gm.)
BLUE and WHITE
CAPSULES

bottles of 24's
100's

7 1/2 gr. (0.5 Gm.)
BLUE CAPSULES
bottles of 50's

3 3/4 gr. (0.25 Gm.) BLUE and WHITE CAPSULES CHLORAL HYDRATE - *Fellows*

Small doses of Chloral Hydrate (3 3/4 gr. Capsules *Fellows*) completely fill the great need for a daytime sedative. The patient becomes tranquil and relaxed yet is able to maintain normal activity.

DOSAGE: One 3 3/4 gr. capsule three times a day after meals.

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Restful sleep lasting from five to eight hours. "Chloral Hydrate produces a normal type of sleep, and is rarely followed by hangover."¹

Pulse and respiration are slowed in the same manner as in normal sleep.

Reflexes are not abolished, and the patient can be easily and completely aroused . . . awakens refreshed.²⁻⁴

DOSAGE: One to two 7 1/2 gr., or two to four 3 3/4 gr. capsules, at bedtime.

EXCRETION—Rapid and complete, therefore no depressant after-effects.²⁻⁴

Professional samples and literature on request

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32 Christopher St., New York 14, N. Y.

1. Hyman, H. T., An Integrated Practice of Medicine (1947).
2. Reiffers, M. R. et al., A Course in Practical Therapeutics (1947).
3. Goodman, L., and Gilman, A.: The Pharmacological Basis of Therapeutics (1941), 22nd printing, 1953.
4. Soliman, T.: A Manual of Pharmacology, 7th ed. and Useful Drugs, 14th ed. (1947).

Our President Speaks

"There is practically nothing that can happen to my patient until the moment of his death which I cannot engage and improve." This is a quotation from the Bulletin of the American Cancer Society, Inc., concerning a patient with terminal cancer.

Even though we search constantly for methods of early detection of cancer, we still have the problem of late cancer. This affects physicians in all branches of medicine, nurses, technicians, social service personnel and dieticians.

One recent Sunday afternoon, one of my older colleagues said he was on his way to visit two of his cancer patients. He seemed happy to meet this challenge and I am sure the patients and their families were glad to see him on his visits. Undoubtedly he knew ways to make food more interesting to the anorexic patient. He also knew the value of occupational and recreational therapy.

The judicious use of analgesics, narcotics and hypnotics enables him to counteract pain for long periods. With the advent of new drugs and procedures many of us younger doctors have not had the experience with apparently hopeless situations. I believe adequate care of a patient with terminal cancer reveals the qualities we all hope for in a good physician.

Vernon L. Goodwin, M.D.

BULLETIN of the Mahoning County Medical Society

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**VOLUME 23****MAY, 1953****NUMBER 5**

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

H. J. Reese
3720 Market Street**ASSOCIATE EDITORS**P. B. Cestone
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M. H. Steinberg**EDITORIAL***"Spring"*

At this most prolific time of the year when all about us we see the renascent spring with its budding branches, the opening tulips, the returned bright-plumaged birds, what do we see amongst our fellow-physicians. A few sun-burned faces, of course! However, most of us are pale, tired-looking, anxious to find a place to rest after the long winter's unceasing labor.


As Nature shows her rebirth, so do we exhibit signs of a coming change. The pallor becomes less noticeable, the fatigue less burdensome. Our feet, which have slowly dragged across the path of winter, begin to have a bounce, and we begin to look forward to summer's relaxations.

Too many of us forget that "play" becomes as important as "work". We don't remember that, because of the intensity and duration of the hours of medical practice, physicians have an average life-span five years shorter than their fellow-men. We are too prone to forget that in play-time we restore the ravages produced by too much work.

Let more of us have vacations. Any relaxation—whether it be golf, fishing, or lying in a hammock—is advisable.

However, we can't expect to repair fifty weeks' damage in two short weeks of vacation. Let us enjoy our days off during the summer. Let the mind relax as well as the body. Let's make a positive effort to attain a normal span of life for ourselves. A long life to all of us!

H. J. Reese, M.D.



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PULVULES

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MAY

THE GAMMA GLOBULIN POLIO PROBLEM

The recent report of the use of Red Cross gamma globulin for the prevention of polio records one of the most interesting mass experiments in medical history.* In three areas where polio was prevalent approximately one-half of a total of 54,772 children between the ages of 1 and 11 years were given gamma globulin, while the other half serving as a control, were given gelatin. The material for injection was so packaged that neither the parents nor the team giving the injection knew which of the two was given to a particular child.

In evaluating the results only paralytic cases were considered, as the diagnosis of nonparalytic polio is too uncertain, and the incidence of transmission could be considered the same for the two groups. The final results showed a smaller number of paralytic cases developing for a period of four weeks beginning seven days after the injection of globulin. This is shown in the following table constructed from the figures in the report.

Number of Cases Developing Paralytic Polio

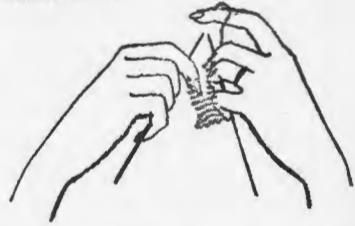
Period After Injection	Gamma Globulin	Gelatin
First seven days -----	12	16
Second week -----	3	23
Third week -----	2	8
Fourth week -----	1	4
Fifth week -----	0	3
	<hr style="width: 50%; margin: 0 auto;"/> 6	<hr style="width: 50%; margin: 0 auto;"/> 38
Sixth week -----	3	4
Seventh week -----	3	4
Eighth week -----	1	0
Ninth week -----	1	1
Tenth week plus -----	0	1
	<hr style="width: 50%; margin: 0 auto;"/> 8	<hr style="width: 50%; margin: 0 auto;"/> 10
Total after the first seven days -----	14	48

While there is little difference between the two groups in the first or after the fifth week following the injection, the difference in the four-week period, the second through the fifth week, is statistically significant. In the group receiving gamma globulin about 1 in 4,500 developed paralytic polio in this period, as contrasted with 1 in 720 of the control group receiving gelatin.

The conclusion can be drawn that gamma globulin is of value in the prophylaxis of polio. Further, that in the dosage used in the study it does not give complete protection, that it seemingly is of little use if the disease has been contracted at the time the globulin is given, and that protection is lost after five weeks, as is generally considered to occur when globulin is used in the prophylaxis of measles. Thus there are definite limitations to its value.

There is a cloudy side to the picture. The widespread publicity which has been given to this study by the press, weekly magazines, and over television and radio have created a difficult problem with which the physician will be faced this coming summer when the polio season comes around. It is the quantity of gamma globulin that will be available contrasted with the tremendous demand that will occur.

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Ferrous Sulfate	75 mg.
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Synkamin (as the hydrochloride)	0.5 mg.
Rutin	20 mg.
Vitamin A	4000 units
Vitamin D	400 units
Vitamin B ₁ (thiamine hydrochloride)	8 mg.
Vitamin B ₂ (riboflavin)	2 mg.
Nicotinamide (niacinamide)	10 mg.
Vitamin B ₆ (pyridoxine hydrochloride)	1 mg.
Vitamin C (ascorbic acid)	85 mg.

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As a dietary supplement during pregnancy and lactation, one or more Kapseals daily. Available in bottles of 100 and 1000.



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Only gamma globulin from pooled serum is considered to be of value in polio prophylaxis, and the Red Cross blood banks are the only source of large quantities of gamma globulin from pooled sera. A relatively small amount made from placental blood is available commercially at a retail cost of around \$6.00 for a 2 c. c. unit. In their fiscal year ending June 30, 1952, the Red Cross obtained 4,121,200 pints of blood in its fifty-seven blood banks (now sixty-one). Sixty per cent of this went to the Armed Forces and 40 per cent for civilian needs. Roughly 50 per cent of the blood was used in the form of whole blood in civilian hospitals or shipped to the Armed Forces, and 50 per cent was processed. By far the larger part was processed into plasma for use by the Armed Forces or stored for disaster relief, and only a small part fractionated. It is from the latter that gamma globulin is obtained. From a pint of whole blood an average of only 7 c. c. of gamma globulin can be obtained.

The dosage of gamma globulin used in the study depended on the weight of the child and it was given in doses of 4, 7, and 11 c. c. Assuming an average dose of 7 c. c., it required 190,000 c. c. of gamma globulin to immunize the 7,000 children, and this required the donations of 27,000 pints of blood. We have been informed that at the end of the summer the Red Cross had only 400,000 2 c. c. units in reserve, or only enough to give one average 7 c. c. injection to around 115,000 children. The child population in the United States 1 to 14 years of age is over 35 million.

In December the Red Cross announced that at the request of the Office of Defense Mobilization it would make an appeal for the donation of 2 million additional pints of blood to be processed into gamma globulin in 1953 for use in polio prophylaxis. Its success will depend not only on a 50 per cent increase in blood donations over the past year, but on obtaining \$7,000,000 additional funds in their annual March campaign to help meet the cost. There is no income from the gamma globulin, as Red Cross blood and its products are never sold. Assuming that the 2 million additional pints of blood are obtained and that more of the regular blood is processed into albumin and gamma globulin than in the previous year, somewhere between only 2 and 3 million children can be given one prophylactic injection in 1953. It is likely that the quantity of gamma globulin available will fall considerably short of this figure.

The allocation and distribution of this limited supply of gamma globulin will not be undertaken by the Red Cross. It will be allocated to meet epidemic needs by the Office of Defense Mobilization upon the advice of the National Research Council. Past experience indicates that polio will reach epidemic proportions in 150 counties next summer and that at least 2 million children will be exposed in these counties. So it is obvious that Red Cross gamma globulin will not be generally available to physicians throughout the country. Cases of polio, however, will break out in many hundreds of communities. We can be certain that whenever this happens there will be a wild clamor for gamma globulin arising in each one, as no one can foretell whether or not the first few cases herald the beginning of an epidemic. The demand moreover will not be limited to one for use in childhood. We know of an instance last fall where gamma globulin was given to thirty-three members of an adult football team following the development of paralytic polio in a member of the squad.

For several years the Red Cross has distributed gamma globulin gratuitously through state and local health agencies for its proved value in measles prophylaxis and modification, and for infectious hepatitis. We have learned that the Red Cross is discontinuing this method of distribution to physicians.

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The Office of Defense Mobilization, recognizing that a limitation of its use to polio might lead to an increase in measles morbidity and the severity of measles complications to an extent that would outbalance the good that will come from its use in polio, in planning the allocation of gamma globulin has given first priority to the requirements for measles and infectious hepatitis.

The only direct objection we have heard expressed against the use of gamma globulin in polio is that it might prevent the development of the active immunization against polio which is thought to develop in many children when polio is prevalent in the community. Some feel the number of children who gain immunity from non-clinical polio infection tremendously outnumbers those in whom the disease presents definite clinical symptoms. These are theoretical concepts. Not only has it not been proved that children who receive prophylactic gamma globulin cannot develop an active immunity, but it has been suggested that its best use may eventually be in combination with a vaccine, so that an active immunity will be produced under the protective effects of the gamma globulin.

It is not the purpose or thought behind this editorial to criticize the scientific importance of the polio study. It is rather to present the problems that have arisen from its success, and to point out that the physician can expect trouble this coming summer if polio breaks out in his community. Parents quite understandingly will clamor for gamma globulin in view of the widespread publicity the experiment has obtained. It is going to be hard to have to say many times, "None available," and explain the situation that is certain to happen. Physicians can be of great help in obtaining donors by pointing out to parents requesting gamma globulin for their children the necessity for donating blood to the Red Cross. Few will hesitate to contribute to the supply of gamma globulin by giving a pint of their own blood when the situation is explained to them by their physician.

The solution of polio prophylaxis lies in the development of a vaccine for active immunization rather than temporary passive immunization from gamma globulin. While waiting for the development of a vaccine, it would seem that what is most needed is a practical test, analogous to the Schich test, for separating the immune from the non-immune children, so that the limited supply of gamma globulin will not be wasted. Neither is available despite the tremendous amount of research that has been done in this field.

From "Editor's Column"
The Journal of Pediatrics
February, 1953

MEETING

The Allegheny County Medical Society extends a cordial invitation to the members of the Mahoning County Medical Society to attend their Annual Meeting May 19, 1953 at the William Penn Hotel, Pittsburgh, Pa.

The scientific speaker will be Sir Alexander Fleming, discoverer of penicillin. Sir Alexander will also be the after dinner speaker. The time of the scientific paper will be 4:30 p. m. in the ball room of the William Penn Hotel. Dinner at 7:00 p. m. in the same room. Tickets \$8.00, including refreshments. Reservations for the dinner and hotel accommodations will be made by writing: Mr. Frederic W. Fagler, Executive Secretary, 225 Jenkins Bldg., Pittsburgh 22, Pa.

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PROCEEDINGS OF COUNCIL

April 13, 1953

The regular monthly meeting of the Council of the Mahoning County Medical Society was held at the office of the society on Monday, April 13, 1953.

The following doctors were present: V. L. Goodwin, president, presiding; J. D. Brown, S. W. Ondash, H. J. Reese, G. E. DeCicco, A. K. Phillips, C. A. Gustafson, W. M. Skipp, M. W. Neidus, I. C. Smith, A. Randell, comprising Council, and C. W. Stertzbach, L. S. Shensa and Mr. F. B. Powers, Counsel, were guests.

Dr. Gustafson stated that "inasmuch as every member had paid \$5.00 for each of the last three years for post-graduate day, and we have issued tickets only once, he proposed that we pay post-graduate day fee for those who go to the meeting at Canton this year, October 26."

No action taken.

Also, Dr. Gustafson stated, "We are not only the only county in the 6th District but the State of Ohio that takes Thursday off. To conform with the other County Societies, we should take Wednesdays off."

A motion was made, seconded, and duly passed that our members be given an opportunity to vote on their day off being Wednesday or Thursday.

Dr. Skipp reported on the activities of the Allied Professions with special reference to petitions on Youngstown Health Department.

Dr. Skipp also discussed legislative matters with particular reference to the Chiropractic Bill.

Our meeting place was discussed.

A motion was made, seconded, and duly passed to hold our meetings at the Elks Club for the balance of the year and that in the near future a ballot be sent out to the membership asking where they wish to meet for the year 1954.

The disposition of books now at the Youngstown Public Library was discussed.

The Secretary was instructed to contact Dr. Noll and obtain a list of the books and if there were four available, send one to the A.M.A. and post the other three in the hospitals. Any books not disposed of through these channels are to be destroyed.

Dr. I. C. Smith reported on the joint meeting of the committees for the study of the Red Cross blood program and Gamma Globulin, held on Tuesday, April 7, 1953. Dr. Smith presented an analysis of the problem which was prepared by Dr. Rappaport on the basis of considerable instructional material supplied by Dr. Rogers and Dr. Smith. The report pointed out the need for widespread publicity among the medical profession to fully define and explain the arrangements with the Red Cross. Upon recommendations of the joint committee, chairmen and members, Dr. Goodwin appointed the following committee to act as a clearing house for all professional, medical, edidemiological and publicity literature for general distribution to the profession and public. This joint committee to be empowered to issue such suggestions, rules, and regulations for efficient economic use of gamma globulin as it deems necessary, with the approval of the Council of Mahoning County Medical Society. Dr. A. E. Rappaport, Chairman; Dr. I. C. Smith, Co-Chairman; Dr. S. Shensa, Dr. E. A. Shorten, Dr. C. W. Stertzbach.

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Availability: BUTAZOLIDIN® (brand of phenylbutazone) is issued in yellow-coated tablets of 200 mg. and in red-coated tablets of 100 mg.

1. Steinbrocker, O.; Berkowitz, S.; Ehrlich, M.; Elkind, M., and Carp, S.: Paper read before the Annual Meeting of the American Rheumatism Association, Chicago, Ill., June 6, 1952.

2. Kuzell, W. C.; Schaffarsick, R. W.; Brown, B., and Mankle, E. A.: J.A.M.A. 149:729 (June 21) 1952.

3. Smith, C. H., and Kunz, H. G.: J. M. Soc. New Jersey 49:306, 1952.



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220 Church Street, New York 13, N. Y.

Dr. Shensa reported on the progress of his committee and asked for comments and suggestions. The committee is doing a fine job and was instructed to continue.

The following applications were read:

ACTIVE MEMBERSHIP

Dr. Paul Easton Ruth, 510 Dollar Bank Bldg., Youngstown, O.

Dr. James Lee Finley, Petersburg, Ohio

JUNIOR ACTIVE MEMBERSHIP

George L. Altman, 2138 Elm Street, Youngstown, Ohio

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

G. E. DeCicco, M.D.
Secretary

TOO EASY

"Entrance to county medical societies is too easy. No applicant should be admitted until he has familiarized himself with the Principles of Medical Ethics and passed an examination in them. He should also be told that the maintenance of his membership depends on his abiding by that code . . ."

The words are from an address given by A.M.A. President Louis H. Bauer at a dinner meeting of the House of Delegates and reported by the J.A.M.A., December 27, 1952, p. 1679.

The Norfolk Medical News has a further proposal. Prior to the examination, all applicants for fellowship should be required to attend at least one meeting of the district society to which they are applying. Such indoctrination might convince successful applicants of the desirability of regular attendance at district society meetings.

—Norfolk Medical News

MAN

This is the story of little Jimmy, who said, "Dad, please read to me." Father, himself absorbed in a book, must find a way to divert Jimmy's interests.

On Dad's desk under a plate glass is a map of the WORLD, which he cut up like a scattered jig-saw puzzle into more than a hundred pieces. Dad says, "Jimmy, you shall have a dollar if you put this map together", thinking that it will take the boy all evening to do so.

In less than an hour Jimmy tells his father that he has put the map of the world together. Dad questions this. Jimmy is insistent. Father looks, and there on the desk is the map of the world, every piece and parcel fitted and completed to perfection.

"Son, how did you do this so quickly, but particularly so well?" asks Father.

Jimmy says, "Dad, on the other side of the map was the picture of a Man. So, I put the Man together, and when I made the Man right, the World was right."

Nathan W. Shefferman

Shawnee County Medical Society, Topeka, Kansas

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DIAGNOSIS AND TREATMENT OF HYPERTENSION

Dr. Charles Wolfert

(Meeting of Mahoning County Medical Society and Youngstown Area Heart Association
Held on February 17, 1953)

Dr. Wolfert comments that the reputation of hypertension as a killer is not up to its accomplishment in that field. Many strokes and uremic deaths are merely end products of the process.

ETIOLOGY:

As many as 50 different causes have been proposed. Among these chief emphasis has been placed on hereditary and structural (organic) factors. Among the latter most work has been directed at renal, cardiac (coarctation), tumors, pituitary, and adrenal pathology. In the majority of cases the etiology is obscure.

TREATMENT:

Ideal treatment involves removal of the cause if it can be discovered, correcting the regimen of life, correction of obesity, and medical treatment. The medical treatment may include salt restriction, use of vasopressor drugs, sympathectomy, X-ray of adrenals and X-ray of pituitary.

The factors in blood pressure regulation may be chiefly hemodynamic, neurogenic or humoral; usually there is an interacting combination of all three.

Hemodynamic factors include knowledge and control of cardiac rate, systolic discharge, and peripheral resistance (arteriolar capacity, velocity of flow, viscosity of blood), arterial capacity, distensibility and blood volume.

Neurogenic factors in hypertension are the vessels themselves, pressor-receptors, cerebral, medullary and hypothalamic stimuli.

Drugs used in the diagnosis and treatment of hypertension are of four classes:

- Adrenolytic — e.g., dibenamine
- Pressorceptive — e.g., Veratrum
- Ganglionie — e.g., hexamethonium
- Central — e.g., Apresoline

In addition KCNS (potassium thiocyanate) whose action and effect are not certain but it does relieve headaches and has a questionable depression of the adrenals.

SURGICAL TREATMENT:

In the past 20 years has been sympathectomy. There is an amazing difference of opinion as to the indications for and results of this treatment, even after 20 years. Concurrence of opinion is found on improved eye ground changes and headache.

Humoral aspects are bound up by speculation. For example, the anterior hypophysis is a factor, proven by its removal and subsequent continual dropping of blood pressure in all 6 of one group to the point of expiration.

The adrenals also are proven factors: all Addisonian patients get low blood pressure, even if they were hypertensive before the onset of Addison's Disease. The few exceptions are either advanced renal or kidney disease.

Discussion on searches for a new attack against the medically hopeless hypertensives is based chiefly on humoral aspects.

In 1914 unilateral adrenalectomy was tried. Since that time several workers over the years have tried unilateral and bilateral subtotal adrenalectomy plus sympathectomy. Their plan was to induce some grade of adrenalectomy short of causing Addison's but adequate to reduce the blood pressure. Their effect has been about the same as a sympathectomy. Dr. Wolfert summarized the latest work along this approach as follows:

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1. Adrenalectomy is not adequate unless slight signs of insufficiency results.
2. If 10% of adrenal tissue is left there is no drop in blood pressure.
3. Subtotal adrenalectomy plus sympathectomy causes postural hypotension.
4. Subtotal may restore normal B.P. when sympathectomy failed.
5. Advanced renal disease does not work.
6. Much of the mortality in these cases is due to renal disease.
7. No deaths should occur from adrenal insufficiency due to the supportive therapy now available.
8. Congestive heart failure becomes much less severe, vision improved less headache.
9. Patients following this adrenalectomy treatment do lead useful lives. Business executives, M.D.'s, bricklayers, and housewives who previously had to give up their occupations have been able to resume them.
10. Many have lost their nervous tension, do not appear more depressed than the average patient, are no more liable to infection or get upset.

This is a progress report on early stages of investigative procedure on the obscure etiology of hypertension. It is advocated to help people who have nothing to which they can look forward. It is for people whose outlook has been hopeless. It is not hoped to be the treatment of choice for hypertensive cardiovascular disease.

Dr. F. Morrison

A.M.A. INAUGURAL CEREMONY WILL BE BROADCAST BY ABC

The American Broadcasting Company radio network will carry the inauguration of Dr. Edward J. McCormick of Toledo, Ohio, as President of the American Medical Association on Wednesday night, June 3, it has been announced by A.M.A. headquarters in Chicago.

The inaugural ceremony at the 102nd Annual Session of the A.M.A. in New York City will be heard over more than 300 ABC stations in this country, Alaska and Hawaii. Except for some local variations because of station program schedules, the inauguration will be carried at 10-10:30 p. m. in the Eastern time zone and 9-9:30 p. m. in all other time zones.

The actual inaugural ceremony will take place Tuesday night, June 2, in the Hotel Commodore, but it is expected that practically all radio and television time that night will be disrupted by special news and film programs on the coronation of Queen Elizabeth. It therefore will be necessary to transcribe the program for a delayed broadcast on Wednesday night.

Also originating from the A.M.A. New York meeting this year will be the popular "Dr. Christian" radio program, featuring the well known actor, Jean Hersholt. This program, which will be staged and transcribed Tuesday night one hour prior to the inaugural ceremony in the Grand Ballroom of the Hotel Commodore, also will be re-broadcast on Wednesday night. It will be carried by the Columbia Broadcasting System.

All physicians who will not be in New York for the A.M.A. meeting are urged to watch the radio listings in their newspapers for the local broadcasting times of the ABC inaugural program and the CBS "Dr. Christian" show, both on Wednesday night, June 3.

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KEEPING UP WITH A.M.A.

In the April issue of the *Bulletin* you have read a detailed report and summary of the March 14, 1953, Washington meeting of the House of Delegates. If it has missed your attention dig out the *Bulletin* and put it on your "must" for reading. The meeting was historical and as past-President Elmer Henderson said: "Here is our opportunity to rid ourselves of socializers."

The action of the House may be upsetting some of our principles but as Rep. Judd said: "At times we have to rise above principles."

This step will have to be watched very closely for fear we lead ourselves into socialism.

The House Committee in regard to Veterans Administration budget has been asked to clear a five million deficit. Fred A. McNamara told the Veterans Committee that V. A. asked for sixteen million seven hundred thousand dollars, but the Committee is considering a forty million cut, but the amount asked would help to compensate for a thirty-one million reduction in the medical department, but if Congress would make eleven million dollars additional available making up the sixteen million plus, the V. A. Director Joel T. Boone explained that the following could be carried out:

1. Lift the freeze on operations of older hospitals, obtain more staff and make more beds available.

2. Supply more money for home-town medical care service, which has been reduced in the last six months.

The House and Senate Defense Bill for extending the Doctor Draft Law has the following major provisions, in addition to redrafting of specialists as physicians, dentists, etc. The bill makes aliens eligible for service and stipulates that reserves who served more than a year on active duty in World War II may not be recalled for more than 17 months, and that those with a year or more of active duty since start of the Korean war may not be recalled at all during the two-year life of the bill.

Senators are pressing for early action on the Bricker Resolution S.J. Res. 1. The President has recently stressed that this constitutional amendment may interfere with treaties being made by the executive department of government, but is not actively opposing. The proposal calls for a constitutional amendment banning treaties and executive agreements that would abridge any domestic rights of American citizens. Senator Bricker (R., O.), who sponsors the resolution along with 63 other senators singled out the International Labor Organization as among the United Nations agencies working on treaties affecting American citizens. The senator commented that ILO's "modest ambition is to become the economic overseer of all humanity. He said his bill would make humanitarian treaties subject to two conditions: 1. No such treaty could be effective if it would undermine constitutional rights of American citizens, and 2. no such treaty would be effective if it would entrust the rights of American citizens to supervision of international agencies over which they exercise no control.

Organizations supporting are the A. M. A. and the American Bar Association. Opposition witnesses include the Association of the Bar of the City of New York, and B'Nai B'rith.

S. 967 (Taft, R., Ohio, and Hill, D., Ala.) Extension of Hill-Burton Act to extend Hospital Construction Act from June 1955 to June 1960.

H.R. 2838 (Elliott, D., Ala.) to set up \$128,000,000 annually for scholarships in all fields of higher education managed under the Commissioner of Educa-

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tion, grants not to exceed \$800 annually, student loan of \$600 annually, these to be insured by the federal government.

H.R. 2955 (Judd, R., Minn.) Draft credit for doctors. Under the present draft law, physicians are not allowed credit for military service performed prior to the time they enrolled in ASTP, V12 or other U. S. supported educational programs during World War II; if their subsequent service as physicians totals less than 90 days, they are placed in Priority I, if less than 21 months, in Priority II. Under this bill, such men could also count any earlier service in non-medical status, thus in many cases qualifying for Priority IV.

Commission set up to study taxes, social security: This commission, which is bi-partisan, is made up of Congressional, Federal and State and is to make an extensive study and recommend legislation on Federal-State relations in regard to taxes, health, and social security. This idea was advanced last November by General Eisenhower and Senator Taft. In Feb., 1953 the Commission met at the White House wherein governors, Congress, and the executive Dept., were represented. The President said: "This analysis should encompass not only the distribution of costs between the state and federal government but also the operation and coverage of the system itself. It is a proper function of government to help build a sturdy floor over the pit of personal disaster. However, we are equally committed to carrying out that great program efficiently and with greatest benefit to those whom it is designed to help."

Armed Forces to Reduce call on physicians, President announces. Instead of 1800 for April, May, June, 1200 will be called. But 1552 were called January, February, March.

Family Spending for Medical Care: Government statisticians estimate that the average urban family spent 4.7% of all its expenditures on medical care in 1952. The Bureau of Labor Statistics, which computes the monthly cost of living index, has divided total family spending as follows: 30.1% for food, 32.0 for housing, 9.7 for clothing, 11.0 for transportation, 4.7 for medical care (including health insurance costs), 2.1 for personal care, 5.5 for reading material and TV, and 5.0 for other goods and services.

S. 994 (Saltonstall, R., Mass., and Senators Hill, Knowland, Humphrey, Kefauver, Murray and Neely). Local Public Health Units. The bill would authorize grants of U. S. funds "as may be necessary . . . to the states to help establish and maintain fully-staffed local public health departments in all areas. Federal funds would be distributed to the states on a formula based on population and per capita income. To be eligible for aid, states would have to accept certain specific standards for their local public health departments. The Departments would be required to provide mental health service and such public health services as prevention and diagnosis of disease, control of communicable disease, health education, demonstrations, sanitation, vital statistics, personnel training and other aspects of preventive medicine, but they could not offer medical, dental, or nursing care except in the diagnosis or prevention of disease or the control of communicable disease or for the promotion, establishment, or maintenance of industrial accident prevention programs.

A state plan would have to assure: 1. An early extension of services to all areas; 2. Proper authority for local health officers; 3. Sufficient resources for each health unit; 4. Allocation of federal funds directly to local public health departments on an equitable basis; 5. Maintenance of good personnel standards; and 6. Filing of periodic reports with the U. S. Surgeon General. Federal expenditures could not exceed two-thirds of the total for any state and in no event could the U. S. share exceed \$1 per capita.



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Chicago Judge Assails V. A. Hospitals: During hearings on a divorce bill, a Chicago Superior Court judge, Donald S. McKinlay, lambasted veterans hospitals in no uncertain terms. He said they were havens for men without service-connected disabilities, who do not want to work, and promised he would seek to have admissions tightened up and the rules changed to limit patients to war-connected ailments.

Judge McKinlay's attack included a charge that veterans administration hospitals are "a big step toward socialized medicine."

A woman testified that her husband had been at Hines Veterans Hospital since last Oct. 20. He was suffering from a back ailment.

"There are far too many persons at Hines and other VA hospitals who do not belong there," the judge said.

Senate Committee warned against I.L.O. W. L. McGrath speaking for the U. S. Chamber of Commerce, warns Congress that the I.L.O. (International Labor Organization) has its sights set on enactment of socialistic laws, including socialized medicine, in each member country. Passage of the Bricker Resolution would help forestall this. Mr. McGrath represented the U. S. as an employer delegate at ILO meetings in Geneva. Philip B. Perlman, solicitor general of the U. S. from 1947 to 1952, testified against the resolution.

We, of the medical profession, have been informed of the ILO's activities by our good friend and Senator, John Bricker. His Resolution, sponsored by himself and 63 other Senators, would amend the Constitution so that treaties proposed by ILO and others like it would not supercede federal and state laws. This resolution, to date, is not receiving the wholehearted support of the President and Secretary of State Dulles because of fear of upsetting some procedures necessary to become law at once and should not become known to the public for secret reasons.

Mrs. Hobby Tells Committee of Her Personnel Problems in FSA. Federal Security Administrator Oveta Culp Hobby is the nominal director of 37,500 federal employees, yet in actual practice would find it extremely difficult to place her own people in key positions. Mrs. Hobby described her situation. When she took office she found there were only three positions open at that time for her own appointees, all carrying the title Assistant to the Administrator. She has filled one and abolished another. All other FSA positions—with three exceptions—are covered by Civil Service. The only key FSA officials not protected in their present jobs by Civil Service are the Surgeon General of Public Health Service, appointed by the President for a four-year term; and the heads of U. S. Children's Bureau and the Office of Education, all appointed by the President and serving "at his pleasure."

Mrs. Hobby said she lacks authority to dismiss any of her high ranking, policy-shaping subordinates carried over from Truman-Ewing regime. (Scalps of several of them have been demanded, not only to satisfy patronage but also because they are plugging away for compulsory health insurance and other purportedly socialistic reforms.)

Abuses Held Exaggerated: Robert M. McCurdy, National Rehabilitation Commission chairman, told House Veterans Committee that study made in four hospitals proves that critics have overstated abuse of privilege by veterans financially able to pay their own bills.

NEWS NOTE

The following local physicians attended the 34th annual meeting of the American College of Physicians at Atlantic City, N. J., April 12 to April 18: Dr. W. H. Bunn, Dr. J. P. Harvey, Dr. M. S. Rosenblum, Dr. L. K. Reed, Dr. F. Freidman, and Dr. D. B. Brown.

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YOUR DELEGATES REPORT

Your delegates to the annual sessions of the House of Delegates to the Ohio State Medical Association present the following report of the proceedings of those sessions.

The initial session of the House of Delegates was called to order by the President of the Cincinnati Academy of Medicine at 4 P. M., Tuesday, April 21. After a short address of welcome the meeting was then officially opened by Dr. H. M. Clodfelter, President of the Association.

In his short address, Dr. Clodfelter discussed past, present and future activities of the Ohio State Medical Association. He discussed the formation of county executive offices and the work of the State Executive Committee. He placed special emphasis on individual effort on the part of all physicians particularly with regard to public relations. He briefly reviewed the work of the practitioner and then envisioned the future of medical practice.

In outlining the attributes of the coming physician, he stated that good character was foremost, then followed by motivation and dedication and ability. Physicians, he stated, "must continue to maintain the high standards of medical care but they must also lead in all community matters. We should not hoard or bury our talents but should work unceasingly not only in the practice of our profession but in matters pertaining to the good of the community. Physicians in local societies should be active in all civic organizations and they should not only be cognizant of local and national policies but as citizens, should take their place resolving local and national problems for the common good."

The following resolutions were then introduced for consideration by the Resolutions Committee, headed by Dr. G. A. Woodhouse of Cincinnati:

RESOLUTION A was presented by Dr. W. M. Skipp, Youngstown, and **RESOLUTION D** was presented by Dr. R. L. Meiling, Columbus. Both resolutions took cognizance of the discrepancy in the procurement of physicians for military service in the present draft law as pertaining to physicians and resolved for their correction and improvement.

RESOLUTION B was presented by Dr. Richard D. Bryant, Cincinnati, which called for the appointment of a committee to explore in co-operation with local boards of health and the Department of Health of the state of Ohio, the feasibility of establishing a Committee on Maternal Deaths, whose function would be to study, analyze and report on all maternal deaths in Ohio.

RESOLUTION C was presented by Dr. Robert C. Rothenberg, Cincinnati. It called for the printing of every resolution submitted to the House of Delegates at the annual meeting of the Ohio State Medical Association for presentation to every delegate for study before action is taken upon the resolution.

RESOLUTION E was presented by Dr. Woodhouse, Miami County. It called for the establishment of definite policies regarding the attitude of the medical profession with regard to medical and hospital benefits for veterans.

RESOLUTION F was presented by Dr. Joseph Lindner, Cincinnati. It called for reimbursement to the county medical societies for expenses associated with the collection of dues for the A.M.A.

The second session of the House of Delegates was held at 1 P. M. April 23. A complimentary luncheon was held for delegates, officers and councilors. The final business session was called to order by Dr. Clodfelter, President.

Reports were presented by the Reference Committee on the President's Address and the Committee on Resolutions. The chairman of the Resolutions

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Committee presented its recommendations on the seven resolutions presented to the House of Delegates on Tuesday, April 21. The resolutions, with action taken in the consideration of each resolution, were as follows:

RESOLUTIONS A and D. It was the opinion of the committee that Resolution D covers all the basic points which should be considered in connection with this issue. Moreover, the committee was not in agreement with several recommendations made in Resolution A. Therefore, the committee recommended that Resolution A be tabled.

RESOLUTION D.

Whereas, The physicians of Ohio are sincerely interested in seeing that the members of the armed forces are provided with the best possible medical care, and

Whereas, They also are sincerely interested in the proper utilization of medical manpower in order that the civilian population likewise will have adequate medical care and treatment during this period of national emergency,

Be It Resolved, That the House of Delegates of the Ohio State Medical Association, in session, April 21, 22 and 23, 1953, in Cincinnati, Ohio, endorses the following recommendations for meeting this national issue:

1. Legislation should be enacted by the Congress providing for the extension of Public Law 779 (The Doctors' Draft Law) in amended form.
2. Inasmuch as the enactment of Public Law 779 was accomplished to meet the immediate needs of the armed forces at the beginning of the Korean affair, with full cognizance that such legislation was discriminatory in character, extension of the Doctor Draft Law should be limited to one year, namely to July 1, 1954.
3. Because the more than 30,000 physicians registered in Priorities 1, 2 and 3 are more than adequate to meet the medical manpower requirements of the armed forces for the period of July 1, 1953 to July 1, 1954, physicians who have had active duty (as defined by law) since September 1, 1939, in the United States armed forces and those of our allies during World War II, should not be held liable for registration and induction under the Doctors' Draft Law or to involuntary recall to active duty, except those physicians who are currently classified in Priority 1 and Priority 2.
4. Any legislation enacted should specifically extend the primary obligation of physicians now classified in Priorities 1 and 2, who are not called into service before July 1, 1953, the current expiration date of Public Law 779.
5. A 12 months' period of service should be established for those physicians who have had at least 12 months prior military duty since September 16, 1949.
6. Any new legislation enacted should obligate physicians covered by the basic Selective Service Act (P. L. 51—82nd Congress), known as the Universal Military Training and Service Act, for military service without permitting deferments because of dependency or marital status.
7. Provisions should be made for the recognition of military service since September 1, 1939, with countries which were allies of the United States during World War II and this provision should be made retroactive to September 9, 1950, the effective date of Public Law 779.
8. The present maximum age incorporated in the Doctors' Draft Law, namely, registration at age 50; obligation to serve until age 51, should be preserved.
9. The present concept of deferring physicians regardless of their

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priority classification if they are essential to the national health, safety or interest should be continued.

10. Legislative authority to establish national and state medical advisory committees to the Selective Service System should be continued.

11. In an effort to insure a more equitable utilization of medical manpower by the armed services, it is recommended that there be established a position as Assistant Secretary of Defense for Health Affairs. It appears that the proper way to provide for this would be by amendment to the National Security Act of 1947, as amended. In this connection, it is believed that a continuing, concerted effort should be made to effect a lowering of the present ratio of 3.0 physicians per 1000 troops.

12. Equalization pay of \$100.00 a month should be provided by legislation for all physicians who enter on active duty in the armed forces and the U. S. Public Health Service except those who may be inducted under the Doctor's Draft Law.

Further be it resolved, That copies of this statement should be transmitted immediately to Ohio's members of the Congress, Senator Taft and Bricker, and members of the Armed Services Committees of the House and Senate.

ACTION: Resolution D was approved by the House of Delegates.

RESOLUTION B

It had the unanimous support of the committee and the committee recommended its adoption.

Whereas, The medical profession is vitally concerned with maternal health and welfare, and

Whereas, Improvement in the care of mothers must be based on adequate knowledge of difficulties which arise, and

Whereas, Knowledge of the causes of maternal deaths is a basic factor in determining what improvement in maternal care is necessary,

Therefore Be It Resolved, That the Council of the Ohio State Medical Association be directed to appoint a committee, composed of members of the Obstetrical and Gynecological Societies of Ohio and representatives of other interested medical groups to explore, in co-operation with local boards of health and the Department of Health of the State of Ohio, the feasibility of establishing a Committee on Maternal Deaths, whose function would be to study, analyze and report on all maternal deaths in Ohio.

ACTION: Approved by the House of Delegates.

RESOLUTION C

The Committee was in agreement with the purposes of this resolution. It suggested minor changes in the wording of the final paragraph by deleting the word "presented" in lines 3 and 4 of that paragraph and the substitution of the words "made available," and by adding the following word "resolution" in lines 5 and 6 — "whenever feasible." The committee recommended the adoption of the resolution, as amended.

Whereas, it is assumed that every elected delegate to the Ohio State Medical Association annual meeting desires to do a conscientious job with full integrity; and

Whereas, only a few of the resolutions to be introduced in the House of Delegates are submitted for perusal in advance, leaving many resolutions to be verbally stated at the first of the two meetings of the House, without full opportunity for most of the Delegates to study the content of these resolutions and to digest it thoroughly; and

Whereas, this situation could be rectified by putting printed copies of

all resolutions into the hands of all delegates between the two meetings of the House of Delegates, now, therefore

Be It Resolved: That a copy of every resolution submitted to the House of Delegates at the annual meeting of the Ohio State Medical Association be presented in printed (mimeographed form to every delegate before action is taken upon the resolution.)

ACTION: Approved as amended by the House of Delegates.

RESOLUTION E

During the discussion of this resolution by the reference committee, it was emphasized that the questions covered by the resolution are of major importance not only to the medical profession but to the nation as a whole. The purpose of the resolution is to convey to the House of Delegates of the American Medical Association the views and opinions of the Ohio State Medical Association on these questions and to stimulate definite action at the earliest possible date by the House of Delegates of the American Medical Association on these matters.

The Reference Committee heartily endorsed this resolution and recommended its adoption.

Whereas, There is now pending before the Congress proposals to modify the present law relating to medical and hospital benefits for veterans, and

Whereas, Congress also has under consideration measures pertaining to the furnishing of medical and hospital care for the dependents of military and other government personnel, and

Whereas, these questions are of major importance to all parties directly concerned and to the major importance to all parties directly concerned and to the nation as a whole, and

Whereas, In the opinion of the House of Delegates of the Ohio State Medical Association, the American Medical Association should as soon as possible establish definite policies regarding the attitude of the medical profession on these issues, in order that members of the Congress may be advised of the views of the medical profession pertaining to such issues,

Be It Resolved:

1. That the House of Delegates of the Ohio State Medical Association, in session April 21, 22 and 23, 1953, in Cincinnati, Ohio, re affirm policies on these questions adopted by previous House of Delegates and The Council of this Association, as follows.

The Ohio State Medical Association believes that veterans, the same as all other citizens, are entitled to adequate medical and hospital care of the highest quality.

Ex-service men and women, whose disabilities are the direct result of military service, should be provided with such care at the expense of the Federal Government through the facilities of the Veterans Administration.

Ex-service men and women, whose disabilities are of non-service connected origin and who cannot themselves meet the costs of necessary medical and hospital care, should be provided with such care at public expense but such care should be supplied through regular state and local agencies established for such purposes.

The Ohio State Medical Association believes that the dependents of military personnel and civilian employees of the armed forces, the same as all other citizens, are entitled to adequate medical and hospital care of the highest quality.

Such dependents and civilian employees should be cared for by medical officers of the armed forces only in cases of emergency or in military areas

where proper and adequate services cannot be supplied by civilian physicians and adequate hospital services cannot be furnished by civilian hospitals.

Such dependents and civilian employees who cannot themselves meet the costs of necessary medical and hospital care, or who do not have benefits provided by voluntary medical and hospital insurance programs, should be provided with such care at public expense. Care furnished to them at public expense should be supplied through regular state and local agencies established for such purposes.

Physicians should be encouraged to discuss with the members of the armed forces and their families, their economic status, and endeavor to work out with them a financial arrangement which would not impose a hardship on such families, even to the extent of providing services without reimbursement should that be necessary.

2. That this House of Delegates instruct Ohio's delegates to the American Medical Association to present these recommendations to the House of Delegates of the American Medical Association at the annual session of the American Medical Association in New York City, June 1-5, 1953.

ACTION: Approved by the House of Delegates.

RESOLUTION F The committee, by a majority vote, approved the resolution with the following amendment: That the final paragraph of the resolution be deleted and the following paragraph be substituted:

"Be It Resolved, That the Ohio State Medical Association request the American Medical Association to reimburse state medical societies annually in an amount of not less than 3 per cent of the total amount of A. M. A. dues remitted by them annually to the A. M. A. in order that local medical societies may be reimbursed, on request for expenditures incurred by them in collection of A. M. A. dues."

The Committee recommend the adoption of Resolution F, as amended.

Whereas, the county medical societies of the State of Ohio are collecting American Medical Association dues, which are, in turn, certified to the Ohio State Medical Association for recertification to the American Medical Association; and

Whereas, the procedure of dues collection for the American Medical Association involves considerable additional expense for county medical societies, thereby creating an extra financial burden and the expenditure of funds collected from members of local medical societies, some of whom are not members of the American Medical Association; and

Whereas, the officers of the local county medical societies are compelled to use the funds collected as dues from all members of their society for expenditures incurred in behalf of the American Medical Association, now therefore,

Be It Resolved: That the Ohio State Medical Association request an adequate allowance of funds from the American Medical Association in order that local county medical Societies may be reimbursed for the expenditures incurred in the collection of dues for the American Medical Association.

ACTION: The Resolution was tabled and then untabled by a $\frac{2}{3}$ vote. After considerable discussion it was rejected by the House of Delegates.

RESOLUTION G

Be It Resolved: That assignments or payments from the Ohio Medical Indemnity, Inc., be made to the subscribers' physicians or to the subscriber and his physician as co-assignees.

The committee was advised that Ohio Medical Indemnity has no legal authority to pay benefits to a physician directly, inasmuch as Ohio Medical

Indemnity contracts are specific contracts between O. M. I. and the individual subscriber,

The committee was advised that at the present time, when properly drawn assignment blanks, carrying the signatures of the subscriber and the physician, are received by Ohio Medical Indemnity, the name of the physician as well as the name of the subscriber are carried on the check issued for payment of the indemnity. Such checks must be endorsed by both the subscriber and the physician.

For reasons stated above, the committee recommended that this resolution not be adopted.

ACTION: The resolution was rejected by the House of Delegates.

The next order of business was the election of the President-elect. Dr. Merrill D. Prugh, Dayton was unanimously elected to that position.

(a) Election of members of the Council:

Second District: Dr. G. A. Woodhouse, Dayton.

Fourth District: Dr. Paul F. Orr, Perrysburgh.

Sixth District: Dr. Carl A. Gustafson, Youngstown.

Eighth District: Dr. Robert S. Martin, Zanesville.

Ninth District: Dr. Carter L. Pitcher, Portsmouth.

Tenth District: Dr. Edwin H. Artman, Chillecothe.

(b) Present incumbent Delegates are Drs. W. M. Skipp, G. A. Woodhouse, H. B. Wright and C. Lincke.

Dr. Paul A. Davis was then installed as President. In his brief address he summarized major objectives to be achieved during the coming year and asked for full co-operation of every physician. He also announced committee appointments.

Ondash — Skipp

MAY MEETING

combined with

Mahoning Tuberculosis Sanatorium Staff

Speaker:

DR. CLAUD S. BECK

Professor of Cardiac Surgery,
Western Reserve Medical School

Subject:

"OPERATIONS FOR CORONARY HEART DISEASE"

Time:

6:30 P. M. — Dinner Meeting

MAY 19, 1953

Place:

**MAHONING COUNTY TUBERCULOSIS SANATORIUM
4880 Kirk Road**

DINNER DANCE

Mahoning County Medical Society
and
Corydon Palmer Dental Society

SATURDAY, MAY 16, 1953

Youngstown Country Club

Dancing 9:00 P. M. until 1:00 A. M.

Cocktail Hour 6:15 P. M. to 7:00 P. M.

Dinner 7:00 P. M.

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

OSMA CONVENTION BRIEFS:

..... Over 1,275 physicians attended the annual meeting of the Ohio State Medical Association held at the Netherland Plaza Hotel in Cincinnati, Ohio, April 21-23.

..... A pre-convention meeting especially designed for officials and chairmen certain county society committees was held on Monday afternoon, April 20.

..... Dr. W. M. Skipp, County Delegate and AMA Delegate was a member of the Committee on Nominations. As usual he gave a splendid account of himself and represented our Society at many conferences and committee meetings.

..... Dr. C. A. Gustafson, who was serving the unexpired term of Dr. Davis as Councilor of the Sixth District, was re-elected as Councilor of the Sixth District.

..... Dr. S. W. Ondash, one of your Delegates, was named to the Committee on Elections by Dr. Clodfelter, OSMA President.

..... Among local men seen at the Cincinnati meeting and we may have overlooked some, were: Drs. C. A. Gustafson, W. M. Skipp, E. J. Reilly, F. A. Friedrich, S. W. Ondash, J. S. Goldcamp, J. L. Scarnecchia, W. L. Mermis, A. K. Phillips, V. L. Goodwin, R. J. Heaver, I. C. Smith, P. J. McOwen and J. B. Birch.

..... One hundred eight Delegates attended the final session of the meeting of the House of Delegates held on Thursday, April 23, at 4 p. m.

..... Craig Wright, a senior student at the Ohio State School of Medicine and winner of the first OSMA Scholarship, briefly addressed the House of Delegates and proffered his thanks for the assistance in completing his medical studies. He finished eighth in his class and proved himself as a wise choice for the scholarship.

..... The talk on "Doctors and The Military Situation" provoked a great deal of discussion at the Conference of County Society Officers and Committee Chairmen. The Military Resolution passed by the OSMA embodied all but two details of our local Society Resolution. The Resolution passed was more comprehensive and, in our opinion, a good one.

..... The banquet held on Wednesday was excellent. It was well attended and the floor show was well received. Many friendships across the State were renewed.

..... 1954 OSMA meeting will be held in Columbus, Ohio. Better make hotel reservations early for this one!

..... The exhibits were excellent and well attended. A former local Dr. Leighninger corroborated with Dr. Claude Beck, in a cardiac surgery exhibit which took second award.

..... The Clinical Sessions were well attended, kept to time limit and were worth while.

..... Many of our ladies attended the annual meeting of the Women's Auxiliary at the Hotel Sheraton-Gibson. Several took a prominent part in the activities of the Sessions. Mrs. Craig Wales, State chairman of Civil Defense, was moderator of a panel on Civil Defense. Mrs. W. O. Mermis, President of our Auxiliary presented a paper "The History of our National Auxiliary." Mrs. O. W. Haulman served on the Program Committee of the Ohio State Heart Association.

..... Among committee appointees for the coming year were, Mrs. W. O. Mermis, member of the Nominating Committee for State Officers, Mrs. W. E. Maine, chairman of the State Committee on Radio and Visual Education, and Mrs. W. H. Evans, chairman of the State Committee on Public Relations.

YOUNGSTOWN HOSPITAL ASSOCIATION LABORATORY NOTES

Heterophile Agglutination Tests

Until recently, it had been the policy of the Youngstown Hospital Association Laboratory to employ the Davidsohn modification of the Paul-Bunnell Test for Infectious Mononucleosis. This test is based on the agglutination of sheep red-blood cells by the heterophilic antibodies of the serum of patients with Infectious Mononucleosis. It must be stressed that this modification is only a presumptive test.

In order to afford a more reliable laboratory diagnosis of this condition, the Serology Department now employs the Davidsohn Differential (confirmatory) technique.

The principle underlying all tests for Infectious Mononucleosis is the fact that the heterophilic antibodies (antisheep agglutinins) in Infectious Mononucleosis are not of the Forssman type. They are not absorbed by suspensions of guinea-pig kidney but are readily and completely absorbed by beef red cells. The heterophilic antibodies in normal persons, or following horse-serum sensitization, and in a variety of other conditions, are of the Forssman type and are readily absorbed by suspensions of guinea-pig kidney. In horse serum sensitization, absorption with beef cells removes the sheep agglutinins whereas in normal persons and in patients with diseases other than Infectious Mononucleosis or horse serum sensitization, sheep agglutinins are frequently removed only partially by the beef cell antigen.

The differential confirmatory test for Infectious Mononucleosis is positive and diagnostic if the titer of antisheep agglutinins after absorption with guinea-pig kidney is not more than three tubes lower than the titer of the presumptive test. Accordingly, a report of a presumptive test of 1:224 may be negative for Infectious Mononucleosis unless the confirmatory test registers a titer of at least 1:28. A condition which may give the aforementioned so called "false" presumptive test is Serum Sickness and is also present at times in serum of normal individuals.

In the future it will be the policy of the laboratory to report all Heterophile Agglutinations according to the following examples:

1. e.g. Heterophile Presumptive—1:224—Positive.
Heterophile Confirmatory—1:112—Positive.

This proves that the patient does have Infectious Mononucleosis.

2. e.g. Heterophile Presumptive—1:224—Positive.
Heterophile Confirmatory—1:14—Negative.

This proves that the patient does not have Infectious Mononucleosis.

Confirmatory tests will be performed on all serums of patients having a titer with a presumptive test of 1:28 or higher.

A. E. Rappoport, M.D., Pathologist
J. Parrott, M.T., Serologist

ST. ELIZABETH'S HOSPITAL STAFF MEETS

The regular monthly staff meeting of the St. Elizabeth Hospital was held on Tuesday, April 7, 1953. Meeting was called to order at 8:40 p. m. by Dr. T. K. Golden, Vice Chief of Staff.

1. The minutes of the last meeting were read and approved.
2. The medical session consisted of the following cases:
 - a. Addison's Disease—presented by Dr. G. Skorey; discussed by Dr. B. Taylor and Dr. M. W. Neidus.
 - b. Ruptured uterus in abdominal pregnancy presented by Dr. A. Calder.

3. Committee chairmen were polled for reports.
 - a. Dr. R. B. Poling reported "gripe" committee will meet next week to discuss suggestions and grievances from the staff.
4. The Executive Committee meeting notes of March 1, 1953 were read. It was noted that no executive committee meeting was held on April 5, 1953, as it was Easter Sunday.
5. Dr. L. S. Shensa reported that the American Red Cross reports that no local person can draw blood from the Red Cross blood bank, although donors from Trumbull County in our local hospital may obtain blood because of a different set-up.
6. Dr. I. C. Smith discussed the use of gamma globulin locally during the coming polio season.
7. Dr. S. D. Goldberg moved that the Friday morning clinic hour be changed from 11:00 a. m. to 8:00 a. m. Seconded by Dr. J. A. Renner. Passed.
8. In the absence of further business meeting was adjourned at 9:25 p. m.

H. J. Reese, M.D. Secretary

THE YOUNGSTOWN HOSPITAL ASSOCIATION STAFF MEETING

April 7, 1953

The April meeting of the Youngstown Hospital Staff was called to order at 8:30 P. M. April 7th, 1953 by the President, Dr. G. G. Nelson. The minutes of the previous meeting were read and approved. The vital statistics for March were read and approved.

Dr. Rappaport spoke about the aspect of blood collection in Mahoning County. Blood for private patients not supplied by Red Cross. Mahoning County is in defense category only.

Gamma globulin will be much in the news in the near future.

Dr. Lupse presented a paper on some of the common tumors of the ovary. This was illustrated with slides.

Dr. Brown reported for the record committee. A large number of charts are behind. Records must be kept up to keep the hospital standing.

Dr. Klatman spoke about the new library.

E. C. Baker, M.D. Secretary

WOMAN'S AUXILIARY TO THE MAHONING COUNTY MEDICAL SOCIETY

About 250 high school girls, who are considering nursing as a profession, were entertained as guests at an afternocn tea at the Tod Nurses' Home, Gypsy Lane, with members of the Auxiliary presiding as hostesses.

The girls were taken on a tour of the North Side Hospital and Nurses' Home, with Miss Muriel Dunlap, director of Nursing Education at Youngstown Hospital, in charge. Miss Dunlap explained the details of nursing service to the youthful prospective nurses. Mrs. D. M. Rothrock and Mrs. Dean Nesbit were in charge of the program, which was concluded with a delightful social period when tea was served.

Pouring were Mrs. W. O. Mermis, president of the Auxiliary; Mrs. H. P. McGregor, Mrs. E. H. Jones, Jr., Mrs. William E. Maine, and Mrs. E. M. Thomas. In keeping with St. Patrick's Day, the theme was green and white, the table lovely with flowers and silver.

AUXILIARY MEETS

The regular monthly meeting of the Auxiliary was held at 12:30 o'clock at the Women's City Club with 35 members attending. After luncheon and a social period, Mrs. Fred Coombs, program chairman for the afternoon, introduced Mr. Robert Hay, Director of Civilian Defense for Youngstown and Mahoning County. He realistically related in detail his experiences when he attended the atomic bomb explosion held recently in Nevada. After Mr. Hay finished his talk, members asked many questions concerning preparedness for such an atomic attack.

The business meeting was called to order by Mrs. W. O. Mermis, the Secretary's reports were read for February and March by Mrs. George Cook in the absence of Mrs. M. M. Szucs, and the Treasurer's report was given by Mrs. J. M. Benko. The correspondence was read by Mrs. C. Wales in the absence of Mrs. L. Weller. The minutes of the executive board meeting held on April 6th were read by Mrs. George Cook.

The following committee reports were given:

Legislation—Mrs. F. Schellhase for Mrs. F. Schlecht

Program—Mrs. Wm. Maine

Recording Secretary—Mrs. George Cook for Mrs. M. M. Szucs

Social Chairman—Mrs. George Cook

Publicity—Mrs. A. E. Rappoport

Telephone—Mrs. A. Goudsmit

Membership—Mrs. S. Zoss

Today's Health—Mrs. F. G. Kravec

Nurses' Scholarships—

St. Elizabeth's Hospital—Mrs. J. J. Wasilko

Youngstown Hospital—Mrs. C. Wales for Mrs. L. Weller

Public Relations—Mrs. W. Hardin for Mrs. E. A. Shorten

Radio and Visual—Mrs. A. Goudsmit

Credits and Awards—Mrs. L. G. Coe

A motion was made by Mrs. Wm. Maine to include money left from the uniforms of a scholarship student at St. Elizabeth's Hospital, in the total sum left from other student scholarships. This was seconded by Mrs. C. Wales and passed.

Mrs. W. O. Mermis extended her thanks to her officers and committee chairmen for their cooperation and assistance during her term of office.

The Nominating Committee presented the following slate of officers for next year:

President-Elect—Mrs. Ivan Smith

Vice President—Mrs. Stephen Ondash

Recording Secretary—Mrs. Charles Stertzbach

Corresponding Secretary—Mrs. Asher Randell

Treasurer—Mrs. George Cook

Mrs. R. B. Poling made a motion that the nominations be closed and the Secretary be instructed to cast a unanimous ballot for the slate presented by the nominating committee. It was seconded by Mrs. Fred Coombs and passed.

There was no old business and under new business Mrs. Wm. Maine and Mrs. Dean Nesbit were appointed as alternates to attend the convention of the Ohio State Medical Auxiliary in Cincinnati on April 20-22.

Members also approved the President's suggestion that gifts be purchased for Miss Ella Maag, of the Vindicator, and Mrs. Mary Herald, of the Medical-Dental Bureau, for their cooperation during the year.

Mrs. A. E. Rappoport, Publicity Chairman

DOCTORS SUFFER FROM "MEETINGITIS" —Medical Journal Cites Family Neglect

The State Medical Society offered a prescription for what ails most doctors—the problem of too many meetings.

One way to remedy the occupational disease which leads to lack of leisure and family neglect is to cut down on the number of medical meetings, the Society declared.

Has Become Problem

"The number of meetings which many doctors are called upon to attend has become a problem and a subject for open discussion," said an editorial in the Society's official Pennsylvania Medical Journal.

"It has been a matter of private concern and discussion among doctors and their neglected families for some time.

More Time on Job

"The average doctor spends more time on the job than the average business man, clerk or other professional man, leaving less time than his neighbor has for recreation, social hours with friends, church and civic affairs and other pursuits."

The editorial was signed by Dr. Wendell B. Gordon of Pittsburgh, who is a director of the Allegheny County Medical Society.

The article said the "great majority of medical meetings" already "are very poorly attended."

"The reasons are obvious," it stated. "The doctor is too busy, is already neglecting too many other duties and persons—and there are too many meetings."

The editorial urged that the number of medical meetings, including hospital staff conferences, be reduced and that the programs be enlivened with "social innovations such as food, music, etc."

"Where it has been tried," the article said, "there has been a larger attendance and more enthusiasm displayed."

TAX DECISION

The U. S. Circuit Court of Appeals, Second Circuit, New York, recently handed down a decision which is of considerable importance to the physician so far as federal income tax is concerned.

For a number of years, the A.M.A. House of Delegates, the Board of Trustees and individual physicians have expressed concern over a ruling of the Commissioner of Internal Revenue that expenses incurred by a physician in pursuing postgraduate medical education were personal in nature and, therefore, not deductible for income tax purposes.

As J. W. Holloway, Jr., director of the A.M.A. Bureau of Legal Medicine, has said many times: It has been extremely difficult to understand the validity of such a ruling because of the fact that physicians have been permitted to deduct, for income tax purposes, the costs of attending medical meetings, of subscriptions to scientific publications, and of dues paid to medical organizations—all of the expenses being incurred by physicians to keep their "stock in trade" up to date.

Mr. Holloway has contended that if expenses of the kind enumerated were allowable, it is difficult to appreciate what distinction could logically and legally be made between them and the costs incurred by a physician in attending a formal course offered to keep him up to date in the advancement of procedures of essential value to him in the treatment of his patients.

As a result, the A.M.A. Board of Trustees authorized employment of special tax counsel to pursue this matter, in behalf of the A.M.A., to a final conclusion.

An effort first was made to induce the Commissioner of Internal Revenue to review his earlier decision declaring non-deductible expenses of this sort, but the commissioner refused, holding to his previous decision.

During the course of the study of this matter, however, it was learned that there was pending before the U. S. Tax Court a case in which a lawyer, named Coughlin, had been denied the right to deduct expenses incurred by him in attending postgraduate courses on taxation. In view of the fact that the issue involved in the lawyer's case was quite similar to the issue in which medicine was interested, the A.M.A. filed in that case a brief as amicus curiae. The Tax Court, however, held against the taxpayer, Coughlin, and an appeal was made to the U. S. Court of Appeals; the A.M.A. again filed a brief.

Oral arguments in the case before the Appellate Court were heard on March 11, 1953. Last week — April 14 — the court reversed the decision of the U. S. Tax Court, holding, in effect, that the lawyer could deduct, for federal income tax purposes, the expenses incurred by him in taking a postgraduate course dealing with taxation.

The A.M.A. Bureau of Legal Medicine now plans to confer with its tax counsel this week and an explanatory story of the doctor-implications in the Coughlin case will be prepared for publication in a forthcoming issue of the Journal of the A.M.A.

No. 254—April 22, 1953

Secretary's Letter, A.M.A.

Health Department Bulletin

CITY OF YOUNGSTOWN

REPORT FOR MARCH, 1953

	1953	Male	Female	1952	Male	Female	
Deaths Recorded.....	253	140	113	208	129	79	
Births Recorded.....	612	326	286	483	254	229	
CONTAGIOUS DISEASES		1953	Cases	Deaths	1952	Cases	Deaths
Chicken Pox.....		124		0		72	0
Measles.....		119		0		192	0
German Measles.....		1		0		6	0
Mumps.....		127		0		8	0
Ep. Meningitis.....		0		0		1	0
Scarlet Fever.....		5		0		7	0
Whooping Cough.....		1		0		5	0
Tuberculosis.....		20		3		0	2
Inf. Hepatitis.....		7		0		0	0
Gonorrhoea.....		30		0		34	0
Syphilis.....		15		0		21	0
Chancroid.....		1		0		0	0
VENERAL DISEASES							
New Cases		Male	Female				
Syphilis.....		4	5				
Gonorrhoea.....		13	9				
Total Patients.....						31	
Total Visits to Clinic (Patients).....						261	

CONFERENCE OF COUNTY SOCIETY OFFICERS AND COMMITTEE CHAIRMEN . . . OSMA

A conference of County Society Officers and Committee Chairmen was held at the Netherland Plaza Hotel, Cincinnati, Ohio, on Monday afternoon, April 20, 1953. The meeting was preceded by a complimentary luncheon which was attended by officers and Delegates. The following represents brief abstracts of the talks presented before the assembly as recorded by your Delegates, Drs. W. M. Skipp and S. W. Ondash.

"DOCTORS AND THE MILITARY SITUATION", was presented by Mr. C. Joseph Stetler, Secretary, Council on National Emergency Medical Service, American Medical Association, Chicago.

Changes in the proposed extension of the doctors' draft law were recommended by C. Joseph Stetler, who was to testify before the House of Representatives Armed Services Division regarding Bill H. R. 4495, which was introduced by Representative Dewey Short (Mo.), chairman of the Armed Services Committee. Mr. Stetler stated that the American Medical Association favors extending the law only one year instead of two years recommended by Short. The Association believed, he said, that the need for such a law can be removed within a year. It suggests creating a more effective volunteer officer procurement program.

Further, it recommends a greater utilization of civilian contract physicians. These are doctors serving the community who are used by adjacent military bases.

The AMA, Stetler said, also favors curtailment of non-military medical care which now is being furnished as a matter of convenience in areas where adequate civilian health personnel and facilities are available. Finally, the AMA urges more effective use of doctors already in uniform.

The present draft law, Stetler pointed out, states that doctors are liable for military service up to the age of 51. He added that this works a hardship in the case of older men, established in a community, affecting not only the doctors but especially the people they serve. The AMA would propose that the required period of service be reduced from a 24 to a 17 month maximum.

"MEDICAL AND HOSPITAL CARE PROGRAMS FOR RECIPIENTS OF PUBLIC ASSISTANCE" was presented by Mr. Robert Canary, Chief, Division of Social Administration, Ohio Department of Public Welfare, Columbus.

"There is one law that covers the Public Welfare to all the citizens of the State. It covers the 88 counties and also the cities and is a good law. It is not close to a uniform law, its first duty being to the recipient. The local Medical Society must have an Advisory Committee which will act as a liaison medium between the Society and the Agency. The Committee should consist of one or more physicians. Emergency hospital admittance must notify Welfare Department within 72 hours. This cannot be changed by the local administrator because law so specifies. There are two taxes collected for relief purposes, (1) utility tax, which is permanent (2) one set up by the Legislature every 2 years. The state matches the County outlay and no surplus can be accumulated.

The Society should set up a fee schedule which will be followed by Department, the Department eliminating contract practice with the Physician.

The emergency care problem is a troublesome problem, if the indigent is from another county or state, he should be returned, but if any emergency, resident county must pay for care in the county in which care is given. It

is the duty of the county rendering service to collect from indigent's resident county. There is twice as much paid for Hospital care as there is for medical care.

The County Welfare Director must pay for medical obligations but it is better that the Medical Society work out a program so both parties have a complete understanding, and the welfare director should not set up borrowers or red tape in collecting fees.

There are medical indigents who can pay for food, rent, clothing, etc. — but medical falls short, so Director is to take over here.

It is a problem, how to take care of hospital expense, but insurance cannot be taken out to cover this cost, such as Blue Cross or Blue Shield.

One half of all money spent is for hospital and medical care, but a medical indigent does not have to sell his car or mortgage his home to cover hospital or medical care.

The permanently disabled and the aged are not properly cared for; at present there are 6000 of these. Now there is not enough money to do a good job. At present there is not enough money paid for proper examinations.

These programs must be given support by County Societies leading the way with an advisory committee composed by laymen and physicians. The medical care of the Aged should be paid from Relief Funds.

In 75 Counties relief pays for all kinds of service, on a minimum fee schedule, medical and surgical included."

"MEDICAL AND HOSPITAL CARE PROGRAMS FOR RECIPIENTS OF THE AID FOR THE AGED" was presented by Mr. Marion W. McIntyre, Chief, Division of Aid for the Aged, Ohio Department of Public Welfare, Columbus.

"The Department has no more trouble with undertakers than with physicians. There are 705,000 persons in Ohio over 65 years of age. 110,000 are on aid, one of our own profession, age 94, is on aid.

In 1946 the \$200.00 annually was set up for medical and hospital care. We know it is not enough but it is in the law. This is paid to the recipient, also in law.

The fee schedules were set up by Committee of OSMA, ODA and The Ohio Hospital Association. A balance cannot be carried from one year to another. All bills must be paid in 90 days after service, or at the close of each year if service is ended or not.

All bills must be itemized according to law and in triplicate.

This is not enough money to carry on all the medical and hospital services necessary for aged.

Some County Administrators are not following State Law or Directives. These discrepancies should be reported to the State Administrator at once."

"STATE AND FEDERAL LEGISLATION" was presented by Mr. Charles S. Nelson, Executive Secretary, Ohio State Medical Association, Columbus.

Mr. Nelson gave his views on several bills. The Chiropractic bill is one which we all opposed. There also is a bill that would abolish all Boards; this a general surge throughout the country. It must be fought.

No professional Board should be put in the political Bureau. All salaries should be increased to get good men at head.

Mr. Nelson discussed a law which would permit local communities to levy a long time tax and thus stop the federal money now being used for our Public Health, both state and local.

The proposed licensuring of hospitals should be passed.

The Nursing Bill covering practical nurses should be passed.

PHYSICIANS IN CIVIL DEFENSE

The following is an outline of an address given by Dr. John D. Porterfield, Ohio Director of Health, at the Annual meeting of the American College of Surgeons, held in Cincinnati on January 19.

If an atomic bomb such as the type dropped on Hiroshima were dropped in the center of any one of our target cities in Ohio, most, if not all of the major hospitals in that city would be damaged beyond utilization.

The Problems

We who are responsible for planning to cope with such emergencies are faced with many sided problems.

- Distribution of professional personnel
- Buildings to provide adequate shelter
- Procurement of supplies and equipment

Facilities for Emergency Medical Services

First Aid Station

Casualties will be brought into solidly constructed first aid stations . . . Streets must be clear enough to allow the approach of trucks and ambulances . . . Patients should be screened at the first aid station, and placed into the following categories:

- Hopelessly injured
- Injured
- Uninjured

Screening of patients will be extremely important at these installations . . . The hopelessly injured will not be evacuated to improvised hospitals during the emergency period . . . Among the serious, but not hopelessly injured, priority for evacuation will be given to patients suffering from:

- Intra-abdominal injuries
- Extremity wounds requiring tourniquet including major traumatic amputation
- Intra-thoracic injuries
- Injuries with severe crush or laceration of muscle
- Head and spinal cord injuries

Improvised Hospitals

Patients being received here from first aid stations will be given initial surgery with further efforts in resuscitation and measures to prevent infection. For most wounds the latter will consist of:

- Debridement
- Removal of foreign bodies
- Hemostasis
- Application of dressings and splints

Reparative surgery including definite immobilization of fractures, wound revisions and secondary sutures may be delayed for 4-10 days . . . Transportable patients will be moved to other locations for reparative and reconstructive surgery.

Treatment and Responsibilities**First Aid Station****Physicians**

- Start emergency treatment for seriously injured
- Supervise treatment generally, if time permits
- Direct disposition in doubtful cases

Assistants

- Give first aid to all
- Complete identification and treatment tags
- Keep records of all patients
- Arrange for evacuation

Treatment

Therapy begun by rescue workers at the scene of the injury will be carried out largely at first aid stations . . . Treatment for burns, trauma, shock, and hysterical reactions will be major problems in the first hours following a bombing . . . Except with overwhelming dosage, symptoms of radiation injury will appear later . . . Care will be given to most important things first.

- Hemorrhage controlled
- Air ways made free
- Pain relieved
- Treatment of shock begun with blood, if available, or with plasma, or plasma volume expanders.
- Sucking chest wounds closed
- Splints and dressing applied
- Tetanus prophylaxis administered
- Chemotherapy initiated

Improvised Hospital

Personnel at these installations will be responsible for secondary treatment . . . Pre-operative X-ray examinations with films available to operator will be highly desirable.

Treatment

Anesthesia. General anesthesia is preferable where feasible.

- Ether by drip method
- Sodium pentothal in operations of short duration and in the cases of burns or tissue damage about the facial areas, but not in the seriously wounded.
- Local nerve block or regional blocks with 1% procaine containing not more than 1 drop of adrenalin (1:1000) to the ounce is satisfactory in some cases. However, adrenalin should not be added to procaine, if it is to be used on fingers, toes, ears, nose, scrotum, or when cyclopropane anesthesia is to be used.
- First aid dressing removed
- Sterile gauze dressing placed in wound and surrounding skin shaved and washed, using soap or detergent containing hexachlorophene.
- Wound washed to remove gross dirt if indicated.
- Debridement, removal of foreign bodies, hemostasis, and proper dressing
- Chemotherapy initiated at first aid station will be continued.

Improvisation

Improvised Hospitals . . . Buildings located in suburban and rural areas around target areas. These buildings should have large rooms, wide corridors and stairways, adequate plumbing, laboratory facilities, and other features considered suitable to establish a good hospital.

Improvised Techniques . . . Surgeons operating in temporary hospitals may have to improvise because of the possibility that the following will be non-existent:

- Aseptic conditions
- Good sterilization technique
- Gowns, masks, and caps
- Specialized types of instruments
- Proper lighting

Standardization of Treatment Procedures

Necessary in order to:

- Prepare instruction manuals for auxiliary personnel
- To stockpile enmasse.



A doctor's wife wrote the following:—

"IF I WERE MARRIED TO A DOCTOR"

If I were married to a doctor, I would say to him,
 Be better and nobler than others have been;
 Be fair and square to those in distress,
 Be noble in failure and be meek in success;
 Be honest and fearless in all that you do,
 And honor the oath of Hippocrates which has been given to you.
 If I were married to a doctor I would want him to know,
 That as he gives of himself the bigger he grows;
 Compassion evidences all of his words and deeds,
 Regardless of race, or color or creeds.
 I would pray for him and show him the best that I could,
 That to be helpful to mankind is rewarding and good;
 I'd share in his troubles and share in his pleasures,
 And together look to God for Eternal treasures.
 We'd protest injustices here and abroad, and then,
 With others fight for the freedom of all men.
 And oh! what a wonderful joy it would be,
 No enjoyment in life could be greater to me.

Bulletin, The Orleans Parish Medical Society, Louisiana

FROM THE BULLETIN*J. L. Fisher, M.D.***TWENTY YEARS AGO—MAY, 1933**

The registered attendance at Post-Graduate Day last month was 363 for the program put on by the group from Memorial Hospital. A full house was reported at Westminster Church in the afternoon when Dr. Burton J. Lee addressed the Federated Women's Clubs. At the dinner that evening at the Youngstown Club there were 349 doctors to hear Dr. James Ewing speak on the Diagnosis and Treatment of Cancer.

Earlier in the month there was a special meeting of the Society for papers given by local talent. Those appearing on the program were: J. E. Keyes, E. E. Kirkwood, John Heberding, R. R. Morrell, F. W. McNamara, Saul Tamarkin and E. C. Goldcamp.

For the regular May meeting it was announced that Dr. George Heuer, Professor of Surgery at Cornell University, would speak on "Surgery of the Thorax."

Dr. Chester Lowendorf became a member of the Society. Dr. Brant presided at the Union Medical Association meeting at Wooster but only five of our members attended. Nowadays nearly every one goes. Dr. C. R. Clark and Dr. M. E. Hayes were licensed to practice in 1895. Seventeen cases of smallpox and eighteen cases of syphilis were reported that month.

From Dr. Henry Manning's letters (July 6, 1825): "We had a good journey and arrived here in 13 days from Norwich. We took stage from Albany to Utica, canal boat from thence to Buffalo, delaying one day at Rochester to examine the curiosities of the place. We arrived in Buffalo in a wrong time to take the steamboat, took the stage to Erie, thence to Mercer within 25 miles of home and then produced a wagon and arrived here safely."

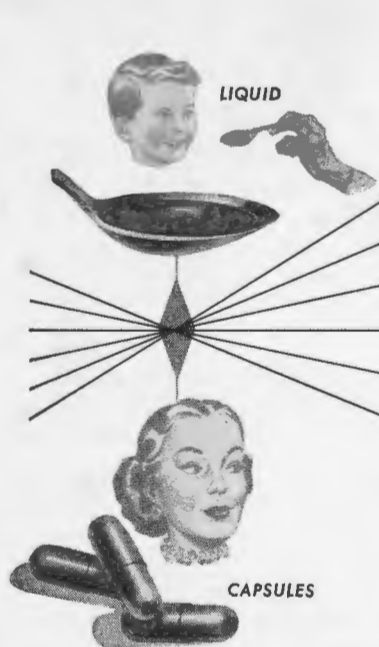
TEN YEARS AGO—MAY, 1943

A report of Dr. A. J. Beam's paper given last month included a market order for a week to provide food for a diabetic patient requiring Protein 70 gm., Fat 100 gm., and Carbohydrate 150 gm. per day. In addition to the usual fresh vegetables it included oranges, grapefruit, apples and pears; Milk (4½ qts.), Cream (1 pt.), Butter (½ lb.), Eggs (1 dozen), Meat (2 lbs.), Cheese (1¼ lbs.), and Coffee. Cost for the week, \$5.75. You can't get it for that now. Foods were rationed then and prices strictly controlled. This order required a special request for extra points.

Doctors were overworked and it was difficult to get a quorum at Council meetings. An amendment to the By-Laws was proposed making five or more members constitute a quorum.

Most of the doctors who entered the service early in the war were now out of the country. Their letters to the *Bulletin* were short and lacking in information as to their whereabouts, due to the censorship. Marinelli, Evans, De Cicco, Kendall and Rogers received promotions. De Cicco said he was in the land of the kangaroos which made his location easy to guess.

According to the *Bulletin* advertisements, you could buy a new spring suit from McKelvey's for \$39.75 and have it cleaned at Thornton's for a dollar. Manhattan shirts at Strouss-Hirshberg's were \$2.50 and ties \$1.00. Sulfathiazole ointment was very popular. You could have your car washed, oiled and greased while it was parked at the Central Square Garage. Now you can scarcely get in the place.



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Thiamine hydrochloride.....	1 mg.
Riboflavin.....	1 mg.
Niacinamide.....	10 mg.
Pyridoxine hydrochloride.....	0.2 mg.
Pantothenic acid*.....	1 mg.
Choline.....	50 mg.
Inositol.....	20 mg.
Vitamin B ₁₂ (crystalline).....	0.33 mg.
Folic acid.....	0.2 mg.
Biotin.....	0.02 mg.
Para-aminobenzoic acid.....	0.5 mg.
Liver fraction*.....	300 mg.
Iron*.....	7.5 mg.

*Mejalin Liquid contains panthenol and soluble fraction N.F.; Mejalin Capsules contain panthothenate and desiccated liver N.F. The amount of elemental iron is provided by ferrous sulfate.



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