BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

February • 1954
Vol. XXIV • No. 2

concentrated
blood-building power
in the anemias

'Trinsicon'

(Hematinic Concentrate with Intrinsic Factor, Lilly)

new potency . . .
new economy . . .
new convenient dosage

FORMULA:

Special Liver-Stomach Concentrate, Lilly (Containing Intrinsic Factor).....300 mg.

Vitamin B_{12} (Activity Equivalent).....15 mcg.

Ferrous Sulfate, Anhydrous.....300 mg.

Ascorbic Acid (Vitamin C).....75 mg.

Folic Acid.....1 mg.

DOSAGE:

TWO PULVULES A DAY FOR AVERAGE CASE OF PERNICIOUS OR NUTRITIONAL ANEMIA

In convenient bottles of 60 (thirty days' supply) and 500.

ELI LILLY AND COMPANY, INDIANAPOLIS 6, INDIANA, U. S. A.

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Representative to the Associated Hospital Service

H. E. PATRICK

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Volume XXIV—No. 2 **February, 1954**

ADVERTISERS' LIST

Our President Speaks

STOP AND THINK

Some ships sail East, and some sail West,
By the self-same winds that blow;
It is not the gales, but the set of their sails,
That determines which way they go.

It seems to me that the most important question to confront the medical ship of state today is whether or not we have our sails set right.

Whether we wish it or not so called advanced civilization has brought with it many, many changes and with it of course have come many fine advances in medical education and practice. With all this one would expect that our ship would be sailing smoothly along its way, advancing daily nearer and nearer its goal of more perfect care of the sick. But now we find instead our ship beset by winds that are driving it first in one direction and then the other.

To right our course it seems to me that the many, many perplexing problems that face us today and our solutions of these problems present not only what the status of the practice of medicine will be today, but also what it will be in the future. No one will deny that the problems are here; the question is what are we going to do to set our sails right so that we will continue to travel in the right direction. It is, therefore, the purpose of this editorial to bring before you something that is needed very badly today by all of us in the practice of medicine, and THAT IS TIME TO THINK. No one will deny that we are rushing around to this meeting and that meeting, and have been for years, trying to acquire all the scientific knowledge that we could, both in hope of aiding ourselves and our patients, and somehow all this has not brought us into any unanimity as to just what is our besetting problem of the day.

No one is finding fault with scientific meetings or their purpose but we are proposing that it is time that we planned somewhere in our program for time to digest what we have heard and read. Not only would this greatly benefit each one of us, but is bound to benefit our patients. Besides this I feel that if each Doctor would really take the time out to think about all these problems that trouble us today, and think he must, for now as never before the medical ship of state must be guided by clear thinking if it is to set its sails right. Although most of us feel that we are a very small cog in the great machinery of American medicine, the decisions that are made today will affect all

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BULLETIN of the Mahoning County Medical Society

Published Monthly at Youngstown, Ohio Annual Subscription, $2.00

VOLUME 24 FEBRUARY, 1954 NUMBER 2

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

ARE WE DOING OURSELVES ANY GOOD?

Is our applied psychology correct? Physicians are urged to have plaques telling patients to discuss any grievances with them. We are exhorted to remind our patients that the county society has a grievance commitee to which they may direct all complaints. This negative approach places every physician on the defensive in regard to his moral character. The doctor's integrity and honesty are questioned long before the patient even consults with him. All this is tantamount to self-accusation. Instead of directing attention to the inferior element of the profession, why not extoll the wholesome behavior of the doctors?

Needless surgery is rightfully condemned but why doesn't the needful surgery which is done with great skill and knowledge, get equal publicity? No one ever did themselves any good by directing attention to their shortcomings.

Let us accentuate the good and wholesome attributes and accomplishments of the profession. At the same time let every county society be ever aggressively vigilant to ferret out all those who would bring discredit to the medical profession.

Andrew A. Detesco, M.D.

THE DEAN'S PAGE

Advances in medical science and medical service in this country and, to a large extent throughout the world, are dependent upon the quality of education provided by the American medical schools. They deserve the interest and active support of not only every physician but also of every citizen.

Despite the progress made over the past fifty years, there is a healthy dissatisfaction with many of our existing methods and practices. Our basic responsibility is to provide a solid foundation for the physician's future development, in terms of attitudes as well as knowledge. We are becoming more aware of our social responsibilities, most important of which is concern for the patient as a member of a community rather than a disease. In making this adjustment, however, we must protect jealously the gains in scientific methods and technical skills.

Vernon W. Lippard, M.D.
Dean, Yale University School of Medicine

**This message was written expressly for the Mahoning County Medical Bulletin.—Editor.*

FIRST AND ONLY

broad-spectrum antibiotic available for intramuscular use

Terramycin®

Brand of oxytetracycline

INTRAMUSCULAR

- Rapidly attained therapeutic levels
- Adequate broad-spectrum action
- For use when oral therapy is not practical or is contraindicated
- Just 100 mg. (one single-dose vial) every 8 or 12 hours is adequate for most infections in adults
- Usually well tolerated on **DEEP** intramuscular injection (*Contains procaine to minimize local tissue reaction*)
- When reconstituted, forms a *clear* solution

Supplied: In dry powder form, in single-dose, silicone-treated, "drain-clear" vials. When reconstituted by addition of 2.1 cc. of sterile aqueous diluent, each single dose (2 cc.) contains:

Crystalline Terramycin hydrochloride	100 mg.
Magnesium chloride	100 mg.
Procaine hydrochloride	2% w/v

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COUNCILOR'S PAGE

At the request of the Council of the Mahoning County Medical Society, I am herewith submitting, basic policies adopted by the Council of the Ohio State Medical Association with respect to the relationships between Doctors of Medicine and Doctors of Osteopathy.

Excerpts from Minutes of The Council, December 16, 1951.

A communication from a member, asking for advice on the ethics involved in consultations and other professional relationships between doctors of medicine and practitioners of medicine other than doctors of medicine, was considered. It was the opinion of The Council that a policy adopted by The Council on July 12, 1931, on this general question was still applicable.

Therefore, on motion duly made, seconded, and unanimously carried, The Council adopted the following statement of policy, based on an action taken by The Council, July 12, 1931, and on the provisions of Chapter II, Section I, of the present Principles of Medical Ethics of The American Medical Association;

"1. It is unethical and unprofessional for a doctor of medicine to voluntarily associate professionally with cultists or with practitioners who are unqualified or inadequately trained in the medical sciences or deficient in moral character; or to jointly treat cases with such persons.

"2. In cases of emergency, a doctor of medicine having a humanitarian duty, may properly render service to patients even though called for such consultations by an unqualified practitioner. However, he should not continue to handle a case jointly with such practitioner following such emergency.

"3. Teaching in schools training cultists or irregular practitioners of medicine and participating in programs sponsored by societies of cultists or irregular practitioners are unethical and unprofessional practice.

"4. In matters of professional relationships and ethics, the county medical society has the entire original jurisdiction and such cases should be reported to and investigated by the county medical society. Responsibility of The Council of the State Association is to hear appeals from local action."

Excerpts from Minutes of The Council, March 21-22, 1953.

"The Council then considered a letter from a member, asking for advice and suggestions on a question of dealing with osteopathy. The inquiry involved a question as to whether or not it would be proper for physicians in the hospital's cancer clinic to furnish a report on a patient, following examination, to an osteopath who had referred the patient to the clinic, and who is regarded by the patient as the patient's family physician.

On motion duly made, seconded and carried, the Council adopted a statement to the effect that there would be no objection to the physicians of a clinic of this kind conveying information regarding diagnostic findings to any duly licensed physician, which would include osteopaths licensed in Ohio to practice osteopathy and surgery or osteopathic medicine and surgery, inasmuch as this procedure is deemed to be in the best interests of the patient."

I believe these excerpts wrap up the question quite well, so far as the standing policies of the State Association are concerned.

C. A. Gustafson, M.D.

KEEPING UP WITH AMA

Wm. M. Skipp, M.D.

Hoover Commission's Medical Task Force

Two medical men, active in two different fields of medical practice have been appointed to this Commission which will study all medical activities conducted by branches of the federal government: Dr. Walter B. Martin, a private practitioner of Norfolk, Va., President-Elect of A.M.A. and Dr. Edwin L. Crosby, Director of the Joint Committee on Accreditation of Hospitals (he is past President of A.H.A. and is research director of the Task Force.

The Task Forces may set up headquarters in any city and hire all necessary staff. Chairman Chauncey McCormick of Chicago has worked with organizations concerned with blindness, child care and welfare problems, worked with Mr. Hoover in European rehabilitation after World War I.

First World Directory of Medical Schools by W.H.O.

It lists over 500 schools in 84 countries, includes 79 in U. S. and 11 Canadian. The U. S. and Canadian schools are all listed by A.M.A. and A.M.C. which gives complete data as to requirements of entrance, teaching staff, student body, while the same sources only list 50 other schools as accredited by them. There is no data available as to the other schools and W.H.O. officials would have been just as happy if nothing had been published at this time. It names these 400 schools without giving any information.

Mrs. Hobby Urges More State Money Be Used in Rehabilitation

The time has come when there should be a reversal of the use of federal money instead of state money. In 1921 one-third of the program was financed by federal money, when in 1947, 73.5 percent was contributed by federal funds, but it did decline in 1953 to 66⅔ percent.

There sholud be a review and an inventory of these programs so that the states take over their own load. This will be reviewed and studied by the Manion Commission so that the state program under state financing can be set up and state controls re-established.

The Department of Health, Education and Welfare

Because of economy reasons the Cleveland office has been closed. This change will place Ohio and Michigan under the Chicago office. The Cleveland director, J. Kimball Johnson will be in charge of the Chicago office.

The Bureau of Old Age, Public Health, Out-patient Clinic, Food and Drug Administration, Educations School Assistance and Social Security appeals will still be maintained in Cleveland.

The Director of Public Assistance Bureau Removed

Miss Jane Hoey, Democrat, who has been with the Bureau for 18 years, refused to be transferred to another position so she was discharged. She claimed her post was not that of policy making and came under Civil Service but the Commission ruled otherwise.

V.A. To Ask Financial Information in Non-Service Connected Cases

Up until the present ruling a veteran was asked if he could pay the necessary expenses; if he answered, "No" that was the end and he was admitted for medical treatment. Now he must answer a number of other questions in regard to his ability to pay, under oath, but he still will be admitted for care. This will protect applicants from charges of "chiseling." Questions: 1. What is the current value of your property, real and personal? 2. What is the current

amount of your ready assets in the form of cash, bank deposits, savings bonds, etc.? 3. If you own real property, what is the approximate amount of the unpaid mortgage or other indebtedness? 4. What are your average monthly expenditures, including mortgage payments and all other personal expenses, including your expenses for dependents? 5. What was your average monthly income for the last six months, from all sources?

States Should Try to Provide Funds that were Covered by Federal Grants.

Surgeon-General, Public Health, Leonard Steel, reports that Dr. Martha Eliot, Chief of the Children's Bureau says that federal grants have "clearly served to draw out additional state and local funds for this purpose."

Jesuit Magazine Upholds A.M.A. on Vet Stand

The America says the A.M.A. is correct in its stand opposing government medical care for veterans with non-service-connected disabilities because of the possibility of getting socialized medicine through the back door by the VA.

There are twenty million vets now and they are increasing at the rate of a million a year. If this continues with state-owned hospitals and state-salaried physicians, the state will control medical practice. Out of five hundred million dollars spent on veteran medical care last year only one hundred seventy-eight million was for service-connected cases. The General Accounting Office checking 350 patients found incomes ranging from $4,000 to $50,000. Twenty-five veterans had property and other assets ranging from $20,000 to $500,000, yet all had presumably sworn that they were unable to pay.

New York "Medicine" states seldom has lying been so amply rewarded. Seldom has perjury been so widely condoned. The A.M.A. deserves strong support on this issue.

Founder's Cup Presented to A.M.A.

A beautiful sterling silver cup was presented 52 years ago to Dr. Nathan S. Davis, who is given credit, as inscribed on the cup as founder of the A.M.A., and for his long serivce to medicine in many branches. Dr. Davis died in 1904 at the age of 87. He had served medicine for 67 years.

This cup was presented to A.M.A. by two of his grandchildren, Dr. Nathan S. Davis, III, and Mrs. Ruth Boissevain, widow of Dr. Charles H. Boissevain.

Wisconsonian Heads Social Security

Mr. John W. Transburg, a 40-year-old Republican, takes over the direction of this important post, which was held by one of the most ardent socialized medicine advocates, Arthur J. Altmeyer, writer of the Wagner, Murray, Dingle bills, which were presented to Congress during former administrations.

Mr. Transburg will be in charge of the Old Age and Survivor's Insurance, spending $4 billion in the Department of Health, Education and Welfare. Most of this amount goes to states for crippled children and public assistance.

If Congress should pass the administration's recommendation for extended Social Security to ten million more persons, including physicians, or free hospitalization for the aged, waiver of premiums for disability, or permanent or total disability pensions, he would be in charge. These have been defeated in the past.

Defense Department Will Propose Scholarships

This will cover medical and other scholarships. Budget Bureau will be asked for approval, but can be presented by any member of the House or Senate.

Essential provisions of the plan: 1. Any medical, dental, nursing, or veterinary student accepting a scholarship would be obligated for one year of federal service for each scholarship year. 2. Payment would be made directly to the schools for tuition and other incidentals and to the student to cover living expenses during the school year. 3. Scholarships, limited to four years, would not be offered to pre-medical students or others preparing for professional courses. 4. Deans would make recommendations but final selection would be by the Defense Department.

Two objectives are: 1. To meet armed forces needs after expiration of the doctor draft in 1955. 2. To interest enough young officers in regular military careers to maintain the regular corps at the necessary level.

Manion Commission Panel Starts Survey of U. S. Grants

This panel will study by sampling survey to determine the composite impact all federal aid to the states, to see, should federal government step out, if these programs could be carried on easier and better with state and local aid alone, and with the withdrawal of federal aid if local communities would be stimulated to more activity.

The Commission has been told that U. S. meddling and red tape has caused the State of Nebraska to end its 5 year program as set by the federal government. It has turned its public assistance set-up back to each county, and medical care will be in the hands of county officials.

Oklahoma feels this state can better handle its aid to dependent children through state and local action.

There may be other states that feel that the federal government should step out of their assistance and old age programs, but the rights of the recipients should be protected, particularly the disabled persons. The A.M.A. has proposed that payments be based on the recipients' ten best working years, thus eliminating the need for medical determinations of disability.

Why Doctors Don't Read Their Mail

The New England Medical Journal reported one physician received from May 1, 1952 to April 30, 1953, 3,305 pieces of direct mail advertising, with 2,883 coming from drug houses, drugs used in cardiovascular diseases headed the list.

Asks Agencies to Identify the White Coat

The Department of Public Relations of the A.M.A. has undertaken to stop the "white coat commercials" on television, when spot sales commercials were asked to identify persons wearing doctor's, dentists' and nurses' garb, as letter was sent by NARTB Television Code Review Board to all N.B.C. spot sales on complaint of A.M.A.

THINK - - - THEN COUNT TEN

This was the title of a guest editorial appearing in the Indianapolis Medical Society Bulletin, by John L. Bach, A.M.A. press relations director.

From the standpoint of good PR a physician should think, then count ten, before he gives his opinion on controversial issues to newspapers, magazines or even scientific journals. What we say on issues has importance from the standpoint of molding public opinion and when you do talk be sure what you say is based on facts, not just hear-say or rumor.

In speaking for publication especially off the cuff remember controversy breeds discussion and discussion promotes reader interest.

The more controversial the issue, the more reader interest it attracts. Therefore, be careful what you say, how you say it, and where you say it, or what purpose you use it for! Your opinions in point affect your colleagues and your profession, not only at home but possibly in every state in the union.

The Indianapolis Star had this to say: "New and heartening recognition of the rugged individualism in a healthier medical profession is evidenced in these words from Mr. Bach's prescription. 'Good public relations cannot be conducted alone from a central office; it must reach out from the office of every doctor in the land'."

Military Recommends More Dependent Medical Care

A five man committee of Admirals and Generals have recommended more pay and more medical and dental care for dependents. The services are losing career men because of low pay and cutting off fringe benefits.

The blame is placed on pressure groups of business and Congressional economy. The group says benefits must be restored and in some instances increased and fringe benefits for dependents must be put in the law. It defined benefits as: hazardous and incentive duty pay, sea and foreign duty, medical and dental care for dependents, better and cheaper housing, better educational facilities for service children.

Rep. Carl T. Curtis (R. Neb.) Sees Congress acting on Social Security

The law may be changed to cover the 6 out of 10 aged persons not now covered by the Old Age and Survivors' Insurance.

The last witness was Arthur J. Altmeyer, former Social Security Commissioner.

Many verbal clashes between Republican and Democratic members on the subject were heard. The Republicans were accused of attempting to discredit Social Security.

Finally, Mr. Curtis, addressing Mr. Altmeyer, observed:

It is apparent that the people of the country have no insurance contract (in OASI). That does not mean that I do not want to . . . make good on the moral commitment that has been made to them. Yet the fact remains that . . . the agency under your direction repeatedly in public statements, by pamphlets, radio addresses, and other means told the people of the country that they had insurance. I think a number of people were misled by that."

Mr. Altmeyer insisted that social security is a statutory right granted by Congress and backed by the federal government. Therefore it is stronger than an individual insurance contract. It is "inconceivable" that Congress would ever take away retirement benefits earned under the program, although he conceded that Congress has the right to change benefits.

Reed Indicates Physicians Will Be Excluded from Social Security

Chairman Daniel A. Reed, (R.-N.Y.) House Ways and Means, says he is not in favor of compulsory coverage by Congress in Social Security of professions, or others that do not want coverage.

The administration bill, introduced last fall, would mandatorily take in physicians, dentists, farmers and virtually all other self-employed.

Mr. Reed made clear that he is not in favor of compulsory coverage for groups that oppose coverage . . . "I believe that social security coverage should be extended to any group which desires it." In St. Louis the A.M.A.'s House of Delegates reaffirmed that the country's physicians do not desire social security.

Secretary Lull's interpretation of Payment of Present and Delinquent A.M.A. Dues.

The House of Delegates at St. Louis, December 1-5, 1953, adopted a resolution relating to 1950 dues.

"Resolved that any active member of the A.M.A. who failed to pay dues for 1950, and who was suspended, may be reinstated during the first six months of 1954 by payment of 1954 dues only.

"Should such an individual fail to pay his 1954 dues by July 1, 1954, he shall continue to be considered delinquent."

If the 1954 duse are not paid by this date, July 1, 1954, then after that the 1950 dues will be a liability for reinstatement to A.M.A. membership.

The National Fund for Medical Education

The American Medical Education Foundation is part of this organization.

"WELL DONE" DEPARTMENT

A "well done" to Dr. M. S. Rosenblum who has received the following message of commendation from Dr. John H. Reed, Chairman of the Committee on Detection and Education, American Diabetic Association:

"Your very excellent report is an inspiration to all of us; we are impressed not only by the quality but the scope of your accomplishments, radio, news paper, lectures, exhibits, and movies. Your detection program has covered every facet of public relations available for the dissemination of knowledge. Congratulations to you and your committee."

—o—

The following members of Dr. Rosenblum's committee are Doctors DeCicco, Goodwin, Ipp, Wagner, Schwebel, Dulick, Ondash, Smeltzer, Yarmy, J. Miller, McNeal, Davidow, and Wenaas.

—o—

A "well done" to Dr. E. A. Shorten, Dr. Lewis Shensa, Dr. David Brody, and the Youngstown Vindicator for their fine cooperation which has resulted in the instructive column, "Medical Memo."

—o—

A "well done" to Robert Nerton for the splendid original cartoons which he has drawn exclusively for the Mahoning County Medical Society. The first to appear is on page 88.

—o—

A "well done" to Parke-Davis and Co. for their public service advertisements headlined, "How to Select a Family Doctor."

These public educational efforts will greatly enhance and improve the physician-patient relationship.

IS THERE FEE-SPLITTING IN YOUNGSTOWN?

In every city the practice of medicine differs in regard to skill and honesty. We are grateful to Dr. J. L. Fisher for the following account of medical and surgical practice in Youngstown.

Editor

It is high time that someone should tell the people about surgical practice in Youngstown. The articles appearing recently in Colliers and the Saturday Evening Post about unethical surgical practice have alarmed me and I can imagine that they have been much more alarming to the people that we doctors care for and sometimes advise to have operations.

I do not know of a single instance of fee-splitting or "ghost surgery" in Youngstown. I have done many operations in 35 years of practice and have never paid any doctor a dime for sending me a case. I have sent many patients to surgeons for operations and never received a dime for sending them. I have inquired among my doctor friends about the practice of fee-splitting and they tell me that they do not know of any surgeon in this community who gives a rebate or "kick back" or employs any subterfuge to obtain surgical cases.

This is a pretty healthy situation. Don't think that there is no competition among doctors, especially among surgeons, for there is. It is very keen but it is clean. The competition consists of striving to excel in knowledge, in perfection of technique, and in giving better care. What could be better for the people who come to us?

In business it is said that competition is the life of trade. It keeps down prices. It stimulates the manufacturer to make a better product. It promotes new ideas and opens new fields of endeavor. It is always to the benefit of the consumer.

So it is with medicine. Competition with other doctors makes your doctor eager to keep up with the new developments in medical treatment. It causes him to spend nights reading his medical journals, to go to meetings of his medical society and to go away frequently for post-graduate courses at the big medical centers. This desire to excel is certainly to the best interest of the people who come to him with their health problems.

But the competition is clean. It does not consist of derogatory remarks about other doctors. Nor in flamboyant advertising to attract the ignorant and gullible. The Medical Society keeps a close watch on the ethics of its members.

More than that, the hospitals keep score on the surgeons who do the operations. Every organ or piece of tissue that is removed at a surgical operation is examined in the laboratory to see if it was diseased and the removal was justified. The report goes on a permanent record of the performance of that surgeon. Who is going to do unnecessary operations under such conditions?

All of this adds up to the safety of the patient who needs an operation. Doctors know doctors and they know who is the best surgeon for certain operations. When your doctor tells you that he is going to have a certain surgeon do your operation you can be sure that he is picking the best.

He is not going to get paid for referring you to the surgeon. He is not going to tell you that he will do the operation and then have someone else do it (ghost surgery). He will come and see you in the hospital and guide

(Continued on Page 57)

IN MEMORIAM

The Board of Regents

of the

AMERICAN COLLEGE OF SURGEONS

has learned with deep regret of the death of an Honored

Fellow and Life Member

WARREN D. COY, M.D.

To his bereaved family and friends we tender our sincere sympathy and as a mark of our respect to his memory we desire to transmit to them this memorial.

In witness whereof we have caused the Common Seal of the American College of Surgeons to be hereunto affixed.

Fred W. Rankin
President

Evarts A. Graham
Chairman, Board of Regents

Paul R. Hawley
The Director

(Continued from Page 55)

you through your convalescence like a good doctor should, until you are well again. When you pay your money you will know who gets it and what was done to earn it.

That is the way medical and surgical practice is done in Youngstown. Maybe there are places where the things they talk about in those articles do occur, but they don't happen here.

J. L. Fisher, M.D.

PERSONALITY OF THE MONTH

Soon we will have the honor and privilege of having in our midst Dr. Robert W. Wilkens, the vice president of the American Heart Association. Dr. Wilkens is stopping over in Youngstown on his way home from a San Francisco medical meeting where he was the principal speaker, and will be the guest speaker of the combined meeting of the Mahoning County Medical Society, the Youngstown Area Heart Association, and the Mahoning Academy of General Practice on February 16.

A graduate of Harvard Medical School in 1933, Dr. Wilkens has proved to be a tireless worker in the field of heart disease, hypertension, and peripheral blood flow. After his graduation he went to Boston City Hospital for his interneship and was associated with Soma Weiss in a fellowship until 1937. A trip to London for research work at the National Hospital, Queen's Square, kept him busy for another year and in 1938 he returned to this country to teach at John's Hopkins University.

Somehow managing to find time from his regular duties, Dr. Wilkens has written several publications on cardiovascular physiology and disease beginning with Beriberi Heart Disease in 1936. Since then his writings have included studies on peripheral blood flow, hepatic and renal blood flow, and hypertension. In "Modern Concepts of Cardiovascular Disease", November, 1953, appeared his most recent publication.

Always on the go in his field and showing an increasing energy for work, Dr. Wilkens is a Fellow of the American College of Physicians, and is Certified by the American Board of Internal Medicine and in the Subspecialty of Cardiovascular Disease. Looking at the roster of the Society for Clinical Investigation and the Association of American Physicians, we find his name listed, and we sit in awe of this man's unlimited capabilities.

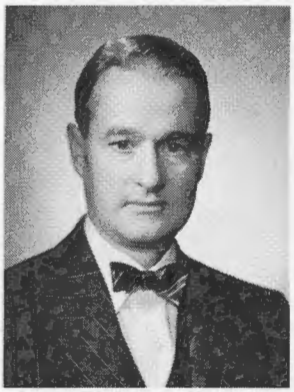
Dr. Wilkens at present is the Associate Professor of Medicine, Boston University, and a member of the Evans Memorial Department of Clinical Research and Preventive Medicine. If you were a patient in the Massachusetts Memorial Hospitals you would find that the Chief of the Hypertension Clinic is none other than our personality of the month.

Dr. Wilkens is known as an excellent speaker and we are fortunate to have him with us. We look forward with great anticipation to his talk on "Hypertension", and the chance to meet this personable fellow.

THE YOUNGSTOWN AREA HEART ASSOCIATION, INC.
MAHONING COUNTY MEDICAL SOCIETY
MAHONING ACADEMY OF GENERAL PRACTICE

COMBINED MEETING

February 16, 1954
Youngstown, Ohio



SPEAKER

Robert W. Wilkins, M.D.

Associate Professor of Medicine, Boston University, Chief of Hypertension Clinic of Massachusetts Memorial Hospitals

10:00 A.M.

CLINIC ON HYPERTENSION
South Side Unit of Youngstown Hospital
Nurses Auditorium
and
EXHIBITION OF HEART MODELS
RECORDED HEART MURMURS AND HEART SOUNDS
(Bring your stethoscope)

3:00 P.M.

INFORMAL QUESTION AND ANSWER CONFERENCE WITH RESIDENTS AND INTERNES—ALL HOSPITALS
North Side Unit of Youngstown Hospital
Laboratory Conference Room
All interested physicians are invited

6:00 P.M.

DINNER MEETING
Elks Club — 220½ West Boardman Street

7:45 P.M.

"CURRENT METHODS OF TREATMENT OF HYPERTENSION"
Dr. Wilkins

Many out-of-town physicians have expressed a desire to attend this meeting. Dinner at Elks Club—$3.50 including tip—will be at 6:00 p.m. sharp. Call your reservation to the Heart Office—RIverside 4-0021.

COMBINED MEETING

MAHONING COUNTY MEDICAL SOCIETY

And

MAHONING ACADEMY OF GENERAL PRACTICE

TIME:

Tuesday, March 16, 1954
8:30 P.M.

PLACE:

YOUNGSTOWN COLLEGE LIBRARY BUILDING

(Third Floor—use elevator). **Ample Parking.**

This is a trial meeting at the Youngstown College Library. We urge that as many attend as possible so that its desirability as a meeting place can be evaluated by each Society member.

SPEAKER:

DR. DONALD M. GLOVER

Director of Surgery, St. Luke's Hospital, Cleveland, Ohio; Asst. Clinical Professor of Surgery, Western Reserve University School of Medicine.

SUBJECT:

"EMERGENCY SURGERY IN INFANTS AND CHILDREN"

A short movie featuring the highlights of Dr. Glover's remarks will be presented immediately after his talk.

PROCEEDINGS OF COUNCIL

Monday, January 11, 1954

The regular monthly meeting of the Council of the Mahoning County Medical Society was held on Monday, January 11, 1954, at the offices of Dr. Neidus, 318 Fifth Avenue, Youngstown, Ohio.

The following doctors were present: J. D. Brown, President, presiding, W. M. Skipp, S. W. Ondash, A. Randell, N. W. Neidus, V. L. Goodwin, E. R. McNeal and F. G. Schlect, comprising the Council, also Dr. C. S. Lowendorf.

Dr. Brown called attention to the "private duty" nurse problem that concerns the hospitals and the profession. There are some 189 nurses enrolled and 140 working as of this time. In addition to a shortage of nurses, there is a problem of income and expense involved in keeping 24 hour answering service. It is hoped that the registry and the hospitals will be able to come to some workable solution soon.

Dr. Brown read a letter from Mr. John H. Yearian, representing the Cerebral Palsey Organization in Youngstown.

A motion was made, seconded, and duly passed asking Dr. Brown to contact Mr. Yearian and invite him to the next meeting of Council.

Dr. Rappoport presented a resolution, in connection with the Blood Bank, which will be submitted to Youngstown Hospital and St. Elizabeth Hospital for their consideration.

A motion was made, seconded, and duly passed instructing the Executive Secretary to contact Dr. Rappoport and ask him to submit the resolution in its accepted form for approval of Council.

A letter was read from the Youngstown Hearing Society.

The Executive Secretary was instructed to contact them and advise that there would be a display at the 1954 Fair similar to 1953.

The following applications were read.

ACTIVE MEMBERSHIP

Dr. Frank M. Morrison, 1506 Market St., Youngstown, Ohio
Dr. Anthony J. Telego, 3714 Market St., Youngstown, Ohio
Dr. John LoCricchio, St. Elizabeth Hospital, Youngstown, Ohio
Dr. Edward G. Rizk, 77 E. Midlothian Blvd., Youngstown, Ohio

ASSOCIATE MEMBERSHIP

Dr. Alex M. Rosenblum, 315 Fifth Ave., Youngstown, Ohio

JUNIOR ACTIVE MEMBERSHIP

Dr. Charles N. Giering, 402 Oak Hill Ave., Youngstown, Ohio
Dr. Frederic R. D'Amato, 312 Stambaugh Bldg., Youngstown, Ohio

INTERNE MEMBERSHIP

Dr. Leonard F. Fagnano, Youngstown Hospital Ass'n., Youngstown, O.

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

VENEREAL DISEASE CLINIC, REPORT FOR 1953

Total number of persons seen during the year 1205
New people not previously seen 1011
Of these:

Admitted for syphilis	146
Admitted for gonorrhea	328
Admitted for chancroid	6
Syphilis adequately treated and not admitted	93
Persons not infected and not admitted	360
Still under investigation	46
Referred to private physician	32
	1011

SYPHILIS

Number of cases treated this year 387
Carried over from 1952 241
Admitted this year 146

387

Primary and secondary	6
Early latent	36
Late latent	87
Central nervous system	8
Congenital	7
Cardiovascular	2
	146
Males admitted	73
Females admitted	73
	146

Of the 387 cases treated this year: active list, 201; to private physician, 17; died, 7; observation, 162.
Number of blood tests taken, 1545: positive 912; negative, 633.
Number of spinal punctures, 91: positive, 9; negative, 82.
NUMBER OF CLINIC VISITS FOR SYPHILIS 1906

GONORRHEA

Number of cases treated this year 362

Males	212
Females	116
Still under observation	81

Number of cultures taken (on females only) 257: positive, 123; negative, 134.
NUMBER OF CLINIC VISITS 1019

CHANCROID

Number of cases treated this year 7
Number of clinic visits 26
NUMBER OF CLINIC VISITS MADE BY PERSONS NOT INFECTED AND NOT ADMITTED OR TRANSFERRED TO OTHER AGENCIES 506
GRAND TOTAL OF CLINIC VISITS 3457

REPORT OF MASS BLOOD TESTING SURVEY:

Although it is generally recognized that the incidence of syphilis is declining, more cases of syphilis were admitted at the Clinic this year than last; 146 in 1953, 121 in 1952; also more people came for examination in 1953 than in 1952, 1011 as against 792.

This apparent increase in attendance and admission is due to the Mass Blood Testing Survey conducted last October in Youngstown and vicinity by our Department of Health in collaboration with the State Health Department and the U. S. Public Health Service.

The following is the result of this survey to date:

Total number of blood tests taken		4553
Total number of Reactors (people giving a positive or a doubtful reaction) 9.1%		415
Persons infected with syphilis		166
Had no treatment or inadequate treatment, admitted	73	
Had adequate treatment, not admitted	93	
		166
Persons with doubtful serology who on further examination were found not infected	118	
Patients referred to private physicians	23	
Patients who did not report to the Clinic but went directly to their own physician	32	
Non-cooperative or not located	15	
Patients who have not yet reported to the Clinic	20	
Patients whose examination is not completed	41	
		415

A survey of this kind would not be complete unless a thorough search were made for possible infected contacts to cases of early syphilis. This task had been assigned to two young men employed by the State Department of Health, Mr. Stanley Petrick who has been with us from the beginning of this survey and Mr. Robert Feryski who has been stationed here since April to get his training in care finding, contact tracing, follow-up work and patient education in general.

Mrs. Ruth Miehl, R.N., a visiting nurse, has done most of our investigations and follow-up work during the first six months of the year.

During the course of the year, 264 epidemiologic forms were received from the State Department of Health and turned over to Mrs. Miehl and later to Mr. Fedyski. Despite the meager information that these forms often contain about the suspected contacts, 164 or 47% infected contacts were discovered and brought under treatment either here or elsewhere.

Our investigators interviewed approximately 275 Clinic patients for the purpose of tracing contacts. This is time consuming but very profitable if properly done. For instance in a group of 101 such interviews 141 contacts were discovered; 111 for gonorrhea, 25 for syphilis and 5 for chancroid.

REMARKS:

1. The following fact is well worth noting. From the third week of October when people who took advantage of this Mass Blood Testing Survey began to report at the Clinic until the end of the year, 348 persons called the Clinic and had to be evaluated. This could never have been accomplished if we

had not had the splendid cooperation of the whole staff, the four assisting physicians, the Clinic nurse, the secretary, the visiting nurse in attendance, the two nurses' aids and the two State men.

2. Also worth mentioning is the increase, both relative and actual, in the number of successful spinal taps made during the year. This reflects favorably on the ability of the assisting physicians.

3. Gonorrhea is still a big problem. Although the number of new cases admitted during the year was smaller than in 1952, the number of admissions rose sharply in the last two months when unemployment was also on the increase. We have the impression that the incidence of gonorrhea is not declining like that of syphilis.

Respectfully submitted
January 13, 1954

HENRI SCHMID, M.D.

THE PRE-MARITAL EXAMINATIONS

There has been some confusion regarding pre-marital examinations. Dr. S. Franklin has kindly written the following article to clarify the problem.—Editor.

The Revised Code of Ohio, Section 3101.05, provides:

"No license to marry shall be issued unless within thirty days of the examination mentioned in this section there is in the possession of the clerk of the probate court a statement as to each applicant, signed by a licensed physician of the state, showing that such applicant has, within thirty days of the filing of the application for the statement, submitted to an examination, including a standard serological test for syphilis, to determine the existence or nonexistence of syphilis. The statement of the examing physician shall show the date of the examination and give his opinion that the condition of the applicant is either of the following:

"(A) The applicant is not infected with syphilis.

"(B) The applicant is infected with syphilis but is not in a stage of that disease which is communicable or likely to become communicable.

"A standard serological test for syphilis shall be a test approved by the department of health, and shall be made at a laboratory approved by the department to make such tests. A report of such test shall be forwarded to the examining physician who has submitted the blood sample.

"The statements of the physician who examined the applicant, and the laboratory which made the serological test . . . shall be upon forms provided therefore by the department.

"No applicant for a mariage license, physician, or representative of a laboratory shall misrepresent any of the facts prescribed by this section, and no licensing officer, who has failed to receive the statements prescribed by this section, or has reason to believe that any of the facts therein have been misrepresented, shall issue marriage license."

This statute clearly requires an examination, in addition to a standard serological test for syphilis, which must be included. The fact that in early primary syphilis the blood test may be negative affords full justification for this provision. Furthermore, the provision of the statute that the syphilis present is not in a stage which is communicable or likely to become com-

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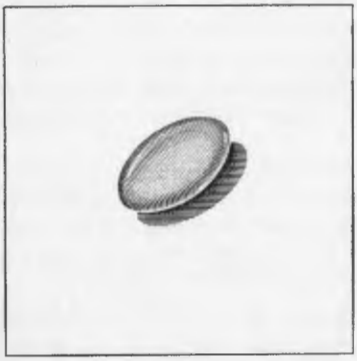

municable, will often require critical evaluation by the physician and the exercise of mature clinical judgment.

The Revised Code, Section 3101.99, states: "A. Whoever violates section 3101.05 of the Revised Code shall be fined not more than one hundred dollars."

The Revised Code, Section 4731.22, provides: " . . . a physician, knowing that one of the parties to a contemplated mariage has a venereal disease, and so informing the other party to such contemplated mariage, or the parent, brother, or guardian of such other party, shall not be held to answer for betrayal of a professional secret nor shall such physician be liable in damages for truthfully giving such information to such other party, or the parent, brother, or guardian of such other party."

There is danger of being subjected to a malpractice suit in not doing enough in connection with the premarital examination, that is, in not fully complying with the statute and in not conducting such medical examination in accordance with the usual standard of medical practice of the community.

The public expects to receive the same high quality of medical care in the premarital examination as in all the other fields of medical practice. Abnormal conditions other than syphilis may also be brought to light. The premarital examination law is a health measure of real value.

Sidney Franklin, M.D., LL.B.

THINGS MONEY CAN'T BUY

George Horace Lorimer, for many years editor of *The Saturday Evening Post,* wrote these words:

It is a good thing to have money and the things that money can buy.

But it is good, too, to check up once in a while and make sure you haven't lost the things that money can't buy.

Money can't buy real friendship—friendship must be earned.

Money can't buy a clear conscience—square dealing is the price tag.

Money can't buy the glow of good health—right living is the secret.

Money can't buy happiness—happiness is a mental attitude and one may be as happy in a cottage as in a mansion.

DON'T WALK, RUN

The urology lecturer at my medical school habitually told stories that were a bit too broad for the four women students in our class. Finally, after a session at which he had made several remarks particularly unsuitable for mixed company, the girls decided they'd had enough. They agreed among themselves that the next time he told an off-color tale, they would walk out of class.

At the next session, the professor began his lecture with the customary review of the literature. "I've been reading some Australian journals," he said. "and I find a surprising thing. Without exception, all investigators report that the average male in that country is much more sexually active, and keeps his sexual powers far longer, than the average American male."

Anticipating the inevitable smutty story, all four women got to their feet and started toward the door.

"Just a minute, girls," said the lecturer, without a moment's hesitation. "I've checked travel schedules, and the next ship for Australia doesn't leave till next week."—Edward D. Morton, M.D.

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ANNUAL INAUGURAL MEETING
January 14, 1954
Youngstown Country Club

Dr. V. L. Goodwin took leave of the presidency of the Society by thanking the members and the various committees for their fine cooperation and hard work. Dr. Goodwin then introduced our new president, Dr. J. D. Brown. A fine hand tooled gavel made by Dr. A. E. Brant, was presented to Dr. Brown.

The following fine address was given by Dr. James D. Brown:

"I wish to take this opportunity to thank the society for entrusting to me the stewardship of the Presidency of the Mahoning County Medical Society for the coming year.

"One realizes all too soon their personal short-comings to do the job as it should be done. However, with the capable men heading our committees, I feel that they will carry on the work of the society in such a manner so that one year from now I feel certain that the society as a whole, will be justly proud of their work.

"At this time of the year, one is perhaps more apt to be starry eyed about the future but one is suddenly snapped back into realism when we look at the magnitude of the job before us.

"It is our earnest hope to give the society a satisfactory administration and to create real cooperation between the society, the hospitals and all the medical agencies that go to make up the medical care of greater Youngstown. This can be done only if every member of the society and of every branch of medical care will dedicate itself to give to Youngstown the finest medical care in the State of Ohio."

Dr. Wm. Skipp and Dr. C. A. Gustafson presented a pin and certificate to Dr. Amos B. Sherk in recognition of his devotion to his patients, his contribution to the health and wealth of the public, and his allegiance to the principles of the medical profession as a practitioner of the Art and Science of Medicine for fifty or more years.

Andrew A. Detesco, M.D.
Editor

THE PRESIDENT SPEAKS (Continued)

of us, both today and for years to come. So in solving our problems we are pleading for time to think, time to think with reason, unselfishness, honesty, sincerity and with clearness of vision, and above all to be honest with ourselves in our thinking so that these perplexing problems may be solved in such a manner as to be of real value to the medical profession, and patients of today and tomorrow. Again we say the burning need today as far as the medical profession is concerned is not more meeting but time to think and digest the material that is from time to time presented to us and time to think concerning such vital problems as confront each of us daily. Thus into our hands is placed today a great responsibility in helping set the sails of the medical ship of state right. Think clearly—set the sails right.

It is not the gales, but the set of the sails,
That determine which way we go.

J. D. Brown, M.D.

INDUSTRIAL MEDICINE IN THE YOUNGSTOWN DISTRICT OF THE UNITED STATES STEEL CORPORATION

H. E. Mathay, M.D.
Medical Director, U.S. Steel Corp., Youngstown District

Dr. T. Lyle Hazlett in the introduction to Industrial Medicine states that: "Industrial Medicine finds its roots in ancient history. While we cannot presume to fix any given date as marking the beginning of interest in industrial health, we know that occupational hazards were recognized centuries before the advent of Christianity. We are told that Aristotle concerned himself with the disease of runners; that Pliny, among other observations, noted the use of masks by certain workers exposed to metallic dusts; that Hippocrates and later Galen wrote on lead poisoning. Other characters of history have contributed to the early thinking on industrial medicine. Among them may be mentioned Avicenna, who made pertinent observations on plumbism; Plautus, who reported the hernias observed in runners; Juvenal, who noted that forge workers exhibited certain eye pathology; and Herodotus, who is said to have been possibly the first to speak of diet to workers."

From this we can see that Industrial Medicine is as old as medicine itself. The early textbooks written by Paracelsus and other workers following him cover the disease of miners, smelters and poisoning by lead, mercury, cobalt, cadmium and arsenic.

By 1700 the hazards of occupational medicine were covered in glass workers, tobacco workers, corpse bearers, starch makers, printers, weavers and soap makers. Since this time large volumes of material have been turned over covering them in great detail.

Dr. C. D. Selby, former head of the Medical Department of General Motors, made a statement in the "Medical Clinics of North America", July 1942, that the available supply of experienced industrial physicians is limited. In fact exhausted. Managements of war industries of necessity employed general practitioners on either full or part time basis.

Since then Dr. Hazlett has organized a post graduate department at the University of Pittsburgh for study of Industrial Medicine and Industrial Hygiene. This was followed by a similar course at the University of Michigan organized by Dr. Selby after his retirement from General Motors. These schools are training specialists for industry and probably others have or will in the near future follow suit. However, the fact still remains, most of the men in Industrial Medicine come from the ranks of general practitioners or general surgeons. From the survey of the membership of the American Academy of General Practice it is noted that 94 percent of the members see industrial cases. This same survey shows further that 20 percent of these members devote full time to the industrial practice. Industrial medicine is general medicine in its broadest sense as it applies to the care of the industrial worker

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and the average general practitioner has excellent training for this work for he does not treat injuries alone. Patients are individuals. Many of the injuries are an end result of family friction, financial worries or the fact that the man is attempting to work two jobs at the same time due to financial status or furthering himself in training for a new occupation by going to night school or serving an apprenticeship. Worry over a sick wife or child or an overdue mortgage is a problem that must be coped with when an individual is injured.

In problems of this type, we have a welfare nurse who goes out and visits the family to assist where possible and reports back to us with recommendations for other help where warranted. Often she has suggestions which are of considerable value to the family. Who is better qualified to cope with this problem than the general practitioner and a welfare nurse collaborating? Often a rehabilitation program must be instituted and their home problem must be considered with the program.

Let me illustrate with the case of W. P., who was injured March 27, 1951 when struck by a bar. He received a linear fracture of the left temple area, epidural hemorrhage with rupture of the middle meningeal artery, pulmonary edema, atelectasis of the lung and post operative broncho pneumonia. He also had a pre-existing duodenal ulcer. A neurological surgeon did an exploratory of the brain and found an extra dural hematoma, acute, massive and severe and ligated the middle meningeal on the right side. The patient developed an atelectasis and was bronchoscoped by a chest surgeon immediately following surgery. This was followed by a tracheotomy and two days later an exploratory of the left side of the brain was performed. He had a stormy course following his surgery and extensive paralysis involving the upper and lower extremities. Speech came back gradually and since then, with occupational physiotherapy, he has made a very good recovery. His paralysis of the upper extremities has cleared almost completely. He is now able to walk without the use of a cane except for moral support and protection in wet or icy weather. At the time of his accident he was living with in-laws and his wife was pregnant. The welfare nurse came in on the case. Since his discharge from the South Unit Hospital he had considerable in-law difficulty and through the Industrial Relation Department was enabled to move into his own apartment in a housing project and on December 8, 1952 he returned to work as an instrument repair apprentice. This will train him for an occupation that will eventually be more remunerative than would have been possible if he had progressed in the normal manner at the time of his injury. He required considerable encouragement at the start but is now becoming quite independent and performing his duties quite well.

The second case that I am thinking of, the man developed a leukemia during the strike of 1952 which was purely non-occupational in origin. He was hospitalized for treatment in North Unit Hospital as a private patient by one of our staff men who brought the matter to my attention. I saw the patient on an Industrial Relations basis and told him that when he recovered sufficiently we would return him to his regular work as an Inspector which was of a light nature. This gave him encouragement and instead of being a depressed individual without hope, changed the future to the prospect of still continuing to be the wage earner for his family. He is staying under the constant observation of his private physician and reports into our medical department for regular follow up. He has taken the attitude that he is living

each day as a reformed alcoholic would, not thinking about tomorrow till it comes and is performing very well in his position.

These are only two illustrations of the work of an industrial physician from an Industrial Relation standpoint.

The organization of the staff of industrial medicine in corporation practice is often quite extensive. Take our own organization at the United States Steel, Youngstown District. It requires, first the nurses in the emergency hospitals. We have a registered nurse on duty in each emergency hospital 24 hours a day, 365 days of the year. We have eight nurses, two relief nurses and nursing supervisor. We maintain two emergency hospitals.

Each hospital requires physicians for staffing who conduct dressing hours and are on call twenty-four hours a day. In addition to the plant physicians there is a chief surgeon responsible for the major types of surgery. The district is headed by the medical director who is responsible for the work of the surgeon, plant physicians and nurses. He in turn helps correlate the work between the employees, the Medical Department, Compensation and Pensions and Safety Division. We also maintain on a retainership basis the Eye, Ear Nose and Throat specialists, and refer, on an industrial fee basis to such specialists as: Urologists, Neurologist, Physiotherapist, Dermatologist, Dentist, Psychiatrist and Roentgenologist.

If a case presents unusual problems in which the general surgeon and the specialists in this district require more aid, the case is referred to the Chief Surgeon, who is over the entire corporation, with a summary of all preceding records. Often, he in turn, will call in consultants of his own to arrive at a diagnosis and give the treatment that he deems necessary. The case is then referred back to the Youngstown District for follow-up care and return to work.

In equipment we have far more at our disposal than the average physician has in his office. To mention a few of the things: well stocked and staffed emergency hospitals; including physical therapy equipment such as whirlpool, diathermy, infra red, traction wheels, etc. We also have x-ray for examinations of extremities and chests. We do not attempt to do diagnostic x-ray however, such as gastro-intestinal series, gall bladder x-rays, intravenous plyograms and the like. This work is left entirely to the x-ray specialist and our work is primarily that of the industrial injury and the industrial medical care. We take our own electrocardiograms, and do our own vital capacity estimations. All cases requiring hospitalization are sent into the South Unit Hospital. Here the more detailed work is done in x-ray, major surgical procedures such as amputations, repair of hernias, skin grafts, treatment of extensive burns, etc. Cases handled in the Youngstown district, as I mentioned before, sometimes require work of a more detailed nature and are referred to St. Francis Hospital in Pittsburgh where a whole ward is devoted to nothing except industrial medical and surgery.

All new employees have routine physical examination in the Employment Office. The industrial physician works with the personnel in Employment in determining the type of work the applicant can best be fitted for his own well being and safety. These examinations include chest x-rays which have been the means many times of an early diagnosis of tuberculosis, lung malignancy and marked cardiac enlargement. These cases after rejection are referred to

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the family physician and as a result of early diagnosis may have longer life expectancy through early treatment. If the pathology found can be corrected, we will often see them in the Employment Office at a later date.

On physical examinations we have our prospective employees strip completely after the history, height, weight and eye examinations have been completed. The inspection of the body as a whole has proven valuable to us. We also do our joint check when the man is stripped. I know of one case in which the man had a badly crippled foot that was passed up completely in examination by another smaller local industry for this reason; the man had stripped to the waist and when examined for hernia dropped his trousers over the crippled foot and the foot was missed completely on extremity examination.

We have our examining booths painted white and have fluorescent tube lighting in the corners of the examining booths. The tubes run up to about waist level from the floor. There is also an overhead light. This system of lighting is excellent for picking up varicosities and skin conditions. Prospective employees stand on fresh paper towels placed on the floor and in this way we feel we can prevent spread of fungus infection as a result of floor contamination in the examining booths.

In the case of female employees, they likewise strip completely but are draped in an ankle length gown. This permits draping of the body except for area being examined. A chaperon is always present.

Standards of our physicial examinations are well established and apply at all times except during emergencies such as World War II when the labor market was very restricted. At such times grading is still kept uniform but subnormals are acceptable with the general superintendent's approval. This means in a labor shortage we will hire individuals with hernias that are controlled by truss, individuals that have but one eye and those who are otherwise physically handicapped. Emphasis is on placement. I mean by this a diabetic on insulin should never be worked on hot metal for we have found through experience these individuals rapidly burn up their carbohydrates and as an end result develop insulin reaction.

Employees who have been off work for more than thirty days due to illness or leave of absence are re-examined and routine chest x-rays are taken. Annual examinations are required of employees in certain occupations such as crane operators, millwrights, welders, etc., for their lives and the lives of fellow workers are often dependent on their physical condition.

From the Employment Office the industrial physician goes to the emergency hospital to conduct his dressing hours. Here he examines and directs treatment of the injured employees.

We often have to be teachers as well as doctors in instructing patients in lifting, using the thigh muscles instead of the back muscles to try to prevent back injuries that are disabling. This instruction has all been given before but for some reason is accepted from the doctor more readily than from the safety engineers or foremen. In the emergency hospital we are constantly beset by problems that are not industrial in nature. The dressing hour here is very much like that of a general practitioner's office. We see patients with foreign bodies, lacerations, burns, fractures, sprains, etc. We also see many employees with cold, sore throats, and the like, purely non industrial in origin.

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These patients are give palliative treatment only and referred to their family physician. Occasionally employees attempt to put the blame of an injury on industry when it actually happened on the outside, taking the attitude that industrial hospitals have the facilities and can take the place of a private physician in treatment. These cases likewise are referred to the family physician. At times the patient will color his statements before the family physician to such extent that it may appear that we are attempting to dodge our responsibility but this is never the case. We do not care to practice state medicine and constantly refer cases back to the family physician.

At this time I would like to make an appeal for Industry as a whole—where the family physician receives an industrial case that he give us the same courtesy and refer the case back to us for treatment.

There are health hazards which we are constantly watching and trying to prevent. I am thinking of siderosis, pneumoconosis, carbon monoxide poisoning, lead poisoning, contact dermatitis, heat exhaustion and other similar conditions.

The Safety Division is responsible for investigating accidents and health hazards. This work falls into two catagories:

A. Accident prevention is the major work and the Safety Division works closely with the industrial physician to achieve this end. All serious accidents are thoroughly investigated and as a result of this investigation preventive measures and controls are developed. The safety engineer in his routine investigation of the case develops the facts on, why, when and where the accident occurred. This information is obtained in the field from the patient, fellow workers, witnesses and the superintendent.

They also investigate occupational hazards and help develop the program for prevention. As a result of their work we have hard hats, goggles, skin protectors, woolen clothing, welder hood, breathing equipment, respirators and oxygen equipment that is in use by the employees throughout the plant.

B. They investigate for Compensation purposes where the facts surrounding an injury are developed and turned over to the supervisor of Compensation so that equitable handling of the case can be assured.

The Compensation Department reviews all cases of injured employees considering them from a compensation, insurance and pension standpoint. They handle a great deal of paper work and in a sense are the legal end of the Medical Department in Industrial Relations. They request examinations by the Medical Department of men who are injured and may have permanent partial disabilities. These examinations are evaluated at the end of forty weeks after the employee has returned to work. In some cases these evaluations are quite simple, for the State Industrial Commission has set up a table of percentages of permanent partial disabilities on the digits of the hand and foot but in other cases it is quite difficult for there is no table covering all cases for evaluations. The book that nearest approaches this would be "Disability Evaluation" written by McBride. In it McBride takes into account the age of the individual, occupation, his previous training, the injury itself and from this material computes his percentage of permanent partial disability. But this likewise is just a guide. As a result, the evaluation of permanent par-

tial disability may vary between the industrial physician, the Industrial Commission examiner and the private physician as to the percentage of permanent partial disability.

The Compensation and Pension Department are well acquainted with the Workmen's Compensation Law, Blue Cross Hospitalization and The Equitable or Metropolitan Insurance programs. They counsel with injured employees, explaining to them their rights and the rights of their family under the coverage of compensation, group insurance, and hospitalization.

There is also the common problem of retirement existing between the Medical Department and Compensation and Pensions. When the worker reaches the age of sixty-five, should he continue in employment or should he take the twilight of his life and enjoy it doing the things he always wanted to do and didn't have time to or is the individual married to his work and being separated from it will he give up all hope and die from infirmities within a short period after his retirement? This is one of the hard decisions that the industrial physician often has to make from a medical and also from a humane standpoint.

As a result of Employment Office, Emergency Hospitals, Safety Department, Compensation and Pensions, doctors in industrial medicine have a large amount of records to make. These are necessary for presentation to the Industrial Commission, Court, Insurance Companies and for good personnel records. The volume of patients that are handled in a day's time is much greater than any one man in private practice would attempt to handle. Yet with each patient an attempt must be made to retain the personal element in the picture and not have him feel he is part of a production line. This is only possible when one has a record with the employee's full name and enough information of the patient's past medical care to produce this result. Many of these men are seen only once in a period of years and yet others are seen daily for a considerable period of time. The hospital and accident reports are written by the nurse. The progress cards are made with notations covering each visit until the time of discharge of the patient. The records of physical examinations of the employees in the employment office are filled out by the doctor and these records are of confidential nature and are kept in the posession of the medical department.

In conclusion I point out that we feel prevention programs such as vaccinations, immunization against typhoid, etc. should be in the hands of the private physician. The same is true of patients with hypertension, cardiac conditions and the like. We are interested in preventive medicine and in medical care. We are also interested in whether or not an individual is in physical condition to be permitted to work. The industrial physician knows what is required of the man working in industry and feels that with this knowledge he may be a little better qualified in determining whether or not an employee may continue with his regular occupation or whether the employee should continue under the treatment of the family physician at home.

At times private physicians feel we should return some men to light work. Sometimes this is possible but quite often such light work in heavy industry is not available. There are times when management will request the industrial physician to contact the private physician for information on an employee.

This is for a very definite reason. Industry must constantly keep all positions filled and must know what to expect of an injured or ill employee; when he will be returning to work, and how much work they can expect from him, or whether he should be returned to work at all. For this reason we often contact the private physician but always keep the diagnosis confidential, expressing only our opinion, which is usually that of the family physician, on what management may expect in the future of the disabled employee. In this paper I have attempted to cover the various problems and work of the industrial physician in his relationship to a private physician and the hospital with hope of establishing better understanding and support in the future.

PERSONAL PATTER

HAVE YOU HEARD . . .

. . . of the fabulous annual Caribbean cruise of the Pan-American Medical Association? If not, may I refer you to Doctors Cuckerbaum, Firestone, Golden Phillips, and Scarnecchia who, along with their charming wives, took the golden trek. Casting off from New York on the SS Nieuw Amsterdam on January 6th, they basked in sunshine and post-graduate courses throughout their entire itinerary which included: Curacao, Venezuela, the Virgin Islands, Puerto Rico, the Dominican Republic, Cuba and then back to New York on January 22, 1954, of course.

. . . that Dr. Paul Dobson's tour of duty with the U. S. Army Medical Corps will terminate very soon? He will be associated with Dr. A. J. Fisher in the practice of anesthesia at the Youngstown Hospital Association.

. . . that The American Academy of General Practice has planned a post-assembly European tour to follow the meeting of the General Assembly in Cleveland, Ohio in March. It starts with dinner in Cleveland and breakfast in Paris, France, after a magic carpet overnight Super Constellation flight. Then come 33 delightful days through England, France, Italy, Switzerland, Germany, the Netherlands and the Rivieras. More information can be obtained from Doctors J. L. Fisher, Rothrock, Mathay and Wenaas who plan to participate in the continental tour. Dr. E. J. Wenaas will swing off for a side trip to Oslo, Norway, where he will deliver a paper on his specialty.

. . . that Dr. G. W. Cook was off to Chicago, Illinois, for the American Academy of Orthopedists meeting?

. . . that the new Boardman Medical Center building has opened and Dr. F. A. Friedrich and Dr. Robert Fisher have moved their offices there?

DR. LOEWI HONORED

Dr. Otto Loewi, research professor of pharmacology at the New York University College of Medicine, has been made an honorary member of the Medical Board of the Myasthenia Gravis Foundation. Dr. Loewi, who celebrated his 80th birthday in June, was winner with Sir Harry Dale in 1936 of a Nobel prize for discovery of the chemical transmission of nerve impulses.

PERSONAL PATTER

HAVE YOU MET . . .

. . . Dr. Edward G. Rizk who is associated with Doctors Hutt and Hovanic in the practice of pediatrics at 77 E. Midlothian Boulevard? A native of Des Moines, Iowa, Dr. Rizk graduated from the University of Iowa Medical School in 1946. He was an interne at City Hospital in Akron, Ohio and then served with the U. S. Army Medical Corps for two years. In his residency training, a year was spent at City Hospital in Mobile, Alabama, a year at the University of Alabama Medical School in Birmingham, and a year at Childrens Hospital in Cincinnati, Ohio. Dr. Rizk was certified by the American Board of Pediatrics in May of 1953. Mrs. Rizk is the former Billie Carr, of Youngstown, and the Rizk residence is at 4320 Chester Drive, Boardman, Ohio.

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. . . Dr Harold Segall who has opened his offices at 2921 Glenwood Avenue for the practice of pediatrics? Dr. Segall, a Youngstowner, graduated from Ohio State Medical School in 1947 and served his internship at Indianapolis City Hospital in Indianapolis, Indiana. He served in the same hospital as resident in pediatrics and then moved on to spend another year at Childrens Hospital in Columbus, Ohio. Dr. Segall was certified by the American Board of Pediatrics in October of 1952. The U. S. Navy Medical Corps claimed his services for two years after which he returned to private practice limited to pediatrics. Dr. Segall, wife Elise, and sons, Mark and Jeffery, reside at 336 Shields Road.

FROM THE BULLETIN

TWENTY YEARS AGO—FEBRUARY, 1934

Excerpts from the President's Page (the late J. B. Nelson): "A question difficult to solve is the care of the indigent. The actual care of these poor people has always been done by the family doctor or by staff members of the hospitals, without any financial reward. No one saw far enough into the future to realize that a few cases treated for nothing would some day result in demands so unreasonable as to expect physicians to bear the greatest load of charity ever carried by a single group of men. We failed to see that our contribution was not to the indigent, but to society at large."

From the Youngstown Hospital report: "In these days of intensive effort to feed and clothe the poor, the sick poor seem to have been almost entirely overlooked. Hospitals failed in their attempt both with the federal government and the state, in having hospitalization included with food, fuel, shelter and clothing for poor relief. Just as feeding the poor has reached the place where local funds and organizations are no longer able to carry the burden, so has the care of the indigent sick become too much of a burden for physicians and hospitals."

Dr. Morris Fishbein spoke at the Annual Banquet last month. Three hundred physicians attended, more than one hundred from outside the County. Dr. Irvin Abell of the University of Louisville was announced as speaker for February. A group from McGill University at Montreal was scheduled for Post-Graduate Day in April.

Plans for a Central Office were maturing rapidly under the leadership of Robert Poling's committee. Lyons invited attention to the fact that his ad has been in the *Bulletin* in every issue since the first. He can still say that 20 years later. You could buy a Knox hat at Scott's for $5.00. Sam Klatman was given special mention for his quiet but faithful and efficient work for the Society. Walter Turner and F. W. McNamara were named the best dressed doctors.

TEN YEARS AGO—FEBRUARY, 1944

From the President's Page (Elmer Nagle): "Our Municipal Hospital has withstood the test of years of a useless and unhappy life. It is a modest light colored brick building, perched on a hillside and surrounded by an area landscaped by nature herself. It has remained in this location for many years, very quietly, with complacent composure. The building could attain a position of usefulness under guidance of willing promoters. Our Society has a committee ready to cooperate with any humanitarian organization interested in making the municipal hospital a haven for those sick in mind and body."

Dr. W. G. MacLachlin of Pittsburgh spoke on "Pneumonia" in January. Excerpts from his talk: "The present epidemic of influenza has been mild except in old people. The type of bacteria in pneumonia changes with years. Mixed infection does not add necessarily to the virulence of the disease. What about the relatively new term primary atypical pneumonia? It is generally considered that it is caused by the primary virus infection of influenza and common respiratory cold that precedes the lesion in the lung. We have been impressed by the relationship of mixed infection as having a definite part to play in the appearance of the disease. The sulfa drugs have not acted as

well as they did. Pneumococcic serum has gone for the present. I have had the opportunity to observe two cases of pneumonia treated by penicillin in which the staphylococcus was playing the leading etiological roll. Both cases recovered."

Not much was heard from the men in the Armed Services. Gordon Nelson wrote from Italy to say that it was a big improvement over Africa with its ants, mosquitos, scorpions and dirty Arabs. Sam Weaver, Brack Bowman, Luke Reed and Brandmiller were in California. John Noll was promoted to Lt. Colonel. Major S. D. Goldberg at Camp Davis, N. C. received word of the birth of a son January 14th.

J. L. F.

CHICAGO DAILY NEWS

POLITICAL HEALTH

We are a little confused and considerably dismayed by President Eisenhower's proposal to ease the government's toe into the door of the health insurance field.

Passages in his message to Congress seemed to be a bold rejection of plans for socializing medicine. "Freedom, consent and individual responsibility are fundamental to our system," he said. While the Democrats are in no position to do so, they could point out that this sentiment hardly jibes with his recent message on compulsory Social Security.

Then, following the tack suggested in his State of the Union message, he recommended the establishment of a government reinsurance corporation. It would "encourage private and nonprofit health insurance organizations to offer broader protection to more families." The $25 million capital required would be recovered from fees charged the private companies, he explained.

This is either a political hoax, a sop to the socialized-medicine claque, or a most naive conception of the reinsurance business.

Private companies in the health insurance field already reinsure each other, just as life-insurance companies do, so that one company need retain only a safe proportion, in relation to its assets, of the risk it assumes in insuring any particular group.

The essence of insurance is that an entire group of policyholders will pay premiums sufficient to meet all possible claims, plus administrative costs. The premiums vary with the benefits offered.

Thus it should be quite possible for the 2,000 employes of the PDQ company to buy a group health insurance policy providing that when any of them got a cold he was entitled to a two-week stay in a gold bed in the Hilton ballroom, with Hollywood starlets for nurses.

The premiums for this fantasy might be prohibitive, but that is the theory of insurance—you get whatever protection terms you pay for.

Now, when the President proposes to put the government into the reinsurance business, one of two things must follow. Either it will be self-supporting from fees, as he suggests, in which case it offers no advantage over the private reinsurance plans already operating. Or else it will not be self-sustaining—which is the more likely—and there you have a government subsidy for health insurance, all ready to be expanded into a full-scale, national compulsory scheme.

The loss ratio of the private health insurance companies varies less than 10 percent from year to year, and they pay out something like three quarters of a billion dollars a year in claims. In other words, they know exactly what must be charged to provide the protection they offer.

It is impossible to see what a government reinsurance corporation could introduce into this business—except to sell something below cost—that would add anything not now existing.

A possible preview of the bill that Congress will eventually vote on is that introduced by Rep. Wolverton (R., N.J.). It provides that the government

would pay two thirds of any hospital or medical bill in excess of $1,000 paid in any one year by an insurance policyholder.

It also provides that rates to health plan subscribers must vary in proportion to income. That means that either some must be overcharged, or the government must contribute for the undercharged.

This is backing into socialized medicine, blindfolded. Before starting out so to erect a jerry-built structure of federal "benefits," we might do better to recognize frankly where we are heading, and plan a system of federal subsidies for the ill with as much foresight as possible.

We regret that the President seems to have discarded the rational suggestion for alleviating the burdens of illness advanced last session by Rep. Oliver Bolton (R., Ohio). He offered a measure to make all medical expenses deductible from income for tax purposes. Thereby, the ones who suffered most would obtain the greatest benefit.

This proposal was discussed at length in The Editor's Notebook of April 11, 1953. It has the great merit of encouraging preventive health measures, and none of the drawbacks of offering special privilege to any economic group.

The other four points of the President's message have much to recommend them, and we shall discuss these in a future editorial.

THE PRESIDENT AND THE HEALTH OF THE NATION

"The Board of Trustees of the American Medical Association has given careful study to the President's Message on Health delivered to Congress on January 18. The Board is pleased to find in this message so many of the ideas and principles for which the American Medical Association has striven for so many years.

"The Board endorses the general objectives of the President to extend needed facilities, to promote further research, to increase coverage under voluntary health insurance and to rehabilitate the disabled.

"There are certain basic principles which the American Medical Association feels are essential in the consideration of any voluntary health insurance program: there must be free choice of physicians and hospitals; the program must be founded on sound actuarial data and there must be no direct or indirect control of the program by the government.

"The Administration's federal reinsurance proposal is indefinite. It is not clear whether this is true reinsurance or another form of government subsidy. This whole subject needs careful study and until the plan is spelled out in detail the American Medical Association can make no further comment.

"The American Medical Association feels that there may be other approches to the problem of the extension of health coverage than that of federal reinsurance. For example, the A.M.A. has strongly supported legislation to permit deduction from income for tax purposes of medical and hospital bills and premiums paid for voluntary health insurance."

SCHISTOSOMIASIS: A Disease You May See in Your Practice

The immigration of many Puerto Ricans is resulting in a new medical problem. Certain diseases which are endemic and epidemic in their native land, will have to be considered in the differential diagnosis of these patients. The following article is the first in a series to remind us of these diseases.—Editor.

Until approximately ten years ago Schistosomiasis (or Bilharziasis) was a medical curiosity to practically all American physicians. When American military forces invaded Leyte in the Philippine Islands on October 20, 1944, they established beachheads in one of the most highly endemic areas in the Orient. Several thousand service men acquired the disease at that time. The incidence of the disease is increasing in North America as evidenced by the fact that from 1933 to 1950, necropsy has been performed at Bellevue Hospital alone in five cases of Schistosomiasis (Symners). All of these occurred in Puerto Ricans and other Latin Americans. The number of cases seen in New York City has steadily increased, due to the large number of Puerto Rican immigrants. Since Youngstown has also had a recent influx of Puerto Ricans, it is a disease to keep in mind when treating any illnesses in members of that group. The returned veteran who was in an endemic area may also develop the disease. The clinical manifestations vary greatly, and the patient may have one or more of the following symptoms or signs: acute or chronic dysentery, progressive anemia, cirrhosis, splenomegaly, ascites, hematura, focal epilepsy and hemiplegia.

The Schistosomes are blood flukes, which differ from other flukes in that they are dioecious (having both male and female forms) and in that their ova possess a knob or spine. Schistosoma mansoni which is found in the Caribbean Islands and Central and South America was originally brought to this hemisphere from Africa by the slave trade. The three principal species which infest man, the disease produced and the geographical distribution are listed in the following table:

S. mansoni	Manson's or intestinal schistosomiasis (Reservoir host-man; occasionally monkeys)	Africa, Arabia, Caribbean Is., Central and S. America
S. japonica	Oriental Schistosomiasis (Reservoir host-man; water buffalo, horses, dogs, cats, mice and cattle)	Japan, China, the Philippines, Formosa and Celebes
S. hematobium	Urinary schistosomiasis (Reservoir host-man; occasionally monkeys)	Africa, Middle East, some parts of Europe along the Mediterranean, the islands east of Africa

A generalized life cycle for all three species will now be outlined. Besides the definitive host, an intermediate host—any one of several species of freshwater snails—is required for the complete development of the parasite. Man acquires the parasite by washing, bathing, wading in or drinking water which contains cercariae (elongate, free-swimming forms). The epidermis is penetrated, with the aid of lytic substances, in about 30 minutes. Within 24 hours the larvae are in the peripheral venules. They are carried to the right side of the heart, work their way through the pulmonary vessels, reach the left side of the heart and end up in the mesentric capillaries. Then they migrate to the

intrahepatic portion of the portal circulation where maturation (which requires about 2 months) takes place. After mating, the female worms migrate to the smaller mesentric veins and discharge their ova. Aided by the pressure in the distended venules their spines, lytic substances and other factors, the ova eventually reach the lumen of the intestine (except those of S. hematobium which usually penetrate the urinary bladder). The ova are discharged in urine or feces into water, and soon hatch. The miracidia which hatch from the ova are actively motile forms which search for and penetrate certain species of snails. In the snail each miracidium develops into a sporocyst which in about 4 to 8 weeks produces cercariae. These are slender, fork-tailed forms which emerge from the snail and swim about actively in the water.

(In the next issue the clinical aspects of Schistosomiasis will be discussed.)

R. E. Glasgow, M.D.

SCIENTIFIC ASSEMBLY OF THE AMERICAN ACADEMY OF GENERAL PRACTICE

Resolved, that I, Dr. John Smith, will attend the 1954 Scientific Assembly of the American Academy of General Practice in Cleveland, March 22-25, and that with these words I will *instantly* take steps to implement this resolution, as follows:

1. Make appropriate marks on calendar.
2. Instruct secretary to obtain hotel and transportation reservations.
3. Instruct secretary to assist me in impressing all patients with the fact that their welfare and mine depend upon my being in Cleveland in March, 1954.
4. Arrange for substitute in practice.
5. Look forward to hearing and seeing: Sir Alexander Fleming; R. L. Faulkner; George Crile; Paul A. Bunn; Howard A. Rusk; Richard TeLinde; Louis G. Moench; R. L. Pullen; Edward J. McCormick. . . . .

AUXILIARY NEWS

About fifty members enjoyed the dinner meeting at the Youngstown Club, January 19, that launched the 1954 meetings of the Woman's Auxiliary to the Mahoning County Medical Society.

Following the dinner, Mrs. Frederick S. Coombs, Jr., Program Chairman for the evening, introduced Mrs. Howard Burt who gave an excellent review of Ishbel Ress's dramatic story, "Proud Kate." Accompanied at the piano by Mrs. John R. Hill. Miss Helen Craig was the charming voice soloist for the evening.

The dinner arrangements and attractive tables were planned by the social committee; Mrs. Paul J. Fuzy, Jr., chairman; Mrs. Richard Goldcamp; Mrs. John Renner and Mrs. James L. Smeltzer.

During the business session the Auxiliary moved to increase the contribution to the Medical Education Foundation to $200.

Mrs. Wayne Hardies and her Ways and Means Committee are to be commended for their help in the recent diabetic program and for securing volunteers for the "Polio" Drive and Heart Association Drive. Mrs. Craig Wales is also to be commended for her part in securing workers for the February 14 Heart Drive.

The annual Style Show and Tea for members and their guests will be held Februrary 23, at Rodef Sholom Temple. Save the date!

Jane B. Brown

CIVIC RESPONSIBILITY

Leadership in a community rests upon those who can manifest it and will take it. Traditionally, the public has expected its physicians to be better informed than most people. Sometimes a busy practice has been permitted to crowd out opportunities for the practitioner to become and remain well informed. It comes as a shock when one finds his physician not conversant with matters of community concern. People have the right to expect their physicians to be community leaders.—Herbert P. Ramsay, M.D., *M. Ann. District Columbia,* July, 1953.

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"It is to the self-sacrificing spirit of the sagacious practicing doctor, not to the likes of us in this, that or the other line of special work, or the medical scientist, or the public health official, that from the earliest times tribute has been paid . . .

"Three-fifths of the practice of medicine depends on common sense, a knowledge of people and human reactions . . .

"We have instruments of precision in increasing numbers . . . the vast majority of which are but supplementary to, and as nothing compared with the careful study of the patient by a keen observer using his eyes and ears and fingers and a few simple aids. The practice of medicine is an art and can never approach being a science even though it may adopt and use for its purposes certain instruments originally designed in the process of scientific research."—*Dr. Harvey Cushing.*

TRENDS AND EVENTS

TAX DEFERMENTS FOR ANNUITIES

Pending before the House Ways and Means Committee is legislation permitting the self-employed, including physicians, to defer, until retirement, income tax payments on a limited portion of earnings paid into restricted annuity plans. The legislation, popularly known as Jenkins-Keogh for its two principal sponsors, was the subject of hearings last August, after Congress had adjourned. The proposal is certain to be reopened when the Ways and Means Committee takes up revisions of the income tax laws this session.

The Association strongly supports Jenkins-Keogh legislation and has urged its passage in lieu of extending social security coverage to physicians. AMA cites the fact that present law permits corporations to contribute to their employees' pension plans on a tax-free basis. The self-employed, on the other hand, are denied a similar advantage.

The Association recommends the following: (1) the VA should provide the best possible medical care for actual service-connected cases, (2) until local and state facilities are adequate, long-term tuberculosis and psychiatric and neurological disorders, whether or not service-connected, should be hospitalized by VA when the veteran is unable to pay, and (3) all other non-service-connected cases are the responsibility of the veteran, his family, or his community. The AMA generally has opposed bills unrealistically liberalizing presumption of service-connection.

You will remember, of course, always to get the weather-gage of your patient, I mean, to place him so that the light falls on his face and not on yours. It is a kind of ocular duel that is about to take place between you; you are going to look through his features into his pulmonary and hepatic and other internal machinery, and he is going to look into yours quite as sharply to see what you think about his probabilities for time and eternity.—*Oliver Wendell Holmes.*

The results of the "Survey on Medical Education," conducted jointly by the AMA and the Association of American Medical Colleges, are summarized. The report states:

Some may be disappointed that the survey does not blueprint a new philosophy or new program of medical education. Although such an approach might have been an interesting and stimulating one, the survey felt that its most useful approach would be to provide a glass into which each school could peer and ask itself which of the faults and failings of American medical education there mirrored are cast by its image. To a large degree the report of the survey has been successful in achieving this end, and the self examination it is certain to stimulate in each school should lead to a very definite improvement in medical education in this country in the years immediately ahead.

A decision of the United States Circuit Court of Appeals, Second Circuit, provides strong argument that doctors may now deduct travel and other expenses incurred for post-graduate education. (Coughlin vs. Commissioner of Internal Revenue, 203 F. 2d 307)

A new high was established for medical graduates, 1953—6,668 students received their Doctor of Medicine degree. The number of students enrolled in approved medical schools also reached a new record, with a total of 27,688.

Heretofore the Internal Revenue Bureau has allowed deduction of expenses to attend medical conventions the same as other business expenses, but expenses for post-graduate education were not deductible under the theory that these were educational expenses and hence personal and not business expenses.

PERIODICAL PEARLS

SPONTANEOUS PNEUMOTHORAX

Spontaneous Pneumothorax occurs most commonly in young, healthy adults in the third decade. However, it may be seen in the newborn or in old age. Males are affected more frequently than females.

It was formerly believed that this condition resulted almost invariably from pulmonary tuberculosis. It has been established, however, that most cases of spontaneous pneumothorax occure in patients who give no antecedent history of lung disease and have no evidence of tuberculosis. Nor does tuberculosis develop following spontaneous pneumothorax any more frequently than in the general population.

It is likely that the most common cause of spontaneous pneumothorax is rupture of an emphysematous bulla or bleb. These dilated peripheral air sacs are known to occur in lungs otherwise normal. In those patients in whom the spontaneous pneumothorax is considered "idiopathic," it is probable that blebs or bullae are present but not demonstrable. In some, spontaneous rupture of a weakened pleura, pulmonary cyst or mediastinal emphysema may be responsible. In 85 to 90 percent of patients the spontaneous pneumothorax occurs during minimal or mild physical activity.

About 20 percent of patients have recurrences, while in some, the lung fails to re-expand spontaneously or even after the aspiration of air.

Roentgenographically, the degree of collapse may be slight or complete. The outer margin of the lung is seen as a thin line running parallel to the chest contour. When the pneumothorax is small, a roentgenogram made on expiration is desirable, for in this phase of respiration the pneumothorax space is larger and more easily identified. The edge of the lung may be irregular due to pleural adhesions extending from the visceral to the parietal pleura. However, in most cases of spontaneous pneumothorax not due to tuberculosis, pleural adhesions are rare. The collapsed lung may appear normal, or radiolucent cyst-like structures may be seen. A small amount of pleural fluid is not unusual, but only rarely does it rise above the dome of the diaphragm.

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Long-standing chronic renal disease frequently produces secondary hyperplasia of the parathyroid glands.

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If the patient with renal suppression is afebrile, has no diarrhea, and is not vomiting or sweating, he needs little more than one liter of fluids per day, a high caloric diet, and small quantities of plasma or albumin intravenously.

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Objective evidence of prostatic cancer consists of change in shape and smoothness of the gland; increased consistency; pain in the cancerous zone and uncertain definition of the borders of the gland.

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Pain is not always a reliable or timely diagnostic symptom in prostatic carcinoma.—William S. Reveno, M.D., *711 Medical Maxims*, Charles C. Thomas.

CAPSULETTES

If a medical student in this school were asked to enumerate the causes of bleeding after the menopause or the causes of irregular bleeding just before the menopause, he would base his answer on his outpatient experience and teaching and place estrogens administered in general practice high among the causes. Estrogens-induced bleeding is, in fact, a new disease in gynecology and many patients have to be admitted for curettage to exclude cancer, for the simple reason that the responsibility for exclusion of cancer as the cause of bleeding at the climacteric requires nothing less.—Hugh C. McLaren, *The Practitioner*, November 1953, p. 500.

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Gallstones in Old People.—Gallstones are more common in both men and women in their old age than is usually realized. . . . It is hard to believe that any medical management of them is of any value. In the Peter Bent Brigham Hospital series, the hospital mortality of old people with gallstones was 34 %, whereas the hospital mortality for all the patients was only 23.6%. There were 455 patients who knew that they had gallstones and were not operated upon; of these, 28 died wholly of causes produced by the stones and 53 others died of other diseases with contributions from the stones. This is a medical mortality rate of 17.8%, which far exceeds what should be expected from surgery. Gallstones seem to enhance cardiac manifestations in old patients who have heart disease, such as angina and auricular fibrillation. Gallstones and their management increase nervous indigestion. Cancer of the biliary system is not found without them. For all these reasons it is good practice to insist on cholecystectomy soon after the presence of gallstones has been established, and not to wait for complications.—R. T. Monroe, M.D., The Effect of Aging of Population on General Health Problems, *The New England Journal of Medicine*, Aug. 20, 1953.

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Hemoglobin determinations by a reliable method usually furnish more information in a few minutes than does the erythrocyte count. Variations in hemoconcentration can readily be followed by checking the amount of hemoglobin. In the anemias, the amount of hemoglobin, the estimation of cell size and the study of the well-stained smear form a basis for diagnosis or for an opinion as to the results of treatment.

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In 13 of 139 patients under prolonged treatment with hydralazine hydrochloride (Apresoline) in relatively large doses, a syndrome supervened, which, in its milder phase resembled early rhumatoid arthritis and, in its severer form, simulated aspects of acute systemic lupus erythematosus. The process usually disappeared spontaneously on withdrawal of therapy with the drug or on reduction in dosage. The severe form of the illness was controlled with cortisone and corticotropin (ACTH) in two instances, and one of these patients continues to receive maintenance steroidal therpy. The mechanism of the syndrome is obscure. While it may represent a variant type of hypersensitivity state, the quantitative aspects of data are consistent with the view that it is a toxic response to the drug as such.

Initial administration of a nonradioactive antithyroid compound followed by a single radio-iodine dose is effective against hyperthyroidism. John D. Abbott and Russell Fraser (Hammersmith Hospital) have managed 70 patients successfully with this routine. Among the advantages claimed by the investigators: the duration of stay of radio-iodine in the thyroid gland is lengthened and less variable; clinical supervision is easier.

Assessment 1 year later of the first 50 cases treated revealed that 75% showed satisfactory remission; 23% needed retreatment; 2% had permanent myxedema.

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The degree of coronary atherosclerosis in 49 hearts obtained from bilaterally oophorectomized women was composed with the degree of sclerosis in 600 hearts from women and in 600 hearts from men of comparable ages. On the average the degree of coronary sclerosis in the bilaterally oophorectomized women was greater than in control women but less than in control men.

JUDGE RULES IN FAVOR OF ARMY IN NEW CONTEST OF DOCTOR DRAFT LAW

In the first legal contest under the newly amended doctor draft law, a federal district court judge has ruled that the law passed by Congress last June does not make it mandatory for the armed services to commission a physician or dentist called up under the amendment. On a second issue of whether the Army must, therefore, give the doctor a discharge when he requests it, the question was not as clear cut. The judge held the petitioner (a 37-year-old dentist) had not contended he was inducted or being held in service unlawfully. The case, which is expected to be appealed, was heard in an Alexandria (Va.) court before Judge Albert V. Bryan.

The dentist, Dr. Herbert L. Nelson, was inducted May 28. On two occasions in filling out applications for commission he declined to state whether he had been a communist or a member of a communist organization. Subsequently, according to further testimony, he filed a statement admitting membership in the Young Communist League while in college and later in the International Workers Order. The Army informed the court that upon completion of basic training, Dr. Nelson would practice dentistry in the Army, probably at Fort Lee, Va., but that he wouldn't be commissioned nor allowed to handle any restricted or confidential material. Attorney for Dr. Nelson argued that if his client is to be retained on duty, then the Army is required to commission him in light of the new amendment. It states a physician or dentist "shall, under regulations prescribed by the President, be appointed, reappointed, or promoted to such grade or rank as may be commensurate with his professional education, experience, or ability." The court did not agree. The petition for a writ of habeas corpus was denied.

A. M. A. Washington Letter No. 36

ROSTER OF MAHONING COUNTY MEDICAL SOCIETY

SENIOR ACTIVE

Allgood, John Evans
Allsop, W. K.
Altdoerffer, J. A.

Badal, S. S.
Baker, E. C.
Baker, W. Z.
Banninga, H. S.
Bare, N. H.
Basile, J. M.
Bayuk, A. J.
Beede, R. W.
Belinky, D. A.
Belinky, N. D.
Benko, J. M.
Bennett, Hugh N.
Bennett, W. H.
Berkson, M. I.
Bernstein, L.
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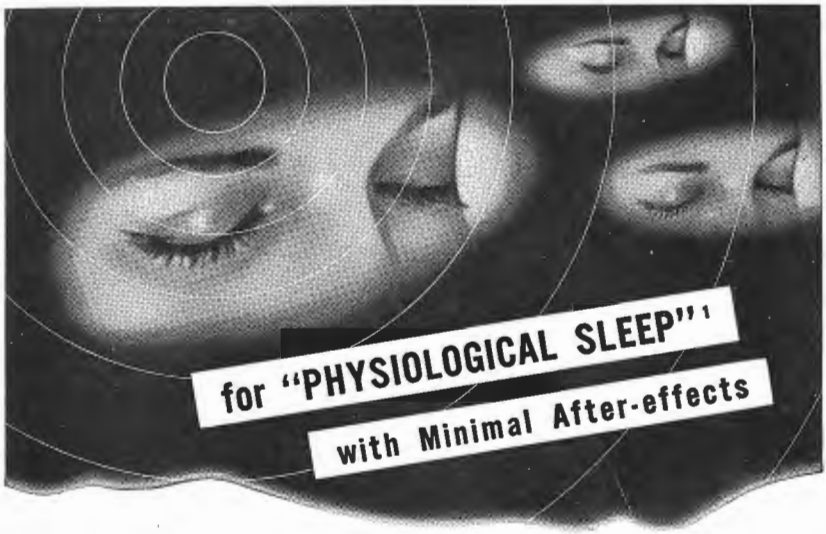

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[1]N.N.R., 1947, p.398.
[2]Goodman, L. & Gilman, A., The Pharmacological Basis of Therapeutics. MacMillan, 1944, pp. 177-8.

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