BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

January • 1954
Vol. XXIV • No. 1

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Our President Speaks

At this time of year, the spirit of giving and of making high resolutions is a national tradition.

This period of idealism is without doubt proper, and is more than justified by the results. Somehow, though, this spirit must be kept alive during the whole year and not just for such a short period of time.

The world today with its many isms is filled with confusion and uncertainties. It seems to me that of all groups of people, the physicians must of necessity keep their feet on the ground and we must have a clear vision as to what the future holds and to what is really worth while in the way of the many services that we are called upon to render to the people.

In our daily contact with people we must keep in mind the ever present necessity of the absolute free relationship between the physician and the patient.

There are so many calls upon the physician's time today for so many extra curricular activities. But I say to you, my colleagues, that the most important thing that a physician has to deal with is his patients. The satisfied patient is by far the most important deterent to socialized medicine. It is our job and our duty to so take care of our patients that we will be able to regain in their eyes the respect and love that was once a common thing in our national medical life. This I know will not always be an easy road. It certainly is one that will repay high dividends in better patient care, and in self satisfaction of a job well done. This will bring an inner satisfaction to you that is without price.

I would like to add along this line that our community problems go hand in hand with the problems of patient care. We cannot and should not watch the parade of events of our city from the sidelines, but we all must become an active part of it. Somehow over the years I feel that we have become so engrossed in our medical work that we have tended to overlook the position that we should rightly assume in our community.

We have the ability and the know how to help correct both of these situations, and may we resolve at the beginning of this new year to make every effort to give our patients high grade medical care with sympathy and understanding in our hearts for their many problems, and to be willing to assume our rightful place in this, our great community.

JAMES D. BROWN, M.D.
President

BULLETIN of the Mahoning County Medical Society

Published Monthly at Youngstown, Ohio — Annual Subscription, $2.00

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

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HAWLEYISM

Hawleyism l. c., the incrimination of a few in order to bring discredit, to cast suspicion and to create a lack of confidence in an entire group. Dr. Hawley has done this job well.

Dr. Hawley proves that there is a great mediocrity among medical leaders. He has condemned needless surgery but what type of surgery has he performed upon the medical profession? In his overzealous recklessness to remove the cancers from the profession, he has damaged and removed much normal tissue.

Dr. Hawley has been busy digging holes into the prestige of all physicians. What has he done to fill these holes? His comments have cast derision upon all doctors. Medicine needs apostles of encouragement, not those of derision.

Dr. Hawley should be an example to our medical leaders. His tactics must not be emulated.

Andrew A. Detesco,
Editor

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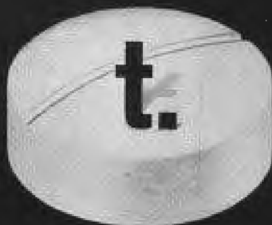
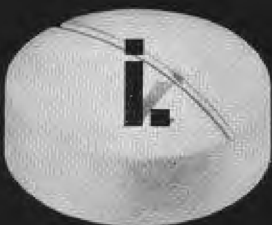
just 1 or 2 tablets





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SOME OF OUR ACTIVE MEMBERS DURING 1953

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to minimize or prevent sensitivity reactions to penicillin

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1. Simon[1] observed only 3 reactions in 1237 patients to whom Pyribenzamine and penicillin were administered simultaneously, mixed in saline diluent. This finding, the author states, "should convince the most skeptical that the rate of reaction thus obtained is far below that resulting from the same penicillin without the antihistamine or from other penicillin combinations."

2. Kesten[2] observed that Pyribenzamine afforded complete relief or suppression of postpenicillin urticarial symptoms in 88% of cases and concluded that Pyribenzamine is a "most useful therapeutic agent in allergic symptoms which follow the administration of antitoxin or penicillin."

3. Loew[3] reported Pyribenzamine to be "especially effective in controlling the urticaria induced by penicillin."

Each Penicillin-PBZ 200/50 tablet contains 200,000 units penicillin G potassium and 50 mg. Pyribenzamine hydrochloride (tripelennamine hydrochloride Ciba). *Also available:* Penicillin-PBZ 200/25 tablets (25 instead of 50 mg. Pyribenzamine). Both forms in bottles of 36.

Literature available on request. Write Medical Service Division, Ciba Pharmaceutical Products, Inc., Summit, N.J.

1. SIMON, S. W.: ANN. ALLERGY 11:218, 1953. 2. KESTEN, B. M.: ANN. ALLERGY 6:408, 1948. 3. LOEW, E. R.: MED. CLIN. N AM. 34:351, 1950.

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MAHONING ACADEMY OF GENERAL PRACTICE

Dr. H. P. McGregor is the new president of the Mahoning Academy of General Practice. The annual election of officers was held on December 8, 1953. Other officers are as follows:

President-elect—Dr. Herman Ipp;

Secretary-Treasurer—Dr. W. E. Maine;

Executive Secretary—Dr. D. H. Levy;

Delegates—Dr. J. L. Fisher, Dr. Kenneth Camp;

Alternate Delegates—Dr. W. P. Young, Dr. Paul Krupko;

Board of Directors—Dr. H. E. Mathay, Dr. D. H. Levy, Dr. Kenneth Camp.

The Mahoning Academy of General Practice is one of the largest and fastest growing chapters of the American Academy of General Practice.

Post-graduate courses in electrocardiology and endocrinology have been presented. Plans for a course in obstetrics and gynecology are now being completed.

D. H. Levy, M.D.
Executive Secretary

THE COUNCILOR'S PAGE

The Council of the OSMA met at the headquarter's office in Columbus on Saturday, December 12, and Sunday, December 13.

Six professional, ethical and legal questions were discussed at length.

Summit County presented a copy of their resolution on physician-hospital relations. It was brought out in discussion that we already have a ruling from the attorney-general that it is illegal for a hospital to profit on the services of a physician. Employment on a salary-only basis is legal, if the hospital does not profit.

A report was submitted regarding the revisions in the fee schedule of the Veterans' Administration. We did not get everything we asked for, but feel that we made progress in getting adequate fees.

To date, we have received no reply to our proposed changes in the Workmen's Compensation Fee Schedule.

The hospital standardization problem was discussed at length. This problem was also discussed at length at the AMA meeting in St. Louis. Some states are very irate about the attempt of the approving body to require small hospitals to meet the same standards as do the large hospitals. At present there are two standards—one for hospitals with 70 or less beds, and another for 71 or more.

There was a report on differences between Central Ohio Psychiatric Society and Blue Cross on the request for coverage of mental and nervous diseases. Blue Cross tabled the request because some hospitals do not wish to go into nervous and mental diseases, and then there is the financial problem of meeting constantly rising costs in the operation of our hospitals.

I hope these brief notes give you some idea about the enormous amount of thought which has to be given by your officers to the affairs of your association, and the many problems which arise. I am always impressed with the earnestness with which these problems are considered.

C. A. Gustafson, M.D.

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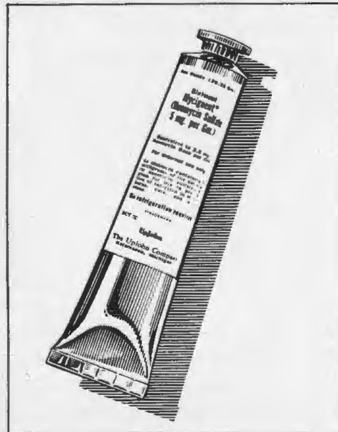

KEEPING UP WITH AMA

Dr. Wm. M. Skipp, M.D.

Report of House of Delegates, December 1-4, 1953, St. Louis, Missouri. Socializers must be watched. Physicians at local level must be considered always. They should be encouraged to be active in local medical and all civic projects. They are the local P. R. agent.

It is not the A.M.A., State or County Society that is important but the family physician who will carry on the same program of importance that was instituted by our founding medical fathers.

Address by Edward K. McCormick, M.D., President, A.M.A.

In his address in New York, he brought to the attention of the profession many things. Some have been put into practice already, others are on the way.

1. Distribution of physicians is going forward with good results and more and more of our men are locating in areas where needed.
2. 24-hour emergency call service. As of now there are 640 county societies with such a service.
3. Prepayment voluntary health insurance is covering vast numbers of our population and is still progressing.
4. Urged all physicians to take part in community affairs.
5. Counties, work for good grievance committee.
6. Get out of the county societies and profession those few that are so that condemnation is not placed on the many that are good.
7. All cancers of society must be stopped and not put on medicine's doorstep, such as gangsters, socialism, lack of housing, etc.
8. Medical schools have a job to graduate those that are immune to socialism.

Secretary Hobby outlined the department's responsibility to the health of the nation.

1. There would be no interference of the doctor-patient relationship.
2. The common objective being to promote the best medical care by the physician and the department.
3. The department and AMA have given support to scientific advance and improvement of medical education.
4. There are two types of schools: tax supported and private. The private institutions are in a bad way and must have the support of the American Educational Foundation. None of the schools should have government aid.

Mrs. Leo Schaffer, president of the Woman's Auxiliary, reports there are 60,000 members, 1,200 county chapters. They will do all they can to assist physician husbands on medical and public health matters. People do want to know about public health and the women can and will assist. They must help the profession give better service. Their service must be to help and not be just a social organization.

Father Schwitalla of St. Louis introduced. Much beloved by the profession, known by many of us in the House. He said one of his desires before his Father called him was to speak before the House of Delegates of the AMA.

"In Greek history the physician was the worker for the people and down through the ages and at present he is still the peoples helper."

Report of Committee on Blood

1. Since June 30, 1953, Red Cross has closed all 15 defense centers,

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DOSAGE:

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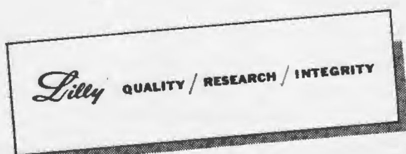
In 60-cc. packages—stable at room temperature for two years.



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terminating contracts with all 33 participating private blood banks. Collection is being made in only 45 centers. For public relations AMA and ABB have been invited to membership on its publicity policy committee.

Gamma globulin has been allocated for polio, measles, and hospitals with good results, but there was a misunderstanding by local health authorities that measles and hepatitis should be given priority.

2. All organizations interested in blood came to the understanding that the medical profession should be in control. See Dr. Rappoport's report on blood banks.

Resolution, New York, Medical Ethics

Because of the type of practice at present, where two or more physicians are called to attend a patient, each physician can render an individual bill, but if so desired one bill may be rendered stating how the fee is divided for the services rendered, and the one receiving payment will forward amount necessary to cover the fee to each physician involved. Clinics or legal partners may follow the same rule. Division of fees for a referral only shall be considered unethical. The single billing for services shall not be considered unethical.

Resolution, Alabama, Chiropractic and Naturopathic Education

That Association opposes these laws or changes in law as compulsory, and an added tax. Support H.R. 10 and 11 Jenkins-Keogh Bills which permit setup before taxes, funds to be used in the professional man's old age, then pay taxes.

Abolition of "Matching Plan" For Interneships

Because small hospitals cannot get internes they carry bulk of patient load. Not approved by House.

Student Training in Medical Jurisprudence

It is the opinion that medical schools should set up courses in various subjects relating to medical ethics, medical jurisprudence and medical economics because it has been found that many recent graduates are poorly trained in these branches which should be taught to the student before graduation and not left to his trying to find out after being in practice.

Hospital Practicing Medicine

Salaries paid by hospital to physician cannot be considered unethical unless hospital is selling services and collecting fees for physician's services. This allows the situation of a third party in the physician-patient relationship. It is absolutely unethical if a physician permits a hospital to rate his service and collect the fee and thus make a profit on his professional service.

Resolution Section on Military Medicine

Medical Military Scholarships: It is desirable to encourage the building up of a medical corps for armed forces on a career basis, which would obviate the doctor draft. The House endorses in principle the federal subsidized scholarships.

The Judicial Council has ruled that it is unethical for a physician to have a financial interest in a pharmacy in an area where he conducts his professional activities so that he profits from the business he may send to that pharmacy. Along with this comes the rental of space in a clinic or office building owned or leased by physicians. When the space is rented on a percentage basis of income, it is the same as receiving rebate from prescriptions and is, therefore, unethical.

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REPORT OF THE A.M.A.'S SIXTH MEDICAL PUBLIC RELATIONS MEETING

Nov. 30, 1953, St. Louis, Mo.

By W. M. Skipp, M.D.

"Tissue Committee—Watchdog of the Public"— Henry V. Weinert, M.D., Passaic, N. J.

1. A hospital should not be the workshop of physicians who are not doing good work. They are classified according to type of work they are qualified to do.
2. Physicians stick to rules that are set up by Staff.
3. A tissue committee is set up and its advice followed.
4. Pre-operative consultations are insisted upon before certain types of abdominal operations are performed.
5. All surgeons must see patients before any type of operation.
6. All tissues are examined and if normal are brought to the attention of the surgeon. If this happens too often, it is brought before the Staff.
7. Emergency operations are checked and if too frequent the surgeon is called.
8. There is a Staff audit of all charts and tissues by the Committee of the Staff. If appendix operations are more than 8% they are watched. All pelvic operations must have consultations.
9. At first there was very poor cooperation, now it is very good, with improvement of surgery and P. R.
10. Fee splitting and ghost surgery were stopped, improving the confidence of the patients in their physicians.

MEDICAL SERVICE FOUNDATION REPORT

Report of Mahoning County Medical Service Foundation under the direction of Dr. E. J. Reilly, President.

Scholarship Committee Report:

The Scholarship Committee shall have general charge of the Nurses' Training Scholarships to be financed by the Foundation, including eligibility rules, selection of beneficiaries and, in general, the relation of the Foundation with the hospitals and Youngstown College as affecting said scholarships. They shall report their action to the Board of Trustees.

The Scholarship Committee shall also have authority to create not to exceed three Medical Student Scholarships to be available to selected students in any approved medical college; to select such students annually and, with the approval of the Trustees, to request payment of the cost thereof not exceeding the total sum of $3,000.00 annually.

Treasurer's Report:

Election of Trustees:

The newly elected Trustees, each to serve a three-year term, are Drs. G. M. McKelvey, W. M. Skipp, E. J. Reilly, E. R. McNeal, and H. E. Hathhorn; also Messrs. C. G. Nichols and Irving L. Mansell.

The medical student whose tuition is being paid is John C. Melnick, who is now a second-year student at Western Reserve Medical School.

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SURGICAL AND MEDICAL ATTENDANT

During his stay in the hospital while he is undergoing surgery, the average patient wants and needs his family physician as his medical attendant. Those instances wherein the family physician is the surgeon are not germane to this essay. Today the field of surgery is so wide and complex that more often than not, special skills are needed to bring the best in modern medicine to the greatest number of patients. It is usually the rule that the patient does not know the surgeon as he knows and trusts the physician who recommended an operation. The surgeon was accepted on the recommendation of the family physician or the medical attendant. (Hereafter this member of the team is called the medical attendant.)

Usually the patient wants his medical attendant actively engaged upon his case for the obvious reason that this was the first doctor of his choice—a terrific and important thing for the patient's morale. By and large, the surgeon makes a quick visit to the bedside on the days following the operation and, thereafter, to check up on the postoperative course and condition. It is the medical attendant who takes the time to sit down to listen, and equally important to explain and to comfort and support the patient during the ordeal. Alas, this aspect of the Art of Medicine seems to be known just to those who have it. In teaching, in theory, and in practice most authorities give it but the dignity of casual reference.

An important factor in this teamwork of surgeon and medical attendant, too often overlooked, is the skill and time required to prepare the patient for surgery. Few monographs on the subject of pre-operative care have stressed the *manner* in which the patient is informed (by his medical attendant in almost all instances) and the help rendered in working out a choice of the best time, what to do with the children, how to tell the relatives—and all the seemingly trivial but always harassing details to the patient. The type of salesmanship that this sometimes requires parallels the talent that could sell falsies to Marilyn Monroe.

The medical attendant is the surest means of obviating excessive surgical fees. When a patient falls into the hands of a "sharpie" in our profession, the gouger, he either pays or goes to court. Such is human nature, and because of the urge for a whipping boy, the victim damns the entire profession and crusades for Political Medicine.

Surgeons, of necessity, depend upon referring physicians for their work. They are anxious to have the best relations with all who refer patients. Aside from being sensible, it is an economic essential. The referring physician is the one who knows the financial status of the patient. When he isn't consulted concerning the fee and the patient thinks the sum charged was exorbitant, to whom does the patient make his objections? The surgeon who charged the fee? Not likely!

Is the medical attendant needed during the post-operative course? Too many patients feel that this period of observation is exclusively in the domain of the surgeon. There are surgeons who share this opinion. Even excluding those patients who have serious pre-existing illness of a chronic nature—cardiac, renal, metabolic—most are better by having a medical attendant during their hospitalization. Of course, there are exceptions, and especially in

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Borcherdt MALT SOUP *Extract*

fields of minor surgery such as ENT and Proctology. (Let's pause until the screaming subsides.) By and large, most surgeons are happy to have the medical attendant working with them at this time.

The medical attendant's help in *preventing* post-operative complications is often invaluable. To await the appearance of trouble before calling him into the case to deal with an actuality is not only dangerous, it is costly and unnecessary. An ounce of prevention is still worth more than a pound of cure.

Just what does the medical attendant *do* that aids in the avoidance of complications? This question cannot be answered specifically unless the myriad instances wherein he has helped are given. Just because one patient came through a serious surgical procedure with sequelae and simply in the hands of the surgeon does not demonstrate that medical attendance during the vast majority of confinements for surgery is a needless luxury.

Almost all insurance companies abet the surgeon and the public in the belief that medical attendance is superfluous. They will pay for the hospital, the operating room, the anesthetist, and the surgeon—but not one penny for the medical attendant. When that patient insists upon his being "on the case", it is a luxury item and one not covered or provided for in his policy.

Having a medical attendant is like having a radio or television set in the room: nice to have around, but not essential to recovery. Yet he is only the guy who discovered the need for the surgical procedure, had something to say about the type of anesthesia, one whose decision is wanted as to the extent of surgical procedure and exploration, and the doctor to whom the patient returns after the operation.

Fee-splitting fosters many evils, not the least of which is unnecessary surgery for the avaricious medical and surgical "clinkers" in our profession. It isn't that a doctor cannot make a good living in the practice of the healing art, he can make *more* by being shady. These lugs are aided in their pernicious business by membership in our medical societies and by continuing to hold staff appointments in hospitals. As long as doctors are human they will be subject to the errors of the flesh. The vast majority know that honesty is the best policy, but their virtue permits the exploitation by the few who are shady.

It is the wish of the patient to pay for the services he receives by the insurance coverage he has, and by his pocketbook, for all justifiable charges not covered by his policy, or policies. While all Americans like to get something for nothing, they know they have to pay to get everything they need.

The dead fish that glows and stinks upon the shore of public opinion is the seemingly tacit acceptance by the medical profession of the sin of fee-splitting, ghost and unnecessary surgery. That this fish is an abomination in our nostrils fails of recognition by most of the people who are our patients. As long as some of us feel the only way we can earn money is to seek it by underhanded (this means *not* visible to the patient) division of fees, then we deserve to be suspected and vilified.

And, it is all so unnecessary! For, when a doctor of medicine isn't honest, he isn't a doctor: he has become concerned in the peddling of flesh, and the lucre therein. He is but a Judas, looking for a face to kiss.

Ralph A. Johnson, M.D.

A N N U A L   M E E T I N G

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FEBRUARY MEETING

Mahoning County Medical Society

and

Youngstown Area Heart Association

TUESDAY, FEBRUARY 16 — Dinner 6:30 P. M.

Elks Club

Speaker: Robert L. Wilkins, M.D.

Subject: "Medical and Surgical Aspects of High Blood Pressure"

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(Continued Bottom of Page 31)

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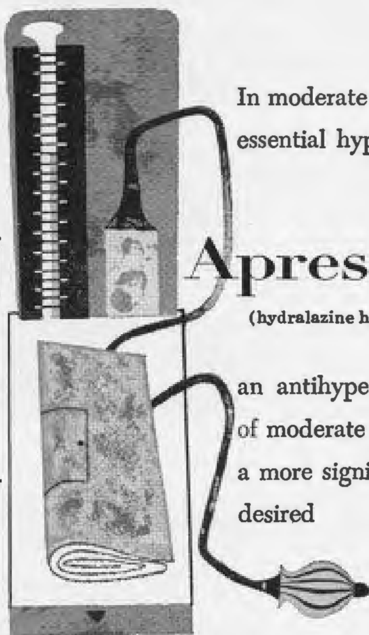

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ALLOPATHY AND OSTEOPATHY

The Osteopathic problem must soon be solved. This will have to be done with unbiased reasoning and not by prejudice. The following article is the first in a series in which the *Bulletin* will present the facts on this vital issue.

The Editor

A special committee, headed by former A.M.A. President John Cline, has recommended cessation of the "untouchable" attitude toward osteopaths. The House of Delegates of the A.M.A. voted last June to delay action on the recommendation until the next meeting. But, at next June's meeting, the A.M.A. will have to make up its mind about what its attitude shall be toward osteos and their schools.

The question is hardly new. Possibility of recognition for osteopathy by the medical profession has been hanging fire for some ten years. Meantime, investigation has disclosed close parallel between training in schools of osteopathy and in schools of medicine. The Cline Committee contends that if the stigma of "cult" were removed from osteopathy and qualified medical men were allowed to teach in osteopathic schools, the level of training would be raised.

That this is desirable cannot be denied in view of the fact that 6 percent of medical service in this country is now in the hands of osteopaths. As *Northwest Medicine* recently put it: "Since the medical profession is thoroughly committed to the principle of improved medical service to all the people of the United States, it would seem in line with this commitment to enable osteopaths to improve their education."

In addition, it is noteworthy that there are some mighty able students in osteopathic colleges. With medical schools adhering to rigidly high scholastic standards for entrance, it is obvious that many superior students who cannot make medical school are entering the field of osteopathy.

While levels of osteopathic practice vary from state to state, it is important to know that in thirty-five states and the District of Columbia osteopaths have unlimited license. Osteopaths and osteopathic hospitals come under Blue Cross, VA plans, and industrial accidents laws.

The complete medical course is now included in the curriculum of the modern osteopathic college, according to the Cline Committee. It has been suggested, too, that medical physicians are now beginning to realize it is not amiss to integrate manipulation of musculoskeletal structures with medical and surgical therapy. It all adds up to the fact that osteopathy can no longer be ignored. Thoughtful consideration should now be given in reaching conclusions as to future relationship between medicine and osteopathy. The ultimate and common goal must, of course, be the continuing welfare of the American people.

CORYDON PALMER DINNER DANCE

The second annual dance was held December 12, 1953, at the Elks Club. The dentists were very pleased that so many physicians responded to their invitations. The dance was a resounding success. Friendly relationship, which has always existed between dentists and physicians, was greatly enhanced. Our public relations were good that night.

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FROM THE BULLETIN

J. L. Fisher, M.D.

TWENTY YEARS AGO—JANUARY, 1934

A brand new year, the fifth year of the great depression. Business was operating under the N.R.A. which was unconstitutional but we didn't know it until later. The unemployed were working for the C.W.A. and could be seen everywhere leaning on their shovels. The Youngstown Relief Office had been opened in the Dollar Bank Bldg., under the direction of R. A. Noble and the active supervision of our Economics Committee (Skipp, Walter Stewart, R. G. Mossman, McCurdy and E. J. Reilly). The new Meander water had been turned into the city mains and every housewife in town was up in arms because what came out of the faucets was a brown murky liquid which stained the clothes and ruined the cooking. Prohibition had been repealed, so there was not much complaint about the water from the male side.

The tone of the *Bulletin* was optimistic. President J. B. Nelson said: "Murmurs of prosperity are once more audible. We can only hope, sincerely, that the Society will have a more prosperous year than has been possible in the past." The late Claude Norris was the new editor and Sam Tamarkin the business manager of the *Bulletin* and, according to our columnist "Breetus", they bade fair to eclipse previous years. Dr. Morris Fishbein, the ebullient editor of the A.M.A. Journal, was announced as speaker at the Annual Banquet next month, price $2.00 per plate.

Milk from Heberding's Indian Creek Farm was 10 cents a quart delivered to your door and guaranteed not to be an aquarium. Antiphlogistine was a popular remedy for chest colds and Lyons promised that his Syrup Ephedrine Compound would "help you cough."

The final touch was found on the back cover and was not very optimistic. It said, "Help Your Society—Our Funds Are Low—We Need Money For Programs—Pay Your Dues Promptly."

TEN YEARS AGO—JANUARY, 1944

The third year of World War II found 150 members left to carry on the Society's work. The Honor Roll showed 112 men in the armed services, including interne members. The tone of the *Bulletin* was not so optimistic.

President Elmer Nagel said: "Those of us who remain here should be commended for their untiring efforts. Misplaced reliance has at times shattered our ideals, nevertheless our activities will be directed along channels where they avail the most for the common good." Editor Norris wrote: "Maybe 1944 will turn out better than you dare hope. So buck up, you've got to go through with it anyhow." One disappointment was the failure of Mayor O'Neill to follow Society recommendations on choosing a Health Commissioner.

Dr. Walter K. Stewart died Dec. 16th, 1943, while serving in the U. S. Public Health Service at Ashtabula. Dr. Frances Miller became a member of the Society. Dr. Craig Wales and Beverly Jane Bromley were married Dec. 11th.

Letters were received from Ivan Smith, Clyde Walter and A. O. Axelson. Ivan was doing Physical Therapy at Fort Billings General Hospital. He chopped his foot while chopping logs for the fireplace, fracturing the navicular and severing some tendons but was back on the job in ten days. Walter was at Johns Hopkins taking a course in clinical laboratory, courtesy of the U. S. Army. Axelson was battalion surgeon in an armored tank division in Eng-

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land, doing twenty-five mile marches and sleeping on the ground, getting ready for Normandy.

Penicillin was here to stay and Antiphlogistine had disappeared from our pages. Lyons had switched to Cherro-Guiaol to help you(r) cough. Florence Heberding had quieted down and simply stated that Indian Creek milk was clean and wholesome. Nothing was said about paying your dues. The doctors had plenty of money but no time to spend it.

AUXILIARY NEWS

Those of us who attended the Nurses' Scholarship Fund dance at Squaw Creek Country Club November 14 want to compliment Mrs. B. I. Firestone and her capable committee for a very successful party. The continuous buffet, served at a long table laid with a dark green cloth and centered with a harvest centerpiece, a wicker horn-of-plenty filled to overflowing with colorful fruits, was not only very pleasing to the eye, but decidedly satisfying to the taste. May we express our appreciation to those who have sent in their checks even though they were unable to attend. The committee reports that to date they have realized close to $1,000.00, with some checks still to come. This is a fine response to this worthy Auxiliary project.

While we have no meeting in December, we do want to thank Mrs. W. B. Hardin and her committee who helped in the distribution of literature during "Diabetic Detection Week."

Our president, Mrs. Rosenblum, reports that the Auxiliary also has made a contribution to the Christmas party to be given for the patients at the Receiving Hospital.

Although the new year will have already begun by the time you receive this *Bulletin,* may we extend our sincere wish that 1954 may bring more hope, more peace, and more opportunity for service to us all.

Jane B. Brown,
Publicity Chairman

DOCTOR'S DILEMMA

"Doctor, you remember I consulted you two years ago about a patient?" a much younger colleague once said to a famous New Haven physician. "I followed your advice, and the patient got well. Later another patient had the same symptoms, and I followed the same treatment—but the patient died. Now, how do you explain that?"

"You remind me of my mare, Sally," said the old doctor.

"How's that?"

"Well, I had to drive into the country one night after a storm., and came to a place where the bridge had been washed away. Sally stopped. Slapping the reins, I shouted, 'Sally, get across!' She hunched herself, gave a great leap and was across. Months later, Sally and I again faced the same crossing, the stream now flowing under the repaired bridge. Sally stopped, hunched herself and leaped to the other side."

"But what connection has that with my case?" asked the younger man.

"Well," replied the old doctor, "I'd say Sally had a wonderful memory, but damned poor judgment!"—Contributed by Alice C. Johnson.

MISTAKE

A doctor rushed into the coroner's office: "I want to change that death certificate I gave you yesterday. I put my name down in the space marked 'Cause of Death'."

CAPSULETTES

When uterine retrodisplacement is thought to be causing symptoms, this can be confirmed by correcting the displacement with a pessary. The best one for this purpose is a modified Hodge pessary made of clear plastic material. It can be left in place six weeks at a time. Prolapse of the uterus is best treated surgically, but when operation is contraindicated, a Gelhorn pessary may afford great symptomatic relief.

—o—

The aim of pelvimetry is threefold: (1) measurement of certain diameters; (2) evaluation of the pelvic architecture, and (3) demonstration of the relationship of the fetal head to the maternal pelvis. The widespread tendency to emphasize the first and neglect wholly or in part, the latter two categories is highly regretable. Although the importance of pelvic diameters can never be underestimated, their value is decreased if the equally important study of the pelvic bony framework is neglected.

—o—

When a patient complains of "dizziness", the first task of history-taking is to ascertain whether he is talking about vertigo—a sensation of whirling movement—or syncope or one of its minor variants (faintness, lightheadedness). This distinction is important because vertigo usually results from organic disorders, while syncope more often results from psychologic factors. Vertigo essentially is due to a disturbance of those organs that control body balance. Syncope is usually secondary to an imperfection of cerebral metabolism, often due to altered blood flow.

—o—

An extract of Rauwolfia serpentina can be safely used in all cases of hypertension. When hypertension is mild, this drug alone usually suffices to lower blood pressure. For more severe cases, it is used concurrently with hexamethonium. Both drugs are effective when given by mouth according to a definite plan. The Rauwolfia preparation nicely mitigates some of the untoward side effects of hexamethonium.

—o—

During pregnancy high levels of estrogen in the blood create a tendency to sodium retention and hence to rentention of liquid. Pathologic edema of pregnancy is probably an exaggeration of this physiologic process. Salt restriction, isotonic parenteral liquids, ammonium chloride, and mercurial diuretics are effective in mobilizng the edema of pregnancy. These measures suffice for relief of mild toxemia of pregnancy.

—o—

For good results in diagnosis of acute abdominal disease, a physician needs to bring to every case all his powers of observation and deduction. But before he can deduce anything with a reasonable chance of success, he must make the most careful examination, never omitting to note the condition of the chest, to test the knee jerks, to examine the urine, and to make a rectal examination. The general practitioner, by early and correct diagnosis, may save as many lives as the operating surgeon.

—o—

The boric acid problem is a matter of timely concern. The literature preports a number of transcutaneous poisonings since 1883. Yet, topical use

of boric acid persists. Its ready availability in the drugstore, its labeled presence in borated talcs and ointments, its recommendation in consumer periodicals and baby care manuals—all of these combine with an already entrenched reputation in virtually every household to make boric acid an ever-increasing problem.

—o—

Intracranial noises, audible through a stethoscope, may be vascular or ventricular in origin. Continuous vascular murmurs having a systolic accentuation are most important—usually represent arteriovenous fistula that may require surgical treatment. Ventricular noises are gurglings that result from mixture of air with cerebrospinal fluid.

TRENDS AND EVENTS

MORE THAN $3,150,000 for direct support of medical education was given in 1952 by some 37,000 doctors in the United States, says Dr. Donald G. Anderson, secretary of the American Medical Association's Council on Medical Education and Hospitals. And that amount is exclusive of sums given for buildings, endowments, scholarships, research, and other special purposes.

In addition, reports from seventy-six of the seventy-nine medical schools throughout the country show that more than 29,000 doctors contributed a further $2,258,534 directly to the teaching budgets of those institutions.

—o—

FOOD AND DRUG Administration has won latest round in battle against Hoxsey Cancer Clinic. Fifth Circuit Court of Appeals has ordered Judge William H. Atwell to place an injunction against Hoxsey medicine shipments that will be without favoring loopholes.

—o—

AT RECENT MEETING of Association of American Medical Colleges, increasing resistance to proposed federal financial aid to medical schools was noticeable . . . "A.M.A. opposition to federal aid; money raising drive of National Fund for Medical Education, and increasing skepticism of year-to-year fluctuations of congressional appropriations are chief reasons . . . "

—o—

DR. HARRY GOLDBLATT, who in 1946 left Cleveland to develop and direct the Institute for Medical Research at the Cedars of Lebanon Hospital, Los Angeles, has returned as director of laboratories at Mount Sinai Hospital. During the past seven years, Dr. Goldblatt has conducted investigations into the humoral mechanisms of the production of high blood pressure, has continued the experimental studies of liver disease which were initiated some 15 years ago in Cleveland in cooperation with Dr. Paul Gyorgy, Philadelphia, and has furthered the studies on the experimental production of cancer, originally undertaken in 1930 at the Institute of Pathology of Western Reserve University School of Medicine, Cleveland.

—o—

EVERY OTHER DAY spent in a Connecticut hospital now is covered by Blue Cross. Patients themselves make direct payments for only fifteen hospital days out of 100.

These are the findings of a study made by the Connecticut Hospital Association. Here is the breakdown:

1. Blue Cross pays for about 50 per cent of patient-days in hospitals.
2. Commercial insurance pays for about 24 per cent.

3. Workmen's Compensation insurance pays for 3 per cent.
4. The state, cities, and towns pay for 8 per cent.

The result: Individuals foot the bills for just 15 per cent of the days spent in hospitals.

—o—

DOCTORS' WIVES HAVE begun to play a key role in the press relations of the Suffolk County (N. Y.) Medical Society. The women scan local news columns for stories and comments on doctors. If anything unfavorable turns up, they then pass it along to the society so that it can issue a reply.

—o—

YOUR PATIENTS APPARENTLY agree that it's time the Government allowed the deduction of *all* medical bills for income tax purposes. Pollster George Gallup recently quizzed the public about a measure that would do just that (H.R. 3911, introduced by Representative Oliver P. Bolton, Ohio Republican.) He found that almost nine out of ten people favor such a blanket deduction.

—o—

PLANNING TO SELL your house? It may take a lot more doing now than it would have a year ago, says the United States Savings and Loan League. A survey by the League shows that:

1. There are currently more houses—both old and new—on the market than there were at this time last year.
2. On the average, it now takes as long as ninety days (as against a general maximum of about sixty in 1952) to unload a medium-priced house. If yours is expensive, you can expect to wait even longer.

COMMITTEE REPORT ON DIABETES

This year, with the aid of the Women's Auxiliary, the Pharmaceutical Association, the Youngstown Vindicator, Radio and T.V. Stations WKBN, WBBW, and WFMJ, Hospital Dieticians, members of the Photographic Department of Youngstown Hospital, and Diabetic Committee Cooperation, the annual Diabetic Detection Week was most successful.

Speakers addressed various organizations, and radio talks were given as outlined below. For the first time, two diabetic patients appeared on a local TV program during the week.

The Diabetic Exhibit at the Laboratory of the North Side Unit, Youngstown Hospital was held during the evenings of November 19-20, with a record attendance of two hundred and sixty-six people.

Educational movies were shown, and the scenes concerning selected diabetic diets, together with the use and administration of Insulin were enthusiastically received.

Guest speaker for the Medical Society Program was Dr. George Hamwi, Associate Professor of Medicine and Director of the Department of Endocrinology and Metabolism at Ohio State University. He spoke to Residents of both hospitals in the afternoon on "Pregnancy in Diabetics" and in the evening his subject was "Effect of Adrenalectomy on Diabeted Retinites". We are most thankful to him.

A total of 1,987 tests for sugar were done. Sixty-three positive reactions with thirty-seven new cases discovered.

Morris S. Rosenbloom, M.D.
Chairman

PERIODICAL PEARLS
THE POSTCHOLECYSTECTOMY SYNDROME

It is well known that cholecystectomy performed for cholelithiasis is followed by relief of symptoms in all but 10 to 15 percent of cases, while removal of a noncalculous gallbladder gives unsatisfactory results in more than 20 percent of patients. Troppoli and Cella have evaluated the many reasons given for the high percentage of unsatisfactory cholecystectomy results. Among them are dilatation of the common duct (due to loss of the water-absorbing mechanism existing in the gallbladder); reformation of the gallbladder from a persistent large portion of the cystic duct (the so-called "reformed gallbladder" or "cystic duct stump syndrome"); distortion of the common and cystic ducts by adherent vessels or adhesions, and inclusion of nerve fiber bundles in the scarred walls of the cystic duct.

Since the common duct is surrounded by a delicate network of nerve fibers throughout most of its extent and one of the points of maximum concentration of nerve fibers is in the triangle formed by the cystic and hepatic ducts, the nerve inclusion theory does not seem out of order. It has been demonstrated experimentally that stimulation of sympathetic nerve fibers will produce epigastric pain primarily, whereas vagal stimulation will chiefly bring about dyspepsia and vomiting. The authors have presented two cases in which symptoms following cholecystectomy persisted for several years, and necessitated re-exploration of the gallbladder area. Masses of scar tissue were removed from the common and cystic ducts and these contained many nerve bundles which were removed from the common and cystic ducts and these contained many nerve bundles which were distorted and showed a typical nerve proliferation. Both patients were relieved of symptoms following excision of the nerve-bearing scar tissue.

The authors stated that all nerve fibers should be stripped from the cystic duct at its junction with the hepatic duct before the cystic duct is ligated, and fibers should also be stripped from the cystic artery since sympathetic pain fibers follow the course of the artery. It was their feeling that if this were carried out in every case, the incidence of postcholecystectomy symptoms would decrease.

(Ann. Surg., 137, 250, 1953.)

(Continued from Page 21)

PUBLIC RELATIONS, LAY EDUCATION AND SPEAKERS—L. Shensa, Co-Chairman, E. Shorten, Co-Chairman; J. Smith, W. Breesman, S. Zoss, A. Phillips, E. Reilly, G. Delfs, J. Vance, F. Miller, W. Skipp, F. Gambrel, A. Cukerbaum, M. Evans, W. Maine, H. Shorr, D. Brody, D. Smeltzer.

PUBLICITY—S. Goldberg, Chairman; C. Stertzbach, M. Raupple, A. Goudsmit, S. Ondash, M. Berkson, W. Young.

REDUCTION OF MEETINGS—J. Vance, Chairman; R. Middleton, P. Mahar, J. Stotler, H. McGregor, E. Elder, L. Reed, J. Smith, M. Kendall.

RURAL HEALTH—H. McGregor, Chairman; F. Resch, R. Heaver, B. Schneider, C. Scofield, C. Wagner, W. Breesmen, R. Findley.

SCHOOL HEALTH—P. Ruth, Chairman; E. Thomas, S. Davidow, H. Shorr, E. Mylott, M. Goldstein, F. Kravec, M. Evans, H. Hutt, G. Delfs.

SOCIAL—F. Schlecht, Chairman; R. Hall, J. Wasilko, R. Goldcamp, V. Herman, W. L. Mermis, J. Goldcamp, S. Goldberg, P. Fuzy, H. Hathhorn, B. Bowman, R. Clifford, J. Herald.

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

ANNUAL REPORT OF HEALTH INSURANCE COUNCIL REVEALS INCREASED HEALTH AND ACCIDENT COVERAGE IN U. S.

The American people voluntarily increased their protection against the unexpected costs of hospital, surgical and medical care to new record high levels in 1952, the Health Insurance Council reported in its annual survey of accident and health coverage in the United States. Every section of the country participated in the gains, the Council said.

Cash benefits flowing from voluntary health protection aggregated more than $2 billions in 1952, the Council stated in its first public estimate of these figures. About half this amount went to help meet the cost of hospitalization, and over half a billion dollars more went towards operations and doctors' bills. Another half billion dollars represented benefit payments by insurance companies replacing income lost due to accident or sickness. Thus voluntary health protection is now taking care of a substantial part of the nation's health bill, the Council stated.

The total number of persons covered against hospital expense approached the 92-million mark at the end of last year, the Council reported. This represented an increase of more than 5½ million, or 7 percent, over 1951.

More than 73 million persons were protected against the cost of operations under surgical expense coverage at the end of 1952, the Council said. This figure represented an increase of more than 7½ million persons, or 12 percent, over the year before.

Coverage in Ohio at the end of 1952 was as follows:

Hospital Expense	6,611,000
Surgical Expense	4,358,000
Medical Expense	1,055,000

Approximately 8 million more persons than in 1951 were protected against doctors' bills under medical expense coverage at the end of last year, the Council stated. This increase brought the total number of persons so protected to nearly 36 million and represented an increase of 29 percent over 1951.

The number of persons protected against lose of income due to disability exceeded 38 million at the end of last year, a new high mark, the Council stated.

The year likewise saw increasing public acceptance of major-medical expense coverage, the newest form of voluntary health protection designed to help meet the catastrophic costs of very serious illness. Nearly 700,000 persons had this form of protection at the end of last year, the Council stated.

Broadly speaking, major medical expense coverage takes up where the customary forms of health protection—hospital, surgical and medical care—leave off. It provides maximum benefits ranging from $2,500 to $10,000. This maximum may apply to any one illness, to any one family member, or to the total payable in any one year. To keep the cost of this protection down, major-medical expense coverage is written with a deductible feature, as is automobile collision insurance. Likewise, through co-insurance, it makes the person protected responsible for a share of the costs of care above the deductible amount, thus encouraging the use of only such health services as are really needed.

"The development of major-medical expense coverage," the Council stated in its report, "is further evidence of the willingness of the insurance

business to experiment in the public interest and to take steps to meet a recognized public need. It testifies to the alertness of the companies writing accident and health protection in recognizing the need for broader coverage than had heretofore been available, and thus reflects the inherent vitality of the voluntary health movements in this country."

Organizations covered in the Council report include insurance companies, Blue Cross, Blue Shield and various other independent plans sponsored by business and industry, employee benefit associations, and private group clinics.

The Council is an organization of nine associations in the insurance business made up of companies writing the various forms of protection against hospital and medical costs and the loss of income due to disability. Its members are: American Life Convention; American Mutual Alliance; Association of Casualty and Surety Companies; Association of Life Insurance Medical Directors, Bureau of Accident and Health Underwriters; Health and Accident Underwriters Conference; International Claim Association; Life Insurance Association of America and Life Insurers Conference.

The Survey Committee of the Council, which drafted the report, is headed as chairman by John H. Miller, vice-president and actuary of the Monarch Life Insurance Company. The other members of this committee are: Donald D. Cody, group actuary, New York Life Insurance Company; George H. Davis, assistant actuary, Life Insurance Association of America; Maurice L. Furnivall, associate actuary, The Travelers Insurance Company; Stanley W. Gingery, assistant actuary, The Prudential Insurance Company of America; Billedward Howland, group actuary, Mutual Benefit Health and Accident Association; Henry D. Locke, vice-president, Liberty Mutual Insurance Company; George Martel, research analyst, Bureau of Accident and Health Underwriters; A. C. Olshen, vice-president and actuary, West Coast Life Insurance Company; Theodore O Schwarz, actuary, Standard Accident Insurance Company; J. Eugene Taylor, associate actuary, The National Life and Accident Insurance Company; L. S. Wagenseller, associate actuary, Metropolitan Life Insurance Company; Arthur G. Weaver, director of group research, John Hancock Mutual Life Insurance Company; Harry V. Williams, secretary, Hartford Accident and Indemnity Company; and James R. Williams, director of public relations, Health and Accident Underwriters Conference.

AMERICAN FOUNDATION FOR ALLERGIC DISEASES

The American Foundation for Allergic Diseases has been established with offices at 525 Lexington Avenue, New York City, under the joint sponsorship of the American Academy of Allergy and the American College of Allergists, according to an announcement from Foundation headquarters.

The Foundation is incorporated under the laws of New York State as a national, non-profit, voluntarily supported organization. Under the articles of incorporation its aims are: To promote through public education an accurate understanding of the problem of the allergic diseases; to inform and educate the medical profession in the problems of allergy; to cooperate with medical institutions, hospitals and other organizations for the development of facilities for the treatment and prevention of allergic diseases; and to provide facilities for research including fellowships and residencies.

REPORT OF AMERICAN RED CROSS BLOOD BANK COMMITTEE OF THE MAHONING COUNTY MEDICAL SOCIETY

The Red Cross Blood Bank Committee of Mahoning County Medical Society, comprising Dr. A. E. Rappoport, Chairman; Dr. John Rogers, Dr. Joseph Kupec, and Dr. R. Brown, met on many occasions during the past year for the purpose of analyzing and organizing activities in connection with the Red Cross Blood Bank. Several meetings were held with local representatives of the American Red Cross for the purpose of clarifying the relative positions of both parties under the current program.

A pilot program was organized through the cooperation and agreement of Dr. Geoheghan, the Director of the Regional Red Cross Blood Bank in Cleveland, for the purpose of returning to Mahoning County whole blood, RH negative, Types A and O for the purpose of direct transfusions. This program was initiated in order to alleviate the unsatisfactory arrangement heretofore practised to convert all blood removed from Mahoning County into plasma. This consequently had led to a less economical and efficient use for RH negative blood than might be the case were it collected in ACD. However, through Dr. Geoheghan's efforts, the blood of RH negative, Types A and O donors, is collected in ACD and returned after it is processed. This blood is shared 2 to 1 between Youngstown Hospital Association and St. Elizabeth Hospital.

Several meetings were held with representatives of labor. On one occasion, Drs. Rappoport and Rogers met with four members representing the AFL Labor Congress for a dinner meeting at the Northside Unit. At that time, the background philosophy underlying the agreement between American Red Cross and the Mahoning County Medical Society was fully described. Mr. Cockman, Mr. Hogg, and others explained the position of the AFL. They called numerous matters to our attention and requested considerable data for further analysis. This data has been obtained and further meetings are planned with that group. Dr. Rappoport also met with six members of the CIO on August 31st who likewise wished to call certain grievances and objections to the current "Defense Only" arrangement to the attention of the Mahoning County Medical Society.

Your committee felt that labor was entitled to obtain straight-forward answers to their questions and that the committee should attempt to explain all phases of the Blood Banking operation. The increased interest by labor was occasioned particularly by the fact that, it was alleged, a total program and was successful in Trumbull County. Our data collected to date indicates that this is not the case. The function of the committee therefore was to explain the entire ramifications of a highly technical matter in a simpler language so that intelligent laymen could appreciate the problem. Your committee feels that a great deal has been done in clarifying that aspect of the program. The committee, however, was quite adamant in refusing to back down and to

abdicate its position as the key figure in the Red Cross Blood Bank program. The program is basically a scientific, medical and clinical problem whose supreme control and supervision should rest in the hands of physicians. While the committee is cognizant of the material and social aspects of the problem which appeal to the laity, it must stand fast in insisting on a sound, scientific basis for mutual cooperation between the Red Cross and the Mahoning County Medical Society.

On the basis of these meetings, certain recommendations will be made to the Blood Banks of the two hospitals in order to improve on the present rules and regulations concerning the collection of blood and to review the philosophy underlying the formation of blood banks in private, industrial, social, fraternal and religious groups in order to lighten the obligations of patients responsible for replacement of blood.

Respectfully submitted,

A. E. Rappoport, M.D.
Chairman American Red Cross
Blood Bank Committee

MILIARY CARCINOSIS OF THE LUNGS

Metastases to the lungs occur through the lymphatics or blood vessels. When the latter route is involved, the tumor cells reach through the right side of the heart and the pulmonary arterial circulation. Two mechanisms are implicated in the pathogensis of this hematogenous type of metastatic pulmonary carcinoma. In one, the primary malignant process first spreads to the regional lymph nodes and then eventually reaches the thoracic duct often involving lymph nodes along the way. From the thoracic duct, tumor cells enter systemic venous circulation and pass to the right heart.

In the second method, spread occurs from a primary malignant tumor to the liver with subsequent involvement of the hepatic veins, or a primary tumor invades systemic veins directly. Tumor cell emboli thereby gain access to the right heart and lungs.

Either of these mechanisms may result in solitary pulmonary metastases, multiple nodules or, when large numbers of tumor cells pass into the pulmonary circulation, miliary carcinosis. From the implants in the lung there may be further extension along the lymphatics, or bronchogenic spread may occur as the tumor invades the alveoli and bronchi.

Cancer of any organ, including the skin, may produce miliary pulmonary metastases. Not infrequently in the presence of miliary carcinosis, the original lesion is silent or obscure, and therefore the organs most likely to be involved should be investigated first. These consist of the genitourinary tract including the breast, gastrointestinal system including the pancreas and gall bladder, respiratory tract, soft tissues, and a miscellaneous group made up of the

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adrenals, thyroid, bones, and parotid glands. In some cases the origin remains unsolved even after exhaustive clinical investigation and necropsy.

The lesions are diffusely distributed throughout both lungs. They are not necessarily of homogeneous density but may appear as soft mottled areas with poorly defined orders. They may be uniform in size or show variations from one or two millimeters to over a centimeter. As the process advances the lesions may coalesce. The hilar nodes may or may not be enlarged. Pleural effusion may be present as a result of pleural metastases.

PERSONAL PATTER

HAVE YOU SEEN . . .

. . . the new wing Dr. E. A. Shorten is adding to his building at Oak Hill and Francis Street? Dr. Fred Schellhase will soon occupy office space there as will Dr. Robert Foster who will complete his residency training in orthopedics in April of 1954 and return to open his practice in Youngstown, Ohio.

. . . the magnificent progress in the construction of the new wing of St. Elizabeth's Hospital? It must be with a great sense of pride and appreciation that the staff awaits the completion and opening of these new facilities.

. . . the complete tumor registry of the Pathology Department of the Youngstown Hospital Association? It leaves very little to be desired and the plethora of information which it can afford us in a blink of the eye smacks of IBM magic.

DID YOU KNOW . . .

. . . that Dr. Patrick Cestone was certified for the American Board of Surgery in March of 1953? Congratulations!

. . . that Dr. James Calvin has completed his tour of duty with the U. S. Army Medical Corps and will return to Youngstown, Ohio to open a practice limited to internal medicine in January, 1954. He completed the first part of his boards in Japan while on leave from his station on Heartbreak Ridge in Korea. Not the best conditions for study, I would say, even though he did come through with flying colors.

. . . that Dr. William Sovik and Dr. Joseph B. Kupec were awarded their Fellowship of the American College of Surgeons in October of 1953? Congratulations are in order to each!

. . . that Dr. Stewart Patton will complete his residency training in orthopedics on April first of 1954 and start into practice shortly after?

. . . that Dr. Robert Bruchs completed his OB-Gyn training in Canton, Ohio in August of 1953 and has opened his offices in the Dollar Bank Building?

. . . that Dr. Alexander Calder is now associated with Dr. W. O. Mermis in the practice of general medicine.

. . . that Dr. Paul E. Ruth passed the Board of Ophthalmology in October of 1953 and is associated with Dr. William Evans?

. . . that Dr. Robert Jenkins is now associated with Dr. J. B. Stechschulte in the practice of general medicine? We note that the construction of Dr. Stechschulte's new office building progresses swiftly and should be ready for occupancy about the first of February, 1954. It is located at the corner of Himrod Avenue and Fruit Street.

PROCEEDINGS OF COUNCIL

The regular monthly meeting of the Council of the Mahoning County Medical Society was held on December 1, 1953, at Dr. Nelson's office, 64 Ridge Avenue, Youngstown, Ohio.

The following doctors were present: V. L. Goodwin, presiding, C. A. Gustafson, W. M. Skipp, S. W. Ondash, G. E. DeCicco, H. J. Reese, A. Randell, G. G. Nelson, E. J. Wenaas, A. K. Phillips, I. C. Smith, J. D. Brown and A. A. Detesco, comprising the Council, also Dr. A. E Rappoport and Dr. E. A. Shorten.

Dr. Goodwin read a report submitted by Dr. J. K. Herald, our representative to the Delegate Assembly of the Co-Ordinating Council.

Dr. A. E. Rappoport reported progress of the Blood Bank and will submit a resolution, a copy of which will be sent to St. Elizabeth Hospital and the Youngstown Hospital.

The Secretary read a letter from Dr. Skipp in which he recommended the payment to the American Medical Educational Foundation of $500.00.

A motion was made, seconded and duly passed to pay $500.00 to the Foundation.

Dr. Shorten reported the progress of his committee to date. Council approved his recommendation of procedure on the fee survey and the panel program that is planned for spring.

Attention was called to our February meeting being a combined one and could not be held at the Youngstown College as previously suggested. Dr. Ondash, program chairman said he would arrange for the March meeting to be held at the Youngstown College.

Dr. Brown asked an opinion from Council as to whether the Society should honor 25 or 50 year men with pins. The general opinion was that it should remain as is, 50 years.

Dr. Reese and Dr. Smith reported the Polio Team set-up as concerns the patient, physician and the hospital.

The following application was read:

ACTIVE MEMBERSHIP

Dr. Harold Segall, 2921 Glenwood Ave., Youngstown, Ohio.

Unless objection is filed in writing with the secretary within 15 days, the above applicant becomes a member of the Society.

G. E. DeCICCO
Secretary

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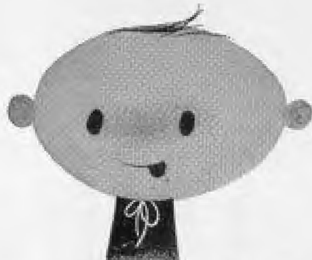

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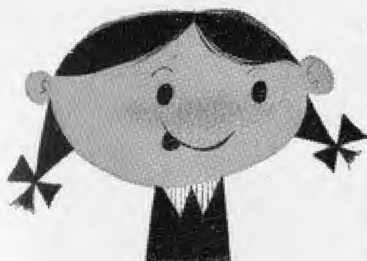

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(1) Burns, J. J., and others: J. Pharmacol. & Exper. Therap. *106*:375, 1952. (2) Byron, C. S., and Orenstein, H. B.: New York State J. Med. *53*:676 (Mar. 15) 1953. (3) Currie, J. P.: Lancet 2:15 (July 5) 1952. (4) Davies, H. R.; Barter, R. W.; Gee, A., and Hirson, C.: Brit. M. J. 2:1392 (Dec. 27) 1952. (5) Delfel, N. E., and Griffin, A. C.: Stanford M. Bull. *2*:65, 1953. (6) Domenjoz, R.: Federation Proc. *11*:339, 1952. (7) Domenjoz, R.: Internat. Rec. Med. *165*:467, 1952. (8) Goldfain, E.: J. Oklahoma M. A. *46*:27, 1953. (9) Gutman, A. B., and Yü, T. F.: Am. J. Med. *13*:744, 1952. (10) Kuzell, W. C.: Annual Review of Medicine, Stanford, Annual Reviews, 2:367, 1951. (11) Kuzell, W. C., and Schaffarzick, R. W.: Bull. on Rheumatic Diseases 3:23, 1952. (12) Kuzell, W. C.; Schaffarzick, R. W.; Brown, B., and Mankle, E. A.: J.A.M.A. *149*:729 (June 21) 1952. (13) Kuzell, W. C., and Schaffarzick, R. W.: California Med. *77*:319, 1952. (14) Patterson, R. M.; Benson, J. E. and Schoenberg, P. L.: U. S. Armed Forces M. J. *4*:109, 1953. (15) Rowe, A., Jr.: Tufft, R. W.; Mechanick, P. G., and Rowe, A. H.: Am. Pract. & Digest Treat., in press. (16) Smith, C. H., and Kunz, H. G.: J. M. Soc. New Jersey *49*:306, 1952. (17) Steinbrocker, O., and others: J.A.M.A. *150*:1087 (Nov. 15) 1952. (18) Stephens, C. A. L., Jr., and others: J.A.M.A. *150*:1084 (Nov. 15) 1952. (19) Wilkinson, E. L., and Brown, H.: Am. J. M. Sc. *225*:153, 1953.

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