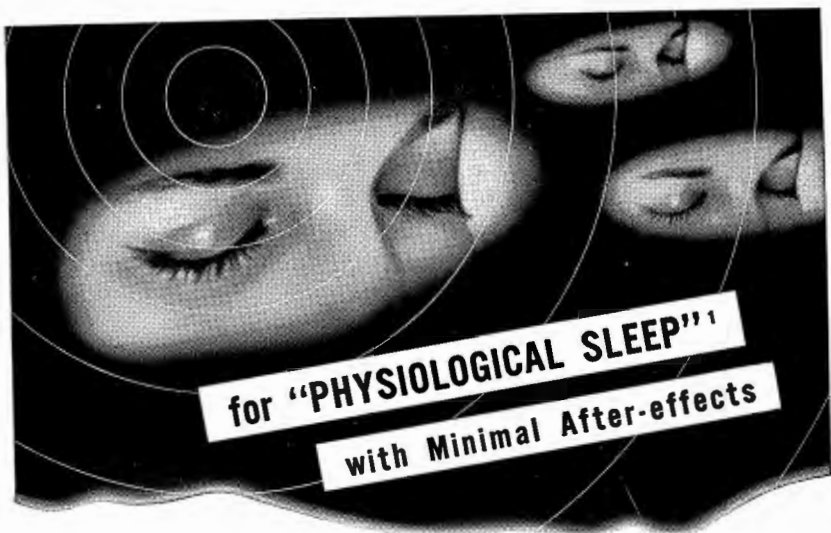




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¹N.N.R., 1947, p.398.

²Goodman, L. & Gilman, A., The Pharmacological Basis of Therapeutics. MacMillan, 1944, pp. 177-8.

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TABLE OF CONTENTS

Vol. XXIV—No. 6

June, 1954

President's Page	316
Editorial	317
Dean's Page	319
The Doctor in Court	321
Testimony by Physicians	323
Auxiliary News	327
Trends and Events	331
What a Physician Should Be	335
Keeping Up With the A. M. A.	341
Nurses' Loan Fund	347
Malpractice Suits	348
From The Bulletin—20 Years Ago—10 Years Ago	351
Miscellany	352
Capsulettes	355
Periodical Pearl	356
O. S. M. A. Convention Briefs	357
Proceedings of Council	359

ADVERTISERS' LIST

Blair Dry Cleaning Co.	340	Lyons Physician Supply Co.	334-342
Borcherdt Malt Extract Co.	340	Merrell, Wm. S. Co.	346
Bowman Bros. Co.	346	O'Linn's Drugs	336
Ciba	330-333	Parke-Davis	318
Columbus Pharmacal Co.	344	Pfizer Lab., Division of	
Cross Drugs	350	Chas. Pfizer & Co., Inc.	320
Endo Products	346	Renner's	344
Fellows	314	Scott Co.	332
Geigy Pharmaceuticals	324	Squibb	326
Harvey Co.	346	Stillson & Donahay	342
James & Weaver	330	Strouss-Hirshberg Co.	336
Laeri's Pharmacy	344	Thornton Dry Cleaning Co.	350
Lakeside Laboratories	Cover	Upjohn Company	322
Lederle	334-350	Yo. Com. for Education on Alcoholics	340
Lester's Pharmacy	330	Zemmer Company	344
Lilly, Eli & Co.	328		

Our President Speaks

By the time this issue reaches your desk, summer vacations will again be paramount in our plans.

It has been the concensus of opinion for a long time that vacations are a much needed and beneficial part of our way of living. They give us the necessary opportunity to re-evaluate our year's work and see it in its true perspective, and the pleasure of spending some consecutive time with our families.

It is the wish of your president and the officers of the Mahoning County Medical Society that each of you will have a very enjoyable vacation and return refreshed for the strenuous duties of another year's service to the community.

James D. Brown, M.D.

BULLETIN of the Mahoning County Medical Society

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The opinions and conclusions expressed herein do not necessarily represent the views of the Editorial Staff or the official views of the Mahoning County Medical Society.

VOLUME 24**JUNE, 1954****NUMBER 6**

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

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EDITORIAL**"TOO MANY AND TOO OFTEN"**

Too many and too often adequately describes hospital visitation. Hospital authorities are now actively engaged in an attempt to solve this abuse. Controversy here, as with all problems, is due to a lack of understanding of the issues involved. Therefore the use and abuse of hospital visitation should be clarified by an intensive educational program. This should be done nationally and locally using all public information media. Then to make this program worthwhile and workable it would be the responsibility of every physician to instruct the family of each hospitalized patient regarding the extent of visitation. This would not take up too much of the doctor's time and the patient and his family would accept this advice as part of the therapeutic regimen. This procedure of handling a delicate problem would avoid the considerable ill feeling which is so easily engendered when hospital visitation is attempted to be controlled.

A. A. Detesco, M.D.

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The Dean's Page

The professional and personal ties between the Mahoning County physicians and the medical faculty of the Ohio State University have long been mutually warm and binding. An unusually free and profitable exchange of medical ideas and planning has resulted in a variety of postgraduate medical educational programs, in both Youngstown and Columbus.

A mutually profitable residency exchange program has been developed in which a six month period of basic science and research experience in the Medical Health Center at Columbus has been provided for selected house officers during their residency training at the Youngstown Hospital Association.

A series of related weekly postgraduate seminars were conducted several years ago by representatives of this Faculty on invitation of the Mahoning County Medical Society. Organized courses on different subjects have been presented every year at the University.

Progress is so steady and so certain in every aspect of medicine today, — in disease prevention, in more exact diagnosis, in increasingly specific therapy, in effective rehabilitation, — that the lines of inter-communication between the educational-research centers and all organized communities in this State and Nation must be as intelligently constructed and jealously maintained as have been those between Youngstown and Columbus in these recent past years.

Working together, we can guarantee a mentally and physically healthy citizenship for the challenging years ahead!

Charles A. Doan, M.D.
Dean, College of Medicine
The Ohio State University

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

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1. Cowart, E. C., Jr.: Mississippi Doctor 29:278 (April) 1952.
2. Sayer, R. J., et al.: Am. J. M. Sc. 221:256 (March) 1951.
3. Knight, V.: New York State J. Med. 50:2173 (Sept. 15) 1950.
4. Trafton, H. M., and Lind, H. E.: J. Urol. 62:315 (Feb.) 1953.

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THE DOCTOR IN COURT

An appearance in court as a medical witness is usually a rather trying experience for a physician. Calm as he may be when a medical crisis arises, the average doctor cannot escape considerable turmoil and tension when it becomes necessary for him to testify in court. Many have remarked that they would much rather perform an exacting three-hour operation in preference to spending a half hour on the witness stand, yet medical testimony is essential in a majority of cases being tried in Common Pleas Court.

The deference shown a physician in court is usually most outstanding. Lawyers will do their best to arrange a time which is most convenient. At best, however, the physician must be on the alert for a call most any time during a period of several days. Once summoned to court, the doctor will find that as soon as feasible after he arrives the current proceedings will be halted and he will be placed on the stand immediately. The bar appreciates the inconvenience to the busy practitioner of a court appearance and does its utmost to shorten the inconvenience of an interruption in the doctor's routine.

Once on the witness stand the physician must remember he is giving his testimony to a judge and jury not versed in medical parlance. Terms which are everyday language to the medical profession may be absolutely meaningless to the jury, so it behooves Dr. Smith to couch his testimony in very simple, lucid phrases. Most judges will encourage the doctor to take sufficient time to explain clearly what is meant by a lumbar laminectomy or by a retrogasserian rhizotomy. To be effective, testimony must be clearly understood by all concerned.

There should be no question about the testimony being unbiased in all respects. Patients at times make things difficult for the physician by magnifying their complaints if they have a case coming up in court. It requires an astute physician to differentiate organic disability from psychosomatic disorders. One of the main difficulties in liability cases is that few claimants effect a recovery until their court case is settled.

To avoid difficulty on the witness stand, the physician must be quite positive in the statements which he regards as the truth. Having once made a statement of fact, he must cling to it, unshaken by the fiercest blasts of the cross-examination. Equivocation leads only to loss of face and the effectiveness of the testimony is lost.

Many questions arise which are extremely difficult to answer. Suppose an injury has occurred in the area of a pre-existing disability, such as arthritis. How much has this disability been aggravated by the injury? How long will it require for the aggravation to subside? What effect did trauma have in the subsequent development of a malignant lesion in the same area? Confronted by questions such as these in court, the doctor often wishes for the wisdom of Solomon.

Our legal brethren can make it much easier for us (and much better for their clients, too) if they will take pains before entering their plea to ascertain from the doctor just how extensive the injury or aggravation was and how long the disability lasted. Many lawyers are amazed to discover,

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just prior to trial, that the physician has an entirely different concept of the magnitude of disability than the concept held by the claimant.

Medicine and law are two professions that must frequently work hand in hand, and any measures that will improve the cooperation between these two groups are to be encouraged. Perhaps, since it is necessary for the legal to call on physicians so frequently for testimony, the bar association might offer a course to medical students and even practicing physicians in matters of courtroom practice and procedure.

W. C. Wycoff, M.D.

TESTIMONY BY PHYSICIANS

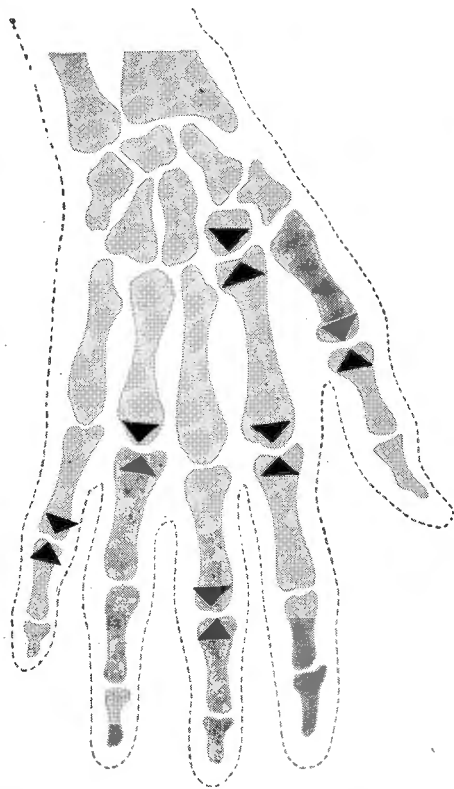
The expert witness may be examined as to his opportunities and means of knowledge. An attending physician or surgeon may state what in his opinion produced the symptoms he has described. There is no precise requirement as to the mode in which the skill or experience of the expert shall have been acquired. Long experience in a particular field may qualify him, in the absence of specialized study and training. The fact that the witness does not appear well qualified to give opinion evidence affects its weight and not its admissibility.

The physician may testify that the relation of physician and patient existed and that treatment was administered. He may also testify as to a deceased patient's sanity, based solely upon his general observation of him. If his services are employed and paid by the employer, the physician is nevertheless the physician of the injured employee and his testimony is privileged.

The physician may not testify as to matters learned from his patient in that relation, whether by physical examination or otherwise and he may not disclose what advice he gave to him, without the express consent of the patient or if the patient be deceased, the express consent of his surviving spouse or the executor or administrator of his estate. The privilege belongs to the patient and not to the physician; it disappears also if the patient has himself voluntarily testified. Then, the physician may be compelled to testify on the same subject. It therefore is necessary for the physician to ascertain the circumstances from his patient or his patient's attorney before starting to testify.

The expert may give his opinion on facts supposed to him. Such an opinion is valuable only when all the facts containing the hypothetical question are sustained by the testimony. He cannot give an opinion based on knowledge which he has derived from the testimony, except where there is no conflict as to the pertinent facts. The physician should be careful, fair and impartial in giving his opinion, so that the jury may be enlightened and assisted in judging the effect of the facts. He should state the reason for his opinion and the fact upon which it is based. His opinion should be exactly the same regardless of which party to the litigation subpoenaed or employed him to testify and his fee should not be contingent upon the outcome or verdict. The opinions of physicians may differ.

The expert witness cannot generally refuse to give his opinion unless he be paid extra compensation, but he cannot be required to make special



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397

examinations of or engage in experiments concerning the matter in hand. Among the Ohio statutes dealing with fees of witnesses are the following:

(1) The Revised Code, Section 2335.06, provides: "Each witness in civil cases shall receive the following fees:

(A) Three dollars for each day's attendance at a court of record, or before a justice of the peace, mayor, or person authorized to take depositions, Each witness shall also receive five cents for each mile necessarily traveled to and from his place of residence. . . ; on demand a witness shall be paid one dollar by the party at whose instance he is subpoenaed before being required to answer said subpoena which shall be considered a part of any fees to which said witness is entitled;

(B) For attending a coroner's inquest, the same fees and mileage provided by division (A) of this section"

(2) The Revised Code, Section 2335.08, states: "Each witness attending, under recognizance or subpoena issued by order of the prosecuting attorney or defendant, before the grand jury or any court of record, in criminal causes, shall be allowed the same fees as provided by section 2335.06 of the Revised Code in civil causes."

(3) The Revised Code Section 307.52, provides: "Upon certification of the prosecuting attorney or his assistant that the services of an expert or the testimony of expert witnesses in the examination or trial of a person accused of the commission of a crime, or before the grand jury, were or will be necessary to the proper administration of justice, the board of county commissioners may allow and pay the expert such compensation as is deemed just and proper and as the court approves."

That any person may be obliged to testify to any matters or facts within his knowledge which bear upon matters in litigation applies also to expert witnesses. There may be need for further legislation.

A subpoena issued by a notary public to a physician to appear at an attorney's office for the purpose of giving his deposition has the force and effect of a subpoena to appear in court. The Revised Code of Ohio, Section 2317.20, provides: "Disobedience of a subpoena, a refusal to be sworn, except upon failure to pay fees duly demanded, and an unlawful refusal to answer as a witness or to subscribe a deposition, may be punished as a contempt of the court or officer by whom the attendance or testimony of the witness is required."

The Revised Code of Ohio, Section 2317.22, states: "Punishment shall be as follows: When the witness fails to attend in obedience to a subpoena, the court or officer may fine him not more than fifty dollars; in other cases, not more than fifty dollars nor less than five dollars; or the court or officer may imprison such witness in the county jail, there to remain until he submits to be sworn, testifies, or gives his deposition."

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

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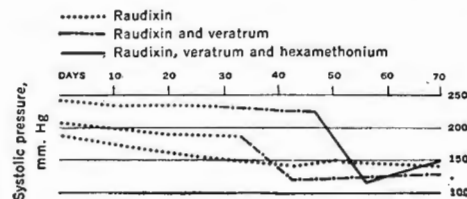
"A sense of well-being, decrease in irritability, 'improvement in personality'

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1. WILKINS, R. W., AND JUDSON, W. E.: NEW ENGLAND J. MED. 248:48, 1953.

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AUXILIARY NEWS



MRS. IVAN C. SMITH
President



MRS. JAMES D. BROWN MRS. E. A. SHORTEN MRS. R. W. FENTON MRS. CRAIG C. WALES
Publicity Chairman Social Chairman Vice President President-Elect

Following a delightful spring luncheon at the Woman's City Club, April 20th, Mrs. Rosenblum presided over the annual business meeting of the Women's Auxiliary to the Mahoning County Medical Society. The annual reports of the hard-working chairmen were read and placed on file.

The slate of officers recommended by the nominating committee and unanimously elected includes: Mrs. Ivan Smith, President; Mrs. Craig Wales, President-elect; Mrs. R. W. Fenton, Vice-President; Mrs. R. J. Scheetz, Treasurer; Mrs. S. R. Zoss, Corresponding Secretary; Mrs. Earl Young, Recording Secretary.

Mrs. Rosenblum introduced the speaker of the day, Mrs. Arthur Struble, whose topic was Civil Defense. Mrs. R. W. Fenton was program chairman of the day and Mrs. Craig Wales the co-chairman.

Mrs. Dean Nesbit, social chairman, and Mrs. F. F. Piercy, co-chairman, were responsible for the luncheon arrangements and the table decorations.

Mrs. Edward Shorten, social chairman, Mrs. Joseph Keogh, co-chairman,

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JUNE

and their committee were responsible for the festive u-shaped table at the annual dinner of the Women's Auxiliary to the Mahoning County Medical Society held May 19th at the Youngstown Country Club. There were about sixty members present to honor Mrs. Rosenblum for a fine year's work and extend best wishes to Mrs. Smith for the coming year.

At the business meeting following the dinner, Mrs. Rosenblum announced that three of our members were on the state board for the coming year — Mrs. W. E. Maine will again serve as chairman of Radio and Visual Education, Mrs. William H. Evans as chairman of Nurses Loan Fund, and Mrs. Craig Wales is the new 6th District Director. Congratulations, girls! Mrs. William H. Evans, Mrs. Myron H. Steinberg, and Mrs. A. E. Brant are delegates to Women's Auxiliary to American Medical Association to be held in San Francisco in June. Mrs. Ivan C. Smith is an alternate on the nominating committee of the Women's Auxiliary to the Ohio State Medical Association.

Dr. C. A. Gustafson, chairman of the Advisory Committee for the Women's Auxiliary to the Ohio State Medical Association, was a special guest and brought greetings.

Dr. James D. Brown, President of the Mahoning County Medical Society, also brought greetings and presented a gavel to Mrs. Morris Rosenblum, commending her for a successful year as President of the Auxiliary.

Mrs. Rosenblum thanked all chairmen and co-chairmen and their committees for their work during the year and expressed the desire that they cooperate as faithfully with Mrs. Smith during her term of office.

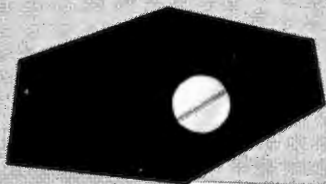
Following a very impressive installation service conducted by Mrs. W. O. Mermis, a past president, Mrs. Ivan Smith, the new president, very graciously accepted her duties and appointed the following chairmen of standing committees for the coming year:

Program — Mrs. Robert L. Tornello
 Year Book — Mrs. Sidney Franklin
 Social — Mrs. E. G. Rizk
 Finance — Mrs. G. W. Cook
 Telephone — Mrs. C. S. Peabody
 Publicity — Mrs. J. A. Rogers
 Membership — Mrs. F. A. Resch
 Ways and Means — Mrs. L. G. Coe
 Project — Mrs. Samuel Zlotnick
 Legislative — Mrs. C. W. Stertzbach
 Public Relations — Mrs. H. L. Shorr
 Today's Health — Mrs. J. J. McDonough
 Historian — Mrs. M. S. Rosenblum
 Parliamentarian — Mrs. James D. Brown

Mrs. Frank Gelbman, the program chairman, introduced the speaker, M. T. J. Paisley, whose topic was "The Life of a Busy Bee."

Another year becomes history. It has been a pleasure to work with Mrs. Rosenblum and to her, her officers and committees, we can heartily say — "Well done." Our thanks also go to Dr. Detesco, the editor of the *Bulletin*, for his patience in awaiting these articles and his faithful reproduction of the material given him. To Mrs. Smith and her board we extend our very best wishes for a very successful year.

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TRENDS AND EVENTS

Health Reinsurance Fund

The Senate Subcommittee on Health ended its public hearings on reinsurance April 23 after the National Association of State Insurance Commissioners voiced "strenuous opposition." Their spokesman testified: (1) the legislation places regulation of this phase of the business of insurance under the federal government (not States), (2) objective and purposes proclaimed could not be achieved, (3) "socialization of health services and undesirable (federal) subsidization of health insurance" would be inevitable, (4) clearly, the federal government would be in the accident and health insurance business, and (5) S.3114 is "contrary to the public interest." The Senate subcommittee also heard the representative of 300 insurance companies, John H. Miller, vice president of Monarch Life Insurance Company, give the same testimony previously given to the House. Virtually all insurance witnesses were flatly opposed to the measure.



Supreme Court Upholds Suspension of New York Physician

In a 6 to 3 decision, the U. S. Supreme Court has upheld the New York State Education Department's medical grievance committee in the six-month suspension from practice of Dr. Edwin K. Barsky. The suspension followed Dr. Barsky's 1947 conviction for contempt of Congress, after his refusal to give the House Un-American Activities Committee information on the Joint Anti-Fascist Refugee Committee, of which he was national chairman.



Research Grants Denied 30 Scientists

Department of Health, Education, and Welfare has confirmed that Public Health Service research grants have been denied or withdrawn from 30 scientists since 1952 on grounds of alleged subversion or disloyalty. A department spokesman said the agency felt "it was not in the best interest of the United States" to issue the grants even though the projects being worked on were not secret or classified. The department gave no breakdown on the sciences involved.



Another of the stated objectives of the bill (H.R. 7700) is to encourage group practice or, more precisely, "to increase the opportunities and facilities by which doctors may associate themselves together in groups, partnerships, and other private initiative arrangements." The question immediately arises as to the advisability of enacting legislation through which the federal government will throw its weight behind a particular form of medical practice, i.e., group practice, as against the individual practitioner. We do not consider this advisable, and urge that the implications of such a policy be thoroughly explored prior to any action in this respect. The American Medical Association, representing as it does over 140,000 physicians, many of whom are in group practice and many of whom are in solo or individual practice, considers it inadvisable for the federal government to enact legislation favoring a particular segment of the profession. G. F. Lull, M.D.



Although the poliomyelitis total by mid-April (424) was higher than last year, U. S. Public Health Service says this can't be taken as an indication

there will be an abnormally high number of cases this year. The April total last year was higher than in 1952, but the year's total was 20,000 under that for 1952.

—○—

The CIO Social Security Committee, represented by Joseph Childs, vice president of United Rubber Cork Linoleum and Plastic Workers of America, is critical of the Administration, accusing it of retrenching instead of advancing in health fields. He described H.R. 7700 and other Administration health bills as wholly inadequate. He favors national compulsory health insurance, which he said "is not socialized medicine."

—○—

Tax Group Supports A.M.A. Policy

A new study by the Committee on Federal Tax Policy, a private group of fiscal experts, strongly supports the policy of the American Medical Association regarding government medical care for veterans with non-service-connected disabilities.

The committee, headed by former Under Secretary of the Treasury Roswell Magill, made a strong plea for the nation to "stop living beyond our means."

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Yale Article Against Socialized Medicine

"Socialized Medicine: A Case For Free Enterprise" is the title of an article in the "Yale Scientific," which was published in the April issue.

A subtitle under the heading best describes the article as follows:

"Instead of repeating the familiar arguments against socialized medicine, the American Medical Association presents its positive program. In pointing

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out the past accomplishments, the present progress, and the future potential of the American medical system, the A.M.A. serves notice that the world's best medical system stands a fair chance of deteriorating under government control."

Anyone desiring a copy of the magazine can mail his request, with 35 cents, to Yale Scientific magazine, 244-A Yale station, New Haven, Conn.

—o—

Student A.M.A.

Acting on a resolution asking a minimum intern pay scale of \$100 per month, the students' reference committee on postgraduate training proposed that the standing committee on graduate training conduct a survey to determine "the opinions in the establishment of a minimum standard of payment per month above and beyond the services of room, board and laundry." The reference committee report was adopted. The survey will be completed before the 1955 S.A.M.A. convention, which will be held in Chicago, May 6, 7, 8.

—o—

Next time you are in Chicago, plan to spend an hour touring the American Medical Association's building. You will find it to be one of the highlights of your trip to that great city. There is a regular tour service, and they are happy to escort one or several people through the building.

When the tour ends the guide leaves you in the reception room with the feeling that our American Medical Association is doing fine work for all of us. Some day take the tour yourself. You will find that the A.M.A. is not a cold, impersonal giant brooding over the medical world, but is composed of people like you and me who are trying to do a good job. By and large, we think they are succeeding.

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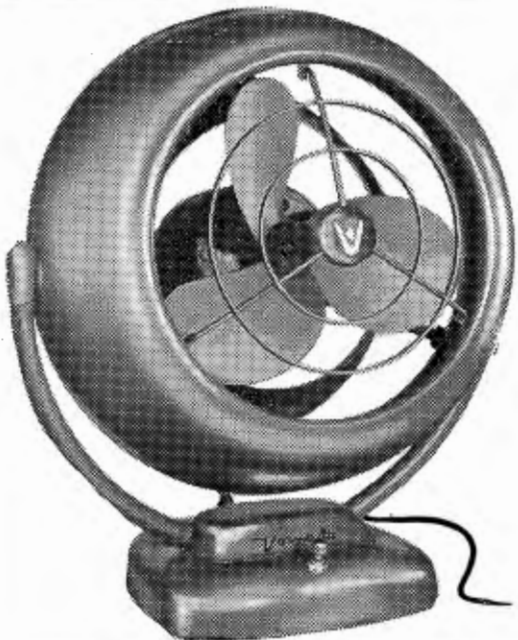
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HAVE YOU MET

Doctor Anthony J. Telego, a native Youngstown, who became an active member of the Mahoning County Medical Society in February of this year?

After serving in the United States Army from 1943 to 1944, he entered Marquette University School of Medicine and graduated in 1949. His internship was served at the Edward W. Sparrow Hospital in Lansing, Michigan during 1949 and the next year was spent as a resident in pathology in the same hospital.

Dr. Telego returned to Youngstown in 1951 to enter the private practice of general medicine at 3714 Market Street.



Dr. Anthony J. Telego

Mrs. Telego, the former Helen Grybos of Youngstown, with sons Jeffery and Mark, complete the Telego family at 3503 Hopkins Road, Youngstown, O.

◆

WHAT A PHYSICIAN SHOULD BE

When a man has been in private practice for more than 25 years and has made a success of it, you might think he would have some good advice for those who have still to set out on their careers. You'd be right in the case of Dr. Julian Price of Florence, South Carolina. Recently, he had occasion to talk extemporaneously to a group of medical students. He had no manuscript—not even a note—and his speech was not recorded. Here's approximately what Dr. Price had to say about what a physician should be.

First, a physician should be well trained. Nowadays, the medical schools and internships and residencies take good care of that. When a doctor is ready to start practice, the chances are he's well prepared scientifically.

Second, the kind of physicians worth having are those who will keep up with scientific and other advances in medicine. There are plenty of opportunities for them to do this—good medical journals and fine meetings—but often there is insufficient motivation. It's so easy not to keep abreast; there are so many distractions that you must kick yourself to make you do it.

Third, a doctor needs a large amount of the spirit of skepticism. There's a tendency during training days in school and just afterward for doctors to think that their stock of information is without parallel. They know it all. Fortunately, most of them outgrow this tendency, at least to some extent. This may come about when a doctor suddenly realizes that an authoritative source for information like a brand new textbook is far out of date when it's first published. Or skepticism may be fostered when the unexpected happens. An example is the case of the young resident who was instructed by his professor to administer Mercurochrome intravenously to a patient having puerperal sepsis. (This was in the days before there were any good chemotherapeutic agents for such infections.) A couple of days later the patient's temperature was normal and she was much improved. Seeing her again on ward rounds, the professor was elated. He exclaimed, "It worked!"

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"What worked?" asked the resident.

"The Mercurochrome, of course," replied the professor.

"Oh that," said the resident, "I forgot to give it."

In some kinds of practice in some places, skepticism is especially important. Certainly that's true in pediatrics, particularly in the "sticks." So, keep a question mark in your mind all the time. Don't ever suppose that the final answer is in.

Fourth, doctors need to be patient-minded. It's a common criticism that doctors think too much about their own comfort and welfare and the money they make, and not enough about their patients. We need doctors who think primarily of their patients. Remember, when a doctor responds to a patient's call at 2:00 a.m., that's not news; when he doesn't, that is news!

Fifth, doctors must have character. It's easy for a physician to pull a fast deal, to get away with untruths, to be not exactly honest. An example we hear about now and then is the doctor who gets caught in an attempt to evade payment of income tax. Fortunately there are not many crooked doctors. But there is a small group who give the profession a black eye. We need to get rid of them, and we need to be sure that newcomers to the profession are men of integrity and character.

Sixth, the medical profession should be made up of men who are not afraid to take their place in the community. Our Nation is founded on community life. This has advantages for all of us, and it creates special obligations for some of us. Those in the medical profession must remember that they are not just physicians—they are citizens too. The average medical student never thinks about this, but when he goes into practice he must do his part as a citizen in support of schools, the Boy Scouts, philanthropic organizations, and all the other parts of life in the community in which he lives and practices. The attitude of other people toward the medical profession depends upon what individual physicians do in their practice, but it also depends upon what these men contribute as citizens.

Editorial comment on Dr. Price's remarks would be gild for the lily. Let this end with the thought that Dr. Price does more than talk about things like these. His career in medicine is a vital example of what a physician should be.

H. H. Hussey, Jr.

Hospitals set a new record during 1953 with 19,869,061 patient admissions as compared with 18,914,847 in 1952.

6,840 hospitals registered by A.M.A. — 2,136 classified as governmental and 4,704 as nongovernmental.

Gains in patient admissions noted in both groups but more pronounced in the nongovernmental division credited with 74% of all admissions.

Bed capacity in registered hospitals increased by 31,399 over the previous year with a total of 1,573,014 — 1,113,004 in governmental and 460,010 in nongovernmental hospitals.

Average length of stay per patient was reduced in general hospitals from 9.8 to 9.3 days. Also included in this group are federal general hospitals which showed a reduction from 26.2 to 23.6 days.

JUNE MEETING

TIME:

June 15, 1954 — 8:30 P.M.

PLACE:

Elks Club, 220 W. Boardman Street

PROGRAM:

Program will be a group of four papers presented by members of the House staffs of St. Elizabeth Hospital and Youngstown Hospital Association.

SPEAKERS AND SUBJECTS:

Dr. Ben C. Berg, Jr.—Resident in Radiology, Youngstown Hospital Association.

Subject: "RADIOACTIVE ISOTOPES IN TUMOR LOCALIZATION AND DIAGNOSIS."

Dr. Robert E. Hancock—Senior Resident in Surgery, St. Elizabeth Hospital.

Subject: "SIMPLIFIED CONCEPT OF PERIPHERAL—VASCULAR DISEASE."

Dr. James H. Quinn, Jr. — Resident in Pathology, Youngstown Hospital Association.

Subject: "A PRELIMINARY REPORT ON A NEW PROPOSED SCREENING TEST FOR CANCER."

Dr. Rocco Vernino—Chief Resident in Obstetrics and Gynecology, St. Elizabeth Hospital.

Subject: "AFIBRINOGENEMIA OCCURRING IN PREMATURE SEPARATION OF THE PLACENTA."
(With case report).

BEN C. BERG, JR., M.D.

Dr. Berg is a native of Newton, Iowa. He graduated from the University of Iowa Medical School and served his internship at Youngstown Hospital Association. He is married and has three children. During World War II he was a line officer with the amphibious forces and spent 4½ years in the Military. Dr. Berg is a senior resident in radiology at Youngstown Hospital Association. He spent three months in the Radioactive Isotope Research Laboratory at Harper Hospital, Detroit, Michigan. He is a resident member of the Cleveland Radiological Society.

**ROBERT E. HANCOCK, M.D.**

Dr. Hancock is a native of Dayton, Ohio. He is a graduate of the University of Cincinnati School of Medicine and served his internship at the Pittsburgh Medical Center, Pittsburgh, Pa. He is married and has one child. He is now a senior resident in surgery at St. Elizabeth Hospital.

JAMES A. QUINN, JR., M.D.

Dr. Quinn is a native of Cincinnati, Ohio. He is a graduate of the University of Cincinnati School of Medicine from which he received his B.S. and M.D. degrees. He served his internship at Christ Hospital, Cincinnati, Ohio. He is married and has one child. He spent three years as a pilot in the U. S. Navy. He is now a resident in pathology at the Youngstown Hospital Association.

**ROCCO VERNINO, M.D.**

Dr. Vernino is a native of Greensburg, Pennsylvania. He graduated from the University of Pittsburgh School of Medicine. He is married. He served 2½ years as an infantryman in the Army. He served his internship at South Side Hospital, Pittsburgh, Pennsylvania. He is the Chief Resident in Obstetrics and Gynecology at St. Elizabeth Hospital.

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KEEPING UP WITH A.M.A.

By Wm. M. Skipp, M.D.

Intern Problem Study

At the June meeting of the House of Delegates in New York a resolution was adopted asking that a study of the problem be made. The Committee has begun its work to see if a better distribution can be made of interns. Small hospitals have none, and larger hospitals, without medical college connections, have none. Medical centers get all appointments.

Questionnaire Gets Viewpoints on Medical Problems

Six regional meetings held by the A.M.A. by the Committee on Legislation. 328 persons attended, 229 returned the questionnaire.

1. Do you favor, or oppose, extension of Social Security to physicians? 45 in favor, 176 opposed.

2. Do you favor, or oppose, the Bricker Amendment? 172 in favor, 46 opposed.

3. Are you in favor of the position taken by the A.M.A. in regard to veterans care for non-service-connected disabilities? In favor, 192; opposed, 35.

As these members of the Association know wherein we should stand, their opinion should bear weight, again with the overwhelming majority in favor of what the A.M.A.'s policy is in these matters.

H.R. 8356 (Wolverton) Federal Reinsurance Corporation

Secy. Hobby of the Dept. of HEW stated the administration believes the program holds great promise, it has the following limitations: 1. It can only help those who can and are willing to include health insurance premiums as a necessary part of the budget and those covered by employer-maintained plans. 2. It "may not immediately" solve the problems of coverage for those who are now aged or chronically ill. 3. Success of the plan depends on willingness of carriers to make use of the plan and to assume new and broader risks.

Mrs. Hobby said reinsurance to plans (such as Kaiser) that furnish their own medical care could be offered, provided they place control over the manner in which medicine and dentistry are practiced solely in *licensed members of the profession*. She also stressed that: 1. The bill forbids exercise of any supervisory or regulatory control over any carrier, hospital, or other facility. 2. The program would be wholly voluntary and no individual plan would be reinsured if it could be reinsured privately.

Hearings on H.R. 8356, Health Reinsurance

The U. S. Chamber of Commerce representative, Edwin J. Faulkner, Pres. of Woodmen Accident Co. said he could not see a need for such a program as it would add nothing to the present rapidly expanding and successful "private voluntary health plans." He felt this program was the first step in the direction of socialized medicine.

John H. Miller, V.P., Monarch Life Insurance Co., appearing on behalf of Casualty & Surety companies, the Bureau of Accident and Health Underwriters, and the Health and Accident Underwriters Conference (membership includes over 300 insurance companies) said they supported the general objectives of the President's Health Program but could not endorse the proposed reinsurance plan.

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He stated: 1. The principles of reinsurance are the same as the principles of insurance; reinsurance cannot be applied to a risk that is not insurable; reinsurance does not help sell insurance nor does it reduce the cost of insurance. 2. Direct assistance to low-income groups on the local level is to be preferred to the disguised federal subsidies contemplated in the reinsurance plan. 3. It is important that the public not be misled into believing that reinsurance is a panacea, because reinsurance does not "enhance the power of insurance" to reach those who are not now covered.

William S. McNary, spokesman for the Blue Cross Commission and the American Hospital Association, recommended: 1. Regulations promulgated by the Secy. should have the approval of the Health Service Council; 2. Confidential information for statistical purposes from a carrier should not be released with the approval of the individual carrier, and 3. the language dealing with the publicity regarding the reinsurance plan should be rewritten and clarified.

Henry S. Beers, speaking for American Life Convention and Life Insurance Ass'n. of American: "So many uncertainties in the bill we are not in a position to go on record in favor of the bill at this time." Mr. Miller and Mr. Beers both agreed that this plan would not benefit the estimated 40 million who cannot afford to purchase health insurance.

Spokesman for the A. F. of L. praised the plan but wanted it understood they liked the H.R. 7700 which is an outright mortgage loan to medical groups and health service cooperatives.

Hearings on Broadening Social Security

The A.M.A. has come out flatfootedly opposed to compulsory enrollment but approved voluntary participation. The American Dental Association, the American Veterinary Medical and American Osteopathic have opposed the program with the A.M.A.

H.R. 7199 (Reed, N. Y.) Insurance industry favored blanketing additional 10 million persons, including professional people, but they strongly objected to the proposed disability freeze in computing benefits and to bringing under OASI the issue of permanent disability National Association of Life Underwriters: Freeze provisions would require establishment of "cumbersome administrative procedures . . . the government's next move would be to provide cash disability benefits. American Life Convention and Life Insurance Association — the medical adjudication approach is undesirable and unnecessary and would represent a radical departure.

Commerce and Industry Association of N. Y. — Bringing permanent disability under OASI is a bad precedent. The problem of the disabled is a state problem and one in which the federal government has not moral or legal authority. The Americans for Democratic Action testified the broadening of coverage was "a great step forward" but numerous other provisions "fall far short" of giving the people adequate protection against the "hazards of old age and disability."

The Engineers Joint Council and the National Society of Professional Engineers opposed compulsory coverage for self-employed persons.

The American Bar Association has not yet testified.

The National Small Business Men's Association said that social security taxes should be reduced and the system put on a "pay-as-you-go" basis.

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Congress of Industrial Organizations, James B. Carey—take "bold action" and modernize the social security law. He called for higher benefits and greater improvement than found in H.R. 7199. Sick and disability benefits should be included.

George Meany, Pres. A. F. of L. informed the committee that the social security program was fine as far as it went, but it didn't go far enough in raising benefits or taxes. "We particularly urge . . . protection against disability."

Joint Committee to Study Indigent Medical Care

Representatives of A.H.A., A.D.A., A.P.H.A., A.P.W.A. and A.M.A. held their first meeting for the purpose of exploring areas in which the different groups might work together to improve medical care for the indigent and the medically indigent population.

"We hope," Dr. H. B. Mulholland, chairman of the Committee on Indigent Care of the A.M.A. Council on Medical Service said, "to work together in the field of indigent care in the same manner as these associations have worked together in the field of chronic disease."

Resolution S. Res. 174

Hearings held by Sen. Wm. Langer, (R., N.D.) investigating fund-raising organizations that use radio and mails. He brought in his friend, Leo Spears, chiropractor of Denver, who criticized the National Foundation for Infantile Paralysis, American Cancer, and many other organizations because they refused to allocate grants to chiropractors.

Veteran Group Leaders Take Doctor's Viewpoint

On a certain day recently in one of the country's most populous cities, three physicians and three members of a veterans' organization discussed at a public hearing the issue of government medical care for non-service connected disabilities.

As it turned out, the meeting proved nothing more than a springboard for personal attacks against doctors and their profession. The verbal lashings, touching on many things other than veterans' medical care, were brutal and embarrassing to the three physicians.

A few days after the meeting, three high officers of another veterans' organization, who heard the discussion, sent a letter of apology to the three physicians. The letter which follows, speaks for itself:

"We, the undersigned, wish to offer our apologies and congratulations to you and your two colleagues who participated in the so-called forum. You were all superb gentlemen in a definitely ungentlemanly situation.

"We three attended this so-called forum as invited veteran guests, with a firm desire to gain a little knowledge on the question of non-service disability. Needless to say, we learned only that even the professional veteran can adopt the dictatorial attitude of a McCarthy.

"The entire affair was unfair from the introductions on. You three doctors appeared as individuals, not representing either the local or national A.M.A., and were at a decided disadvantage against these professional de-

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bators. They were out to make themselves look like the saviours of the veterans' cause and to toss you good men to the lions.

"These bigoted debators and the biased moderator were all miscast and definitely out of order according to the proper procedure of a forum as we know it should be.

"We realize that in the ranks of the veterans there are some who have attained the status of professional veterans, who grab all, want more, and are willing to crucify in order to attain their personal objectives. We beg you and your colleagues to overlook these few, as we are not all cut from the same cloth. Unfortunately it was to our detriment and your experience to meet the lower strata of the veterans' movement.

"May we again thank you and request you to pass on to your fellow panel members our apologies and thanks."

NURSES LOAN FUND

"One of the major activities of the Woman's Auxiliary to the Ohio State Medical Association is the Nurses Loan Fund which is available to student nurses and to those graduate nurses who desire to take postgraduate training," states Mrs. W. H. Evans, State Chairman of the Nurses Loan Fund.

Loans will be made to those student nurses entering or in training for professional nursing, providing those student nurses have been recommended by the Director of Nurses where the applicants who have applied are in training, or by the Ohio State Nurses' Association.

The Loan Fund is also available to applicants to any school of Practical Nursing which has the approval of the National Association for Practical Nurse Education and of the Medical Association of the County in which the school is located.

Applicants must have acceptable scholastic rating and evidence a sincere desire to make a true contribution to the highest standards of the nursing profession.

Recommendations: Loans for students working to become Registered Nurses will be limited to those entering accredited schools of nursing.

Applications: Applications to schools of Professional Nursing must be made in writing to the Chairman of the Student Nurses Loan Fund Committee, accompanied by a written recommendation from the Director of Nurses where she is in training, or from the Ohio State Nurses' Association.

Mrs. W. H. Evans, a member of our Woman's Auxiliary is anxious to acquaint our physicians with the availability of these scholarships. Any physician knowing of a worthwhile candidate for scholarships to student nurses or to graduate nurses who desire to take post graduate training, should notify the Woman's Auxiliary.

"No age or time of life, no position or circumstance has a monopoly on success. Any age is the right age to start doing something."

Wynn Johnson

MALPRACTICE SUITS — WHY?

There has been a great increase in malpractice suits throughout the country. The following excerpts from the Medical Annals of the District of Columbia, April 1954, attempt to remedy this unwholesome problem.—Editor.

One thing has become apparent. There is no one solution to the malpractice problem. Here are a few of the reasons:

People, generally, are more suit-conscious than they have ever been. This is reflected in the experience of insurance companies writing all forms of liability insurance. An example is the avalanche of claims due to automobile accidents and the resulting spiral of premium rates.

What appears to be the sympathetic attitude of the courts toward those seeking damages. Juries, particularly, it seems, are swayed in their decisions by the knowledge that an insurance company will foot the bill.

The erroneous belief that medicine is an exact science; that if proper treatment is given, nothing can go wrong.

The inexperience of some physicians who undertake procedures which they are not qualified to do.

Careless statements by some physicians about their colleagues and their professional skill. This has been estimated to be the cause of between 25 and 30 per cent of the claims filed.

Physicians are also held responsible for mistakes in judgment and neglect. But these can be classed as the basis for a comparatively small percentage of the claims.

The question naturally arises, what can be done about this situation? One can only conclude that if it continues to deteriorate, doctors will become more reluctant to use procedures where there is an element of risk for fear of inviting suit should the results be less than hoped for. This would be a regrettable development, to say the least.

Prevention, it would seem, holds more promise than any solution offered thus far. Recently, the advisability of establishing a pretrial commission, such as was suggested to the Society a year ago and rejected, has been revived. While details have not been worked out, it is contemplated that the commission would adjudicate claims against physicians charged with malpractice. Both parties to a complaint would be required to agree in advance to abide by the decision of the commission, which would be an unofficial body composed of an even number of attorneys and physicians, and chairmanned by a layman.

Until better methods are developed, physicians can do much to improve the present situation by observing the following rules:

Do not guarantee the results of your treatment.

Do not undertake treatment for which you have dubious qualifications. The law requires that you have the knowledge and skill commonly possessed by other members of the profession performing a similar service in the community.

Refrain from making overoptimistic statements concerning a patient's recovery.

Anticipate a patient's desire for consultation. If he, or those responsible for him, is dissatisfied, turn him over to another physician. Keep a meticulous record of each patient. Any failure on the part of the patient to comply with instructions or failure to keep an appointment should be entered in the pa-

tient's record. A good practice is to notify the patient by letter of his failure to appear for an appointment.

Where a surgical operation is to be performed or the treatment to be given involves certain dangers, obtain a signed consent from either the patient or the patient's guardian. Before obtaining such consent, outline the surgical procedure to the family or guardian. This will vitiate any claim on the part of the family or guardian of a lack of knowledge.

The same precaution with respect to obtaining signed consent should apply in the matter of autopsies.

Medical records should be kept for an indefinite period. Statute of limitations in medical cases could vary. It could start to run at the time of the alleged malpractice, or at the last date of treatment, or when the individual feels he has been injured and decides there is basis for a malpractice suit.

Where a malpractice suit seems inevitable, contact the claims department of the insurance carrier. Provide the department with a memorandum containing the complete history of the case, all details of past relationship with the patient, and what has been done for him.

In a communication bearing upon the malpractice situation in Washington, dated March 5, 1954, Mr. W. M. Bucher, Executive Secretary of the Hospital Council of the National Capital Area, requested the Society to convey the following suggestions to physicians:

"1. Write specific orders, giving the correct name of medication and amount, strength of solutions to be used, frequency of administration, where and how the preparation is to be administered. All internal medications should have the route of administration indicated: P.O.—I.M.—I.V.—S.C., etc.; external medications, the area to which applied.

2. Use the metric system in writing dosages in order to avoid errors that result from converting the dosage to milligrams, etc.

3. The patient's chart should be legible and intact. If an order is written incorrectly, do not erase or mark it over with ink, but draw a line through the order and write beside it 'error,' then proceed to write the correct order. No part of the chart should be destroyed for any reason whatsoever.

4. Do not change a written order that has already been carried out. If the dosage of a medication is to be changed, write a new order.

5. In writing the order 'Resume orders' postoperatively, be sure to check carefully all orders written previously.

6. Do not ask the nurse to take a verbal order except in cases where the patient's life depends upon speed in instituting therapy; then, please write orders for those verbal orders given.

7. Standard abbreviations only should be used; there is a ready reference at each nursing station to facilitate checking of abbreviations.

8. If a new preparation is being ordered, please inform the house staff and the charge nurse on duty; frequently much time is consumed by the pharmacist and others in trying to locate drugs that may not be available here. Some information about that new drug would be greatly appreciated by those having to administer it for the first time."

As previously stated, until better methods are established for dealing with the malpractice situation, members should adhere to the above rules. Results will more than justify the time and effort required to comply with them. It is also within the realm of possibility that if physicians generally cooperate, no further steps will be necessary.

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*Formula contains
all known essential
hemopoietic factors:*

Purified Intrinsic Factor Concentrate.....	10 mg.	Ferrous Sulfate Exsiccated.....	400 mg.
Vitamin B ₁₂	30 mcg.	Ascorbic Acid (C).....	150 mg.
Powdered Stomach.....	200 mg.	Folic Acid.....	4 mg.

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FROM THE BULLETIN

Twenty Years Ago — June, 1934

Dr. Charles L. Brown of Michigan University addressed the Society that month on "The Medical Management of Gall Bladder Disease."

The *Bulletin* appeared with a brand new cover design, with seated figures of Asklapios in each lower corner. In the bottom center appeared the lamp of knowledge and around the border was a design taken from the temple of Epidaurus where the statue of Asklapios was found. In the center was the Seal of Ohio backed by the familiar rod and serpent of medicine's patron demigod.

Among the new internes at St. Elizabeth Hospital were J. J. Wasilko, Wm. E. Maine, J. K. Herald, L. S. Shensa, S. R. Cafaro and Paul Mahar. Interning at the Youngstown Hospital were C. A. McReynolds, F. S. Coombs, C. A. Gustafson, A. R. Cukerbaum and S. A. Myers. Dr. J. A. Altoderffer became a member of the Society.

Dr. H. E. Patrick wrote about the changes in medicine in the past twenty-five years. He noted the virtual disappearance of typhoid fever. Doctors no longer carried diphtheria antitoxin as routine equipment in their bags because cases were becoming so scarce that the stuff often spoiled before they could use it. Smallpox was getting rare, too. Cholera Infantum was not the terrible scourge it used to be in the hot summer months, but automobile injuries were becoming more frequent and influenza had swept the world like the old time plagues.

In the field of diagnosis he noted the perfection of the X-ray, the introduction of the bronchoscope, the cystoscope and the Wasserman test. In pediatrics the nature of pyloric stenosis had become recognized and pyelitis was no longer called infantile typhoid. The introduction of insulin had transformed the treatment of diabetes just as the use of liver had changed the outlook in pernicious anemia.

Ten Years Ago — June, 1944

Dr. Genevieve Delfs was the speaker that month on the subject of "Nutritional Diseases." The talk was illustrated by slides from the Tom Spies Nutritional Clinic.

Plans were going forward for the establishment of the Receiving Hospital. Meetings were being held with City and State health officials. President Elmer Nagel and Judge Clifford Woodside were active in the movement. Council passed a resolution pledging the support of the Medical Society.

Herbert Hutt, John Rodgers and Clyde Walter were heard from, somewhere overseas. John E. L. Keyes was promoted to Lt. Colonel. Paul Kaufman was in Corsica, Gordon Nelson in Italy, Peter Boyle and J. L. Scarnecchia in England. W. D. McElroy was promoted to Lt. Colonel and was recovering from a broken arm.

Scott's advertised white shirts for \$2.24. A year later they were as scarce as quinine or rubber tires. Quinidine could be had only on a written prescription marked "Cardiac," and not more than 150 grains on one prescription.

Absentee voting ballots were being sent out to the men in the service for the coming November elections. Later, many of them were thrown out because they were marked in ink and the Ohio law states they must be marked "with a pencil provided by the Board of Elections."

J. L. F.

MISCELLANY

The purpose of the bill (H.R. 54), as indicated by its title, is to authorize the appointment of "doctors of chiropractic" in the Department of Medicine and Surgery of the Veterans Administration.

The American Medical Association strongly disapproves this bill and urges that it not be favorably reported by your Committee. Summarized below are the basic reasons for our opposition to this proposal.

Chiropractic is not based on scientific methods and, therefore, should not properly be entitled to consideration as anything but what it is — a cult. Those who subscribe to it believe, or profess to believe, that all human ills are due to "nerve interference" and can be cured by manipulation of the spine, whether such ills be cancer, heart disease, a ruptured appendix, deafness, etc. Since according to their theory all disease is caused by "subluxed" vertebrae, there is no need for a medical diagnosis. Such a theory, of course, runs counter to the established facts of medical science. As the late Dr. Harvey Cushing, one of the world's foremost brain surgeons, stated, "There is no pathological basis whatsoever for the theory of chiropractic, and it is silly to allude to it as a science."

The claim of chiropractors that they are "doctors" and their use of the suffix "D.C." has led many people innocently to believe that these individuals are educated in the medical sciences and are as fully qualified in the field of medicine as are Doctors of Medicine. Actually, it is impossible to state with precision what the educational requirements for chiropractic are, because no definite educational qualifications exist. No single chiropractic school is recognized by the Association of American Universities or by any other qualified accrediting agency. None of the so-called degrees awarded by these schools are recognized by standard accrediting agencies. While these individuals are licensed in many states, the prerequisites range from a high school education, or its "equivalent" to high school education plus college work or its "equivalent."

It is obvious, therefore, that this proposal would authorize appointment in the Department of Medicine and Surgery of the Veterans Administration of individuals with little or no qualifications, little or no knowledge of the medical sciences, and little or no scientific background. Such a situation would be viewed by the medical profession as a retrogression from the high point reached along the road of medical progress by sure and steady pace by scientific methods.

G. F. Lull, M.D.



"WELL DONE" DEPARTMENT

Congratulations and a well done to the Youngstown Area Heart Association whose leaders have formulated a rheumatic fever prevention program which has received national recognition in the May 1954 issue of "Today's Health."

This program has been made possible by the fine and enthusiastic cooperation of the entire Youngstown school system and by all physicians of the Mahoning County Medical Society. The Youngstown Area Heart Association's president is Dr. W. H. Bunn with Mrs. O. W. Haulman as its executive secretary. Dr. Hugh Bennett has been in charge of the local program.

The Beginning

When a man begins practice he believes for a few months that his medical neighbors and acquaintances are all the most generous of men, because they send him to visit patients. Later . . . he changes his view. . . . Such patients often live at the jumping-off place, or are addicted to sudden complaints demanding medical attendance at unearthly hours, or are apt to acquire delirium tremens at frequent intervals, or are complaining and censorious, or liable to sue a doctor . . . and . . . it never dimly dawns upon one of them to pay a single cent.

As one mounts in years he is apt to specialize less and less upon the purely ideal side of life. He may not be quite sure that the good die young, but he becomes entirely certain that only the young die good.

When I was a young doctor without patients, my sign used to look to me like an epitaph on a stillborn business. The first patient I ever had stole my only umbrella.

Objectionable people are numerous. They have one trait in common, that is, a most unfortunate tendency to longevity. Few die and none resign. They haunt physician's offices. Among them I would mention; that breathing outrage, the fierce female who glares petrification on all who enter the private office ahead of her. The human disaster who constantly borrows trouble and passes some of it off to you whenever he calls. That unescapable calamity, the doctor who has a row on his hands and wants to get you into it. The lawyer whose client has traumatic neurasthenia and wants to sue a street car company. . . . The life insurance agent. . . . The religious beggar who has a mission, and a peculiar hat. The friend with nothing to do, who just drops in when you are busiest to have a little talk. . . . The patient who is always late and catches you just as you are ready to leave. . . . The fellow who *will* come too early. The agent who is an M.D. and sends in his doctor's card. The sexual hypochondriac loaded down with specimens . . . The drug agent who desires to describe it all. . . . The patient who does not know when to leave.

John Chalmers DaCosta



"Let's Rake the Doctor Over the Coals"

Harper's Magazine
Letters to the Editor
49 East 33rd St.
New York 16, N. Y.

Dear Sir:

I am getting just a little weary of hearing and reading about the monster, that is the medical doctor, as he has been painted by the current crop of magazine writers. It was bad enough in the sensational publications but when I picked up my copy of my favorite magazine this month and saw that it, too, had stooped to medic-baiting, it was too much. I have to pound my typewriter in protest. While Greer Williams has tried to be a little more fair than most, his article "Unjustified Surgery" does little more than add to the heap of unjust criticism that has been piled up against the medical profession and its members — good as well as bad.

I would be the last person to say that all men of medicine are saints

— noble creatures — dedicated to the service of the sick, poor and suffering humanity. I have met some who were cheap and mercenary and who would barter their souls or their grandmother's dentures for an easy dollar.

Doctors are people, with all of the virtues and all of the faults of all the rest of us. There are noble idealists and unscrupulous charlatans in every profession, every occupation, my own not excepted. Still, I have not yet read any sensational magazine articles about reporters who sacrifice the freedom and objectivity of the press by getting themselves on the pay-rolls of labor, political, business and other pressure groups and use their reportorial positions to inject the policies and sentiments of their second-string bosses into their news writing.

I cannot recall any glaring stories about business firms that pay premiums and give bonuses to customers who refer to them new customers, yet this is openly done. If it isn't fee-splitting — what is it?

But the general practitioner who refers a patient to a surgeon for a needed operation is castigated in the "glossies" and pictured as a fee-splitting monster. It is quite possible that the patient whose fee is being split may be a lawyer who makes regular gifts to newspaper men for keeping his name in print or who gives tips to court clerks and police officers for putting him next to potential clients.

Greer Williams makes quite a whoop-te-do about "needless surgery." But does Greer Williams know that doctors' offices are crowded with neurotic women, hungry for attention and eager to undergo surgery or any kind of medical torture to be the center of attraction, even for only a little while? Does he also know that these women will shop around from doctor to doctor until they find one who will give them what they want and that they will stop at nothing to belittle or undermine the reputation of the honest doctor who has told them they have nothing wrong, that all they need is to stop thinking about themselves and get busy doing something for others. What is the young, beginning doctor to do — cater to his neurotic female patients or toss his career out of the window?

The beginning, and few of the already "arrived" magazine writers will not scoff at their editors, no matter how foolish or impractical they believe their policies to be. Instead, they cater to their idiosyncrasies in order to make a living. They write what their editors and the public want them to write — because this is what sells. Why then is the doctor, who makes his foolish patient happy by giving her the operation she wants, and will get anyway, such a bogeyman?

I am not a doctor's wife, have no personal interest in the medical profession and am not on a medical society payroll. I have, however, seen many doctors in action — good ones far more than bad. I have seen them working with the flotsam and jetsam of the city's streets, in hospital wards and clinics, giving them the same kind of care they would give to their well-paying, private patients, and getting nothing — not even thanks. I have seen them called from social gatherings, golf matches, sports events, because some baby wanted to be born — some appendix wanted out.

I have seen middle-aged doctors collapse and die of acute and unsuspected heart conditions, or of diseases contracted in line of duty and brought on by overwork. I have seen them leave very young children fatherless, because the long period of training a doctor must complete before he can hope to earn a living discourages early marriage and fatherhood.

To sum up, I am not only weary but considerably angry over the continued and unfair attacks on the medical profession and am, at this moment, appointing myself a committee of one to advocate a moratorium on the "Let's Rake the Doctor Over the Coals" campaign.

Any story, no matter how exciting, gets tiresome after being told and retold until it gets threadbare. Right now my interest has reached the saturation point.

There are any number of other juicy stories lying around for the magazine writers. Why not let the doctors alone for a few issues at least.

Sincerely,

DOROTHY W. PATTERSON
(Feature Writer, *The Morning Call*)

CAPSULETTES

The clinician can choose from 9 antibiotics and the sulfonamides to treat purulent meningitis. Sulfadiazine is still the drug of choice for meningococcal meningitis. Cases of pneumococcal, streptococcal, and staphylococcal meningitis should be given a combination of Chloromycetin, penicillin, and sulfadiazine. *E. coli* meningitis responds best to a combination of Chloromycetin, sulfadiazine, and streptomycin. Polymyxin B is almost specific for the treatment of pyocyanous meningitis; streptomycin should be given at the same time, however, as a proven therapeutic adjunct.

Hanbery, J. W.: *Neurology*,
4: 301, (April) 1954

Value of Bed Rest in Threatened Abortion Questioned

Uterine contractions generally presaged evacuation "whether or not the patient was kept at bed rest or was allowed to be ambulatory." Findings neither prove nor disprove that the incidence of hemorrhage is accentuated by reasonable activity at home.

Diddle, A. W., et al.: *Obst. & Gynec.* 2:63, 1953

Post-Operative Pain: Placebo Rx

Placebos were used in treating post-operative pain in a series of 335 major surgical procedures. Of this number, 45% of the patients required no narcotics whatsoever, or obtained relief of their post-operative pain with placebos. Because of the effect of placebos on these patients, the emotional factors that influence the severity of post-operative pain are undoubtedly more important than they have previously been given credit for. More judicious use of narcotics is therefore recommended in the treatment of patients with post-operative pain.

Dodson, H. C., Jr. & Bennett, H. A.
Am. Surgeon, 20: 405, (April) 1954

Cancer detection is cancer diagnosis before the appearance of symptoms. It is the logical extension of the most effective present-day approach to cancer control, namely, early diagnosis and early treatment. While organized detection centers are important for research and educational purposes, effective cancer control depends on widespread application of established methods of cancer detection in general practice.

PERIODICAL PEARL

Cancer of the Gallbladder

Gallstones are found in a high proportion of patients with cancer of the gallbladder. Hence some have assumed that gallstones predispose to cancer. The statistical evidence seems, however, to have aroused some doubt in the minds of investigators in the Central Middlesex Hospital, London. In a publication in 1931, Graham stated that 8 to 10 per cent of all cancers arise in the gallbladder. Among 1,808 necropsies for malignant disease at the Cook County Hospital, Chicago, reported in 1941, 55 cases concerned cancer of the gallbladder and 62, cancer of the extrahepatic bile ducts. Other American investigators have emphasized the rarity of cancer of the gallbladder. Of 350,000 new patients who attended the Cleveland Clinic between 1932 and 1948, only 29 had cancer of the gallbladder which was verified by operation.

Now Cooke, Jones and Keech have made a survey of cancer of the gallbladder in Great Britain. They have brought together the best documented series of cases reported in recent years. Only some 3 per cent of cases of gallstones were associated with cancer of the gallbladder. Gallstones are not produced as a result of dysfunction of the gallbladder due to cancer. The excess of women with cancer of the gallbladder is correlated with the excess of gallstones in women. The investigation reveals that cancer of the gallbladder accounts for under 1 per cent of all deaths from cancer in Great Britain. Among patients in whom a gallstone was found at necropsy, 12 per cent had died of complications arising from the gallstone. A review of the clinical histories of patients with gallstones suggested that it is impossible to forecast from the history whether the gallstone will ultimately cause death. Only a minority of gallstones subsequently caused difficulties. Because of these observations the authors conclude that, "It would seem reasonable to reserve surgery for patients who have developed troublesome symptoms from their gallstones. The risk of cancer is not in itself sufficient reason for advocating cholecystectomy for symptomless gallstones."

Obviously this British point of view may not be concurred with by American surgeons. In this country removal of gallstones in many instances seems to be based largely on the x-ray evidence of their presence. Thus A. B. Small and C. A. Moyer, writing in Harrison's "Principles of Internal Medicine" say: "In view of the potential dangers of the asymptomatic stones (i.e., neoplasm, acute cholecystitis and common duct obstruction) it is now deemed preferable to remove such stone-containing gallbladders, provided that no contraindication to elective operation exists, and the surgeons within the locality are capable of performing the operation with a mortality rate of less than 1 per cent." The risk of mortality from the operation under modern surgical conditions seems to be slight. The decision of the surgeon would be made, therefore, on his estimation of the possibility of eventual harm from the gallstones as contrasted with the minute risk of operation under ordinary circumstances.

Morris Fishbein
Postgraduate Medicine—March, 1954

"Opportunity for success is present wherever you may be, even in your own neighborhood."

Arthur Summerfield

O.S.M.A. CONVENTION BRIEFS

..... Over 1,450 physicians and guests attended the annual meeting of the Ohio State Medical Association held at the Neil House and Deshler-Hilton Hotels, Columbus, Ohio, April 12-15.

..... The first session of the House of Delegates, Officers and Councilors followed a dinner on Monday, April 12th. 117 Delegates were in attendance. Dr. Paul A. Davis, President, presided at the session.

..... In his address to the Delegates, Dr. Davis outlined the culmination of a successful year in Ohio Medicine. He urged physicians to take more interest in Government affairs, to take more part in public and professional relations and co-ordinate more closely with allied professional fields. He expressed full confidence in the Polio Vaccine Program and those administering it.

..... A full forum of duly registered Mahoning County Delegates were present at all sessions of the House of Delegates. Your Delegates were, Drs. Neidus, Ondash, and Skipp.

..... Presidential Committee appointments included, Dr. S. W. Ondash, Chairman of the Tellers and Judges of Election Committee and Dr. William M. Skipp, a member of the Committee on Nominations.

..... Dr. C. A. Gustafson continues to serve as Councilor of the Sixth District. New Councilors are Dr. Charles T. Atkinson of the First District succeeding Dr. D. W. Heusinkveld, Dr. Robert Hopkins of the Seventh District succeeding Dr. R. J. Foster who was ineligible for re-election and Dr. H. T. Pease of the Eleventh District succeeding Dr. John S. Hattery who was ineligible for re-election.

..... The Clinical Sessions were excellent. Physicians attending felt that they were among the best presented in recent years. Only Youngstown on the program was Dr. W. H. Evans who spoke on "Management of Epistaxis."

..... Winners of the Ohio State Medical Association Scholarships were presented before the House of Delegates.

..... The banquet held on Wednesday, April 14, was well attended. Dr. E. J. McCormick, President of the American Medical Association gave an excellent address.

..... 108 Delegates attended the final session of the House of Delegates Meeting held on Thursday, April 15th.

..... Resolutions as recommended by the Committee on Resolutions were presented with some modification and passed by the House of Delegates. Read them without fail. They will appear in the next issue of the Ohio State Medical Journal.

..... Dr. M. D. Prugh, Dayton, Ohio, was installed as incoming President.

..... Dr. William M. Skipp was re-elected State Delegate. His untiring effort has won him term after term in this position. A.M.A. President, E. J. McCormick, mentioned him in his address at the membership banquet on Wednesday evening.

..... Dr. D. W. Heusinkveld of Cincinnati, Ohio, was elected president-elect. He was Councilor of the First District prior to his selection as president.

..... The Ohio State Surgical Association held its meeting on Monday,

April 11. The Scientific Program was excellent. At its business meeting the surgical group approved a resolution declaring fee-splitting "no longer ordinary or necessary" in Ohio and expressing "unalterable opposition" to the practice. Dr. Paul R. Hawley of Chicago, executive director of the American College of Surgeons, was the after dinner speaker.

Neidus-Ondash-Skipp

If You Think Taxes Are Tough Today

Fresh air and sunlight were taxed in 17th-century England. The government collected from all households with six or more windows. This burdensome window tax wasn't repealed until 1851.

In those days it even cost money to boast of your ancestry for there was an annual tax of two pounds, two shillings on family crests and coats of arms. The Puritans paid a weekly meal tax, giving up the price of one meal every seven days to Oliver Cromwell.

Until 1879, every man, woman, and child in France was subject to the gabelle—a tax requiring them to purchase seven pounds of salt a year whether they needed it or not.

The Romans apparently didn't think of that one, but there was a Roman tax on dying, enforced by prohibition of burial for nonpayment. The Emperor Constantius taxed his subjects also for the privilege of giving him presents.

In his attempts to westernize Russia, Peter the Great taxed all men who wore beards. Barbers, stationed at the gates of Moscow, enforced the tax by shaving all nonpayers. The Russians also paid taxes on marriages, funerals, horse collars, leather boots, hats, beds, milk, baths, kitchen chimneys, and cucumbers.

One of the strangest taxes in history was levied in 18th-century Turkey. After a pasha had visited and dined with a peasant family, he would demand his "tooth money," a tax to compensate him for wear and tear on his teeth.

William E. Miles

TREPANATION

Trepanation is one of the earliest, if not the earliest, surgical operation for which we have objective evidence. Ancient examples of trephined skulls have been found in France which date back to Neolithic man of 10,000 to 12,000 years ago. The operation appears to have been done by grinding the bone away with crude flint implements.

Since the first examples of Neolithic trephined skulls were discovered in France in 1843, prehistoric to fairly recent times of native trepanning have been reported from many sections of the world. The operation which is still practiced to this day by the isolated Bushmen of Australia, and in some parts of northern Africa and in the Andes in South America, undoubtedly reached its widest form of usage among the ancient Incas of Peru. The Incas performed trepanation with great dexterity, and it is said that from 5 to 6% of all the ancient skulls excavated in Peru show that trepanning was resorted to.

"The great aim of education is not knowledge but action."

Herbert Spencer

PROCEEDINGS OF COUNCIL MEETING

There was a special meeting of the Council held on Tuesday, May 18, preceding the regular monthly meeting at the Elks Club. The following were present: Dr. J. D. Brown, President, presiding; Dr. I. C. Smith, Dr. A. K. Phillips, Dr. E. J. Wenaas, Dr. C. A. Gustafson, Dr. V. L. Goodwin, Dr. M. W. Neidus, Dr. W. M. Skipp, Dr. S. W. Ondash, Dr. E. R. McNeal, Dr. F. G. Schlecht, Dr. A. A. Detesco, and Dr. A. Randell, comprising the council, also Dr. F. S. Coombs and Mr. F. B. Powers, counsel.

The meeting was called at the request of several of our members who had become concerned by reason of complaints made by their patients, based on unexpected refusal of insurance companies to pay medical or hospital bills, under accident and sickness insurance policies. Possibly some of these cases were chronic and therefore not covered, or for other reasons based upon the so-called "fine print exceptions" in the policy. Some patients feel that because of their lack of understanding, advantage has been taken.

The possibility of liability on the part of members who might unintentionally advise their patients, on the basis of incomplete information, particularly involving legitimate companies, was discussed. The matter was referred to Counsel for further consideration.

Dr. Skipp reported the result of a meeting held previously during the day with representatives of Mahoning and Trumbull counties and Mr. Robert Tudek of the Penn Blue Shield. Much time was spent discussing fees for medical care and surgical procedures. Penn Blue Shield is trying to sell a full coverage service plan, with participating physicians (including osteopaths) accepting the full payment of the fees as set up by Penn Blue Shield for the thousands of employees and their families that work in the steel industry.

G. E. DeCicco, M.D.
Secretary

QUESTION: Is there any advantage to clipping the frenulum of the tongue of an infant?

M.D., Georgia

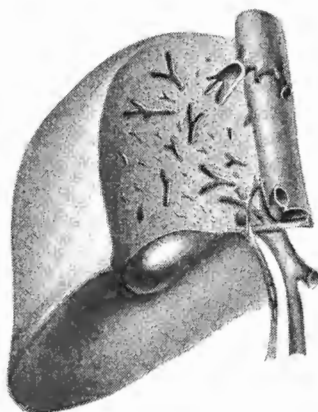
ANSWER: *By Consultant in Pediatric Surgery.* Many parents ask to have the frenulum of their infant's tongue clipped. Ordinarily, this procedure is both unnecessary and hazardous.

A number of babies have a short basal attachment of their tongues to the floor of the mouth. Many snug frenula stretch and loosen spontaneously. Clipping should be done only if (1) the tongue is so immobilized by the short frenulum that sucking is impeded; (2) the tongue is so restricted in motion that the tip cannot emerge beyond the lower gumline or lower incisor teeth in which case the apex of the tongue becomes bifid when stretched forward under tension; (3) a short frenulum interferes with the development of articulate speech. Such children will have a characteristic speech lisp.

Extreme care must be exercised to clip the frenulum close to the under surface of the tongue. An injudicious snip may cut an orifice to a submaxillary salivary duct, the stomas of which are immediately adjacent to the ventral surface of a short frenulum. Such mistakes result in stricture, repeated stone formation, and recurrent painful swellings of the submaxillary gland on the affected side.

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normalize fat metabolism... protect the liver...



In your diabetic, cirrhotic, overweight and geriatric patients liver damage may be aggravated by dietary restrictions and other factors which reduce intake of lipotropics essential for liver protection.

LIPOCAPS and LIPOLIQUID

provide the massive doses of choline and other important lipotropics needed to improve hepatic function, facilitate mobilization and transport of fat and curb fatty infiltration of the liver.

LIPOLIQUID

Each tablespoonful (15 cc.) contains:
 Choline* (equivalent to 9.15 Gm. of choline dihydrogen citrate) . . . 3.75 Gm.
 Vitamin B₁₂ U.S.P. 4.20 mcg.
 Inositol 75.00 mg.

*As tricholine citrate.

Pint bottles.

Dosage: 1 to 2 tablespoonfuls daily for adults.
 LIPOLIQUID is sugar- and alcohol-free.

LIPOCAPS[®]

Each orange capsule contains:
 Choline bitartrate 450 mg.
 dl-Methionine 150 mg.
 Inositol 100 mg.

Bottles of 100.

Dosage: One capsule three times daily.

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