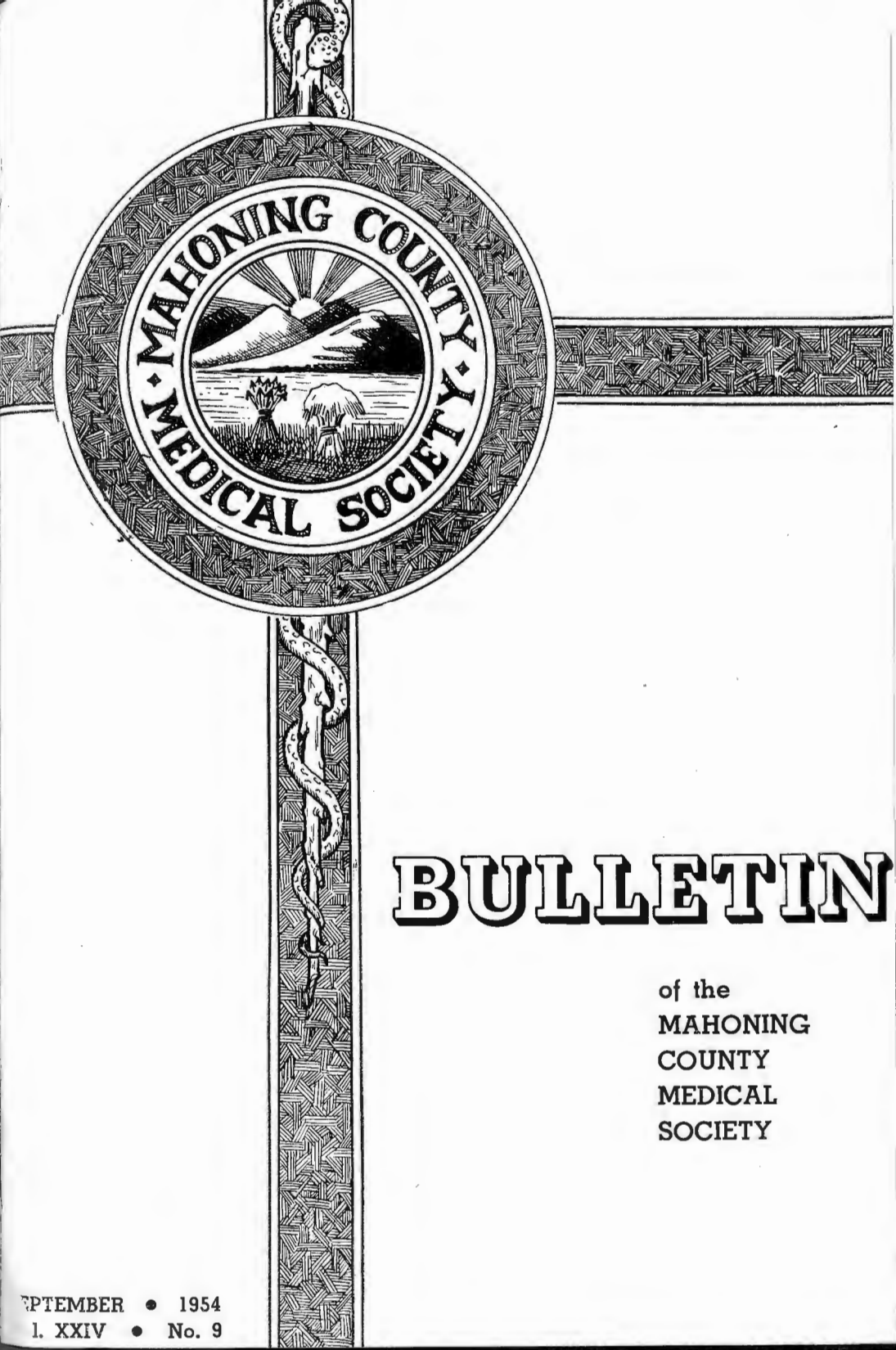

BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

PTEMBER • 1954
l. XXIV • No. 9

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plus other factors of the B-Complex present in Whole Liver.

BASE: Liver and Yeast.

SUPPLIED: in 50's and 1000's.

1. Jolliffe, N., Special Article, Council on Foods and Nutrition: The Preventive and Therapeutic Use of Vitamins, J.A.M.A., 129:613, Oct. 27, 1945.
2. Lewey and Shay, Dietotherapy, Philadelphia, W. B. Saunders Co., 1945, p. 850.

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Representative to the Associated Hospital Service
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Vol. XXIV—No. 9 **September, 1954**

ADVERTISERS' LIST

Our President Speaks

Once again the Canfield Fair is history and, judging by the public reaction, it has been a real success. In talking to a number of lay people at the fair, one is gratified at the sincere interest shown in the health exhibits. I believe that this is a definite public service and real opportunity for enhancing our public relations.

I wish to take this opportunity to thank everyone who had a part in conducting the exhibits at the Canfield Fair. And particularly wish to express appreciation to Doctor Stertzbach and his committee for their excellent work.

Another matter that I deem of great importance is that we are nearing election time. Although it is not within the province of this office to dictate to you how you should vote, I do feel called upon to urge you to use the right of your citizenship and vote as your conscience dictates. In a world as confused and troubled as ours is today, the right to vote is still a weapon of freedom and exercising this right becomes a duty for each and every one of us. Let's turn out 100% in November.

James D. Brown, Pres.

BULLETIN of the Mahoning County Medical Society

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VOLUME 24 **SEPTEMBER, 1954** **NUMBER 9**

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

EDITORIAL

Patients complain of the smugness and aloofness of physicians. If all of us will daily read the following we would be filled with the proper humility which would obviate all public relation problems.—Editor.

Physician's Prayer

Lord, Who on earth didst minister to those who helpless lay,
In pain and weakness hear me now, as unto Thee I pray:
Give to mine eyes the power to see the hidden source of ill,
Give to my hand the healing touch, the throb of pain to still.
Grant that mine ears be swift to hear the cry of those in pain;
Give to my tongue the words that bring comfort and strength again.
Fill Thou my heart with tenderness my brain with wisdom true,
And when in weariness I sink, strengthen me Thou anew.
So in Thy footsteps may I tread, strong in Thy strength alway,
So may I do Thy blessed work, and praise Thee day by day.

Guest Editorial

THE DOCTOR AND HUMAN NEEDS

By Dr. Sidney M. Berkowitz, Rabbi
Chairman, Delegate Assembly of the Community Corporation

I appreciate the opportunity that has been given me to use the columns of this *Bulletin* to express my views concerning the relationship between the medical profession and the community-at-large. I approach the problem with somewhat of a "split-personality" — first, as a spiritual leader and second, as chairman of the Delegate Assembly of the Community Corporation.

You know, or should know, what a Rabbi is. However, the Delegate Assembly is an arm of the Community Chest. It consists of over one hundred and fifty representatives of health, welfare, and civic organizations, including your own Drs. James K. Herald and H. E. Hawthhorn. This Community Assembly sets broad policies and programs in the planning of the Community's health and welfare services.

There has always been in Youngstown a close relationship between Medicine and the Ministrations of the Clergy. This continues to be recognized and encouraged, as evidenced by the Chaplaincies in the various local hospitals. I have been particularly thankful for and gratified by the unusual understanding that manifests itself between the professions.

Likewise, in the field of philanthropy and charity, the record of the medical profession is of no mean norm. The Doctor gives unselfishly of his time to care for the poor and needy, regardless of race or creed. He is most generous and sympathetic in accepting those who cannot remunerate him for his services; and then to climax it all, he gives munificently of his free hours, as well as his money, to all kinds of community appeals — whether it be Red Cross, Community Chest, Heart and Cancer Drives, and of course to his Church or Synagogue.

Yet, you must realize that there are many areas of unmet needs in our community, where the Delegate Assembly would like to see the medical profession use its great influence and broad vision in effecting changes in community policy. Doctors know better than others that *change* is the most *unchanging* law in mortal existence. And so it is with social institutions. Let us ask a few questions.

Are you completely convinced that the recommendations of the school medical program are being carried out to your complete satisfaction? You do a tremendous and magnificent job of uncovering the physical defects in our public school children, but is there some means that can be devised to insure that the parents of every child can and will follow through with your recommendations?

Is the medical profession ready to spear-head a movement to provide some kind of specialized facilities for the chronically ill? I am confident that you are aware of and alarmed at the extent and ramifications of this serious problem. Many civic organizations are thinking in terms of "home-maker-services" and "house-keeping aid" for the chronically ill; they are thinking in terms of what kind of special hospitals or nursing homes are needed, of what kinds of "home-care-services" can be developed, of what is the place of the County Home in such plans. But any such projects desperately need the thinking, the power, and the prestige of the medical profession to give impetus to citizen action.

Have you given much consideration to the multiplicity of health appeals —all worthy—in our community? If there are "x number of dollars" that can be raised in Youngstown for special health drives, are we giving proper allocation in proportion to need rather than emotion? The public looks to you for leadership and counsel in this field of philanthropy.

There is one final thought — the out-patient departments of our general hospitals. Some progress has been made here, but there are many questions yet unsolved. I am certain that the doctors of our community would like to confer with representatives of the Community Corporation to explore some new aspects of this service, so that, in following the ideals of your Oath, people will be helped.

All of us — doctors of medicine and the soul — are engaged in the same battle: a struggle for a better world in which better and healthier human beings can live.

THE DECLINE OF THE HOUSE CALL

Once the standard symbol of the medical practitioner, the little black bag seems headed for a museum. The house call is coming to account for less and less of the doctors' practice. The horse and buggy doctor would have included the maintenance of both the horse and buggy in his income tax deduction if they had income tax in those days. Making calls was a large part of his practice.

Now that transportation has become swifter, the doctor's need for it has become less. Some physicians practically never make house calls. Others do so with great reluctance and impose on the patient such discouraging obstacles as higher fees and tardy arrivals.

The reasons for this reluctance to make house calls are that the doctor is too busy, that equipment in the office is better or that the patient is not as sick as he thinks. This is quite in line with the trend of the times. Probably nothing that can be said or done now will reverse the trend. However before the house call becomes completely extinct we would like to utter this requiem.

There is nothing quite as challenging as a closed door. The doctor who has never waited for the door to open has lost out on one of life's interesting experiences. With today's modern diagnostic equipment it is much easier than it used to be to make a diagnosis. But in the home, the doctor must make a diagnosis with only the simple equipment he can carry in the bag plus his eyes, his ears, his fingers, his medical training and, one hopes, his God-given common sense. If he can do that, he is really playing in medicine's major league!

A patient sends for a doctor only when he considers himself in trouble. The doctor who responds is viewed as a friend in deed. Many harsh things have been said about medical practitioners during the last two decades. But no one ever says them about the doctor who is willing to reply to a cry for help by making a call to the home. Such a call may be time taking, economically profitless and subject to certain technical and scientific deficiencies. It is a cheerful symbol of service to people in trouble—a service which is the glory and the touchstone of our creed.

The Journal of The Medical Society of New Jersey

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KEEPING UP WITH A.M.A.

by Wm. M. Skipp

Navy and Air Force Call Physicians

500 are being called for Air Force, 350 for Navy. This number is required to keep present staffing up to date, because there is need for replacements. This does not include 480 being processed at the present time.

The physician shortage in the Navy is growing very acute so that the Surgeon-General is ordering retrenchment of dependent medical care, reduction of elective surgery, (refractions and T & A's) as well as elimination of baby clinics.

White House May Fight M.D. Coverage in Social Security

A high ranking official of H. E. & W., headed by Mrs. Hobby, says the Administration will stand fast in its position that doctors of medicine should be blanketed in social security coverage but will be satisfied to abide by whatever decision its sister body reaches on this controversial issue.

Social Security

Senate has removed physicians from coverage but there is still a lot of fireworks pending and the Administration is determined to include all professions. The House has recommended that all professions be excluded from Social Security.

The Keogh-Jenkins Bill has been side-tracked to date, but a new voluntary pension plan has been introduced by 20 Republicans in the House.

Kaiser Urges Press to Support His Mortgage Loan Bill

Before the National Press Club in Washington, Henry Kaiser urged newsmen to get behind his proposal for federal guarantee of loans for constructing and equipping group practice facilities. He stated "millions are being forced into financial bondage" because of medical care costs.

The "Kaiser plan" is embodied in H.R. 7700, now before the House Interstate and Foreign Commerce Committee and sponsored by the chairman, Charles Woverton. A.M.A. has three principle objections to the bill: 1. Facilities already are being provided for medical care without federal intervention. 2. Group practice would be favored at the expense of the individual practitioner. 3. To be eligible for loan guarantees, a group's patients would have to be predominently from prepaid health plans.

Mr. Kaiser said opposition to his plan was not going to last "because this is a better way." When physicians lose their fear, when they learn they are "free to finance their own medical facilities regardless of the A.M.A., then you will see this bill advancing."

Eisenhower-Hobby Reinsurance Plan Is Sidetracking, At Least For Now

Hopeful of winning over organized medicine, White House and Hobby staffs invited A.M.A. leaders for conference last week. But the powwows failed to curb the association's opposition.

MEDICO-LEGAL ASPECTS OF DRUNKEN DRIVING EXAMINATIONS

None of the familiar clinical symptoms or tests for intoxication is either specific or quantitative. The symptoms may be exaggerated by fatigue, worry and emotional irritability and minimized by self-control. The odor on the breath is largely due to flavoring matter and an unfair test. The flushing of the face, dilation of the pupils, abnormal gait, slurred speech, etc., are not necessarily characteristic or indicative.

Chemical tests are eminently fair. The alcohol content of the blood, urine, saliva or other body fluid is a reliable measure of the amount in the brain. The breath provides a very convenient, readily obtainable and entirely reliable index of the alcohol content of the blood. Chemical tests measure the probable extent to which perception, coordination, judgment and other psychological processes are impaired.

Intoxication sets in gradually and not by definite stages. The alcoholic neophytes and occasional drinkers with relatively low tolerance are far more frequently involved in motor accidents. Judgment is the first faculty affected by alcohol and is a far greater cause of highway crashes than simple clumsiness or muscular action. Incidentally, the drinking pedestrian must not be overlooked in assessing blame. The results of chemical tests are never a substitute for the observation, interrogation and orderly recording of testimony.

The qualifications of the expert witness on intoxication are judged by his technical background, experience, and training in making the involved analyses, his research, studies or writings and membership in organizations. The medical expert should be prepared to discuss what happens to alcohol in the body, its increasing physiological effects and their outward manifestations with relation to the case at hand, the signs and symptoms ordinarily employed for the diagnosis of being under the influence of alcohol and their reliability, the concentration of alcohol associated with various stages of intoxication and what this means at each stage in terms of alcohol imbibed, the significance of chemical tests as a measure of the reaction or influence of alcohol, experiments proving their validity and accuracy, how they work and the basis of their reliability, and the extent individual differences in the rate of absorption, destruction, elimination, consumption, tolerance and threshold, affect their interpretation.

Within the body, a given amount of alcohol has about the same effect, whether consumed alone or mixed with other beverages or liquids. Food retards absorption, which is mostly in the small intestine and very rapid. When the stomach is empty, over half of the alcohol is absorbed into the blood stream in 15 minutes and all in 1 to 2 hours. Ten per cent is lost in the urine, breath and perspiration and ninety per cent is burned, mostly in the liver. The percentage throughout the body decreases practically at the same rate.

Alcohol is primarily a depressant. It temporarily depresses self-judgment and self-criticism, and releases from social restraint. It slows the reaction time in operating the clutch, brake, and accelerator, and in making a choice. A greater amount of alcohol attacks neuromuscular coordination, the speech and vision and leads to stupor, coma and death.

Correlations accepted by the Committee on Tests for Intoxication of the Naitonal Safety Council, regarding the Stages of Being Under the Influence of Alcohol for a 150 lb. normal individual follow:

STAGE	BLOOD	URINE	CLINICAL SYMPTOMS
SUBCLINICAL (Note overlapping)	0.01% - 0.12%	0.01% - 0.16%	2 oz. whiskey or 2 bottles of beer. No apparent intoxication. Feeling good, increased self-confidence; NORMAL by ordinary observation, slight changes by special tests. (30% of people will be "intoxicated").
STIMULATION (Note overlapping)	0.09% - 0.21%	0.13% - 0.29%	6 to 7 oz. whiskey or 6 to 7 bottles of beer. Impaired memory, comprehension, and lack of critical judgment; decreased inhibition, slight incoordination. Slowing of stimuli response.
CONFUSION (Note overlapping)	0.18% - 0.30%	0.26% - 0.42%	Acute intoxication, advanced symptoms of drunkenness; muscular incoordination, staggering gait, dizziness, slurred speech and sensory disturbances.
STUPOR (Note overlapping)	0.27% - 0.39%	0.38% - 0.54%	Apathy, general inertia and approaching paralysis, marked stimuli decrease and impaired consciousness.
COMA (Note overlapping)	0.36% - 0.48%	0.51% - 0.67%	Complete unconsciousness, subnormal temperature, depressed and abolished reflexes, anaesthesia, impaired circulation, weak pulse, stertorous breathing. Possible death.

Reactions, such as emotional instability, hilarity, loquatiousness, amorousness, pugnacity, dejection and sadness, are colored by the individual's personality. Chemical tests may also be made on the breath through use of the drunkometer, intoximeter and alcometer, and on the spinal fluid, the brain and other tissues. Every person is influenced by 0.15% alcohol in the blood and many are influenced by less.

Federal decisions have admitted a photograph of a defendant taken immediately after arrest, to aid in identification and have emphasized the recent trend to construe the constitutional privilege against self-incrimination as relating only to (testimonial) disclosure by utterance, oral or written.

The few Ohio cases are not in accord and the law has not been definitely settled. The majority have held that chemical test results are admissible as

evidence and that a properly arrested person must submit to search and seizure of his person, which include chemical tests to determine intoxication.

It is no violation of the privilege against self-incrimination in Ohio to have the defendant stand up in court for identification by a witness (Coles v. State 3-0 C.C. (N.S.) 420) and to stand up for observation by witnesses or (grand) jurors (Lindsey v. State 4-0 C.C. (N.S.) - 409). If a defendant were examined in jail against his will, the evidence would be inadmissible, but Ohio assumes an examination for venereal disease as a link connecting a defendant with a crime, was voluntary in the absence of a showing to the contrary (Anzeloff v. State 91 - O.S. - 361). An unreported lower court decision (City of Cincinnati v. Coldehoff) held evidence of motion pictures taken while defendant was compelled to walk a line in a police station after his arrest was inadmissible, but would have been held admissible if they had been made at the scene of the arrest or with consent.

Article I., Section 10 of the Ohio Constitution provides ". . . . . No person shall be compelled, in any criminal case, to be a witness against himself; but his failure to testify may be considered by the court and jury and may be the subject of comment by counsel."

In 1936, it was held (Booker v. City of Cincinnati 5 - O.O. - 433) that the results of required urinalysis and walking a straight line tests for intoxication were inadmissible, as the State cannot compel defendant to submit to a medical or surgical examination, the result of which may tend to convict him of a public offense. The Booker minority conceded that defendant may be required to stand up for identification and to submit to finger-printing. An Ohio court refused in 1938 to receive evidence of a blood test to prove intoxication on the ground that its probative force was a highly controversial medical matter and should not be used. However, the majority and better view since 1938 (State of Ohio v. Gatton 60 - O.A. - 192) was that evidence of refusal to submit to either a blood test or urinalysis for alcohol when arrested, was admissible as not being compulsion to give evidence against himself.

There should be no legal obstacles to prevent the free, compulsory use of chemical tests for alcohol, since their reliability has been well established.

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

AUXILIARY NEWS

The opening meeting for the fall and winter season for the Woman's Auxiliary to the Mahoning County Medical Society was a card party for members on September 14 at the V.F.W. Auditorium, Boardman St.

Heading the program committee were Mrs. W. E. Maine and Mrs. Paul J. Mahar while on the social committee were Mrs. Stephen Ondash and Mrs. W. L. Mermis.

The meeting for October will be on October 19 at 1:30 p.m. at Calvin Center. It will be a style show and buffet tea. The Columbiana County Medical Auxiliary has been invited to this 'Fashion Forecast.' This meeting is for all members and their guests to enjoy the latest in fashion for the holiday season.

Publicity Chairman
Blodwyn Rogers

SEPTEMBER MEETING

Tuesday, September 21, 1954

ELKS CLUB - - 8:30 P. M.

SPEAKER:

Edwin H. Ellison, M. D.

Associate Professor of Surgery, Ohio State University

SUBJECT:

"Cancer of the Colon"

Also - at 3:00 P.M., same day, at the Doctor's Dining Room, South Side Hospital, Dr. Ellison will address Members of our Society and Interns and Residents of both hospitals on "Current Research."

OCTOBER MEETING

Tuesday October 19, 1954

ELKS CLUB - - 8:30 P.M.

Speakers:

R. J. Scheetz, M.D.
A. J. Quinn, M.D
A. E. Rappoport, M.D.

The above local physicians will discuss:

"Cancer Project in Youngstown"

This will be a review of recent developments in cancer as being carried out in the Youngstown Hospitals.

PERSONALITY OF THE MONTH

To initiate the fall activities of the Mahoning County Medical Society, we introduce our personality of the month, Dr. Edwin H. Ellison, Associate Professor of Surgery, Department of Surgery of Ohio State University Medical School, Columbus, Ohio.

A native of Dayton, Ohio, born on September 4th, 1918, Dr. Ellison attended Ohio State University obtaining his degrees of A.B. in 1939, M.S. in 1940 and M.D. in 1943. One year was spent in a rotating internship and in 1944, his surgical training was started in residency at the Ohio State University Hospital. In 1946, he left his surgical training to act as Chief of the Surgical Section of Fort Ord General Hospital, Fort Ord, California, for his tour of military duty with the U. S. Army Medical Corps. Dr. Ellison returned to the Ohio State University Hospital in 1949 to complete his residency in Surgery in 1951.

Dr. Ellison has been active in the field of research and has published many papers on subjects varying from chemical aspects of mucoproteins to the clinical aspects of small bowel obstruction. He is an Attending Surgeon of Ohio State University Hospital, a Fellow of the American College of Surgeons, a Member of the Society of University Surgeons and the Columbus Academy of Medicine. As a hobby, Dr. Ellison is an artist whose talent is reflected in the many attractive sketches which decorate his offices.

The subject which Dr. Ellison will present at the September Meeting of the Mahoning County Medical Society at the Elks Club on September 21st, 1954 at 8:30 p.m. will be "Cancer of the Colon." At 3:00 o'clock in the afternoon of the same day, interns and residents are urged to attend an informal talk on "Current Research" which Dr. Ellison will present at the Doctor's Dining Room, South Side Unit of the Youngstown Hospital Association.

HAVE YOU HEARD . . . . . .

. . . . . that Dr. Donald R. Dockry completed his surgical residency at St. Elisabeth Hospital on July 1, 1954 and has been associated with Dr. A. K. Phillips in the practice of general surgery at 250 Lincoln Ave. since that date?

. . . . . that Dr. Stewart G. Patton, Jr. opened his office in May of 1954 at 5532 Mahoning Ave. for the practice of orthopedic surgery?

. . . . . that Dr. Joseph J. Campolito completed his medical residency at the Youngstown Hospital Association on July 1, 1954, and opens his offices on September 15th at 3119 Market Street for the practice of internal medicine?

. . . . . that Dr. A. William Geordan has opened his offices in Suite 319 of the Home Savings and Loan Building for the practice of urology?

. . . . . that Dr. Leonard F. Fagnano completed his surgical residency at the Youngstown Hospital Association on July 1, 1954 and will open his office on September 15 at 3718 Market Street for the practice of general surgery?

FROM THE BULLETIN

TWENTY YEARS AGO — SEPTEMBER, 1934

There were eight meetings of the Society that September, instead of the usual one. That was the famous course on Physiology given by Carl Wiggers, ~~then~~ professor of Physiology at Western Reserve. Every lecture was well attended and many of us can still remember the magic of Dr. Wiggers' personality which made the staid old subject come alive and glow with clarity and reason.

Dr. Leland, Director of the Bureau of Economics of the A.M.A. sent a questionnaire asking what per cent of the people needing medical care were not able to obtain it. Secretary Skipp replied that due to the cooperation of the physicians and the relief administrator under Federal and State plan all indigent sick were receiving adequate care. Those who were financially distressed but not on relief rolls were being carried by individual physicians.

Dr. Charles Scofield wrote a beautiful tribute to Dr. M. P. Jones who died last March.

Albert Parella of the Vindicator had a two-page cartoon showing the doctors going back to school. Among some of the well remembered faces were those of Lawrence Segal, Armin Elsaesser, R. D. Gibson, Harold Beard, H. E. McClenahan, Paul Kaufman, W. D. Coy, H. E. Blott, J. S. Lewis, Herman Kling and W. X. Taylor.

TEN YEARS AGO — SEPTEMBER, 1944

The weary doctors after a summer of much work and little recreation tightened their belts and prepared to resume fall activities. Their President reminded them to attend the Society meetings and urged them to vote in the coming elections. Strouss-Hirshberg's told them that mailing dates for Overseas Gifts were Sept. 15 to Oct. 15. The editor took the Society to task for not doing something about medical quacks who were getting bold.

The Medical Service Committee had been working for months and had submitted a plan for care of low income patients to offset the Wagner-Dingall plan which was giving the doctors cold chills. The trouble was that during the war period of labor shortage and high pay the low income group was too busy buying used cars and trying to find new tires to pay much attention.

Bill Evans wrote from somewhere in the Pacific commending the Society for their good work and urging them to carry on until he could get back and raise a fuss. DeCicco was in New Guinea where he was regimental surgeon, pharmacist and stenographer. He was celebrating (?) his second year in the service. Sam Goldberg was in England and seemed to be liking it. Clyde Walter was heard from but couldn't say where he was. He sounded anxious to get home. Everybody in the service enjoyed receiving the *Bulletin*. Stan Myers was back in the States after 27 months in the Pacific. M. B. Goldstein was here for a short visit on his way to the West Coast. Harold Reese had been promoted and was stationed at Mobile, Alabama.

J. L. F.

EIGHTH ANNUAL REPORT OF THE WOODSIDE RECEIVING HOSPITAL

Year's Work

As of June 30, 1954, the total number of patients admitted to this hospital since November, 1945, was 8048. During the year ending June 30, 1954, we had 1335 admissions, which is 219 more patients than the previous fiscal year. This is due to increased bed facilities in the new addition which we have occupied since December, 1952. The average resident population was 159.5 patients.

A summary of the 1335 admissions is as follows:

Voluntary Admissions:	729 or 54.7%	against 54.6% in 1953
Court Placement Admissions:	214 or 16.1%	against 19.4% in 1953
Emergency Admissions:	70 or 5.2%	against 2.0% in 1953

Readmissions from the Woodside Receiving Hospital were: Voluntary 178 or 13.3%, Court Placement 75 or 5.6%, Emergency 12 or .9%, a total of: 265 or 19.8% against 20.3% in 1953.

Readmissions from the Massillon State Hospital were: Voluntary 22 or 1.6%, Court Placement 20 or 1.5%, Emergency 1 or .7%, a total of 43 or 3.8% against 3.3% in 1953. Readmissions from Chillicothe V. A. Hospital and Cleveland Receiving Hospital totaled 5 or .4%.

The following are the counties which the hospital serviced during the year, and the number of patients admitted from each:

Ashtabula	66 or	5.0%
Carroll	2 or	.1%
Columbiana	139 or	10.4%
Mahoning	720 or	54.0%
Portage	47 or	3.5%
Stark	54 or	4.0%
Trumbull	254 or	19.0%
Tuscarawas	1 or	.1%
Non-residents	52 or	3.9%

The total number of patients discharged from this hospital during this period was 1250. Discharged as Improved were 994 or 79.5% against 72.1% in 1953. Discharged to Massillon State Hospital were 108 or 8.7% against 14.7% in 1953. Discharged to Veterans Hospitals, General Hospitals, Against Advice, Jail, Court, County Home, Private Rest Homes and other state hospitals were 119 or 9.5% against 10.0% in 1953. There were 29 deaths or 2.3% against 3.2% in 1953. Eight autopsies were performed.

Treatments given during this period: 557 in-patients received electroshock treatment for a total of 5968 treatments. 291 in-patients received insulin treatment for a total of 6823 treatments. 52 in-patients received alcohol conditioned reflex treatments for a total of 235 treatments. 4 patients received fever therapy. 3 patients received narco-synthesis. 44 patients received spinals. 12 patients received Antabuse treatment for alcoholism for a total of 60 treatments. 21 patients received transorbital lobotomies.

Treatments received during this period by out-patients were: 64 patients received electroshock treatments for a total of 310 treatments. 4 patients received alcohol conditioned reflex treatment for a total of 20 treatments. 162 adults and 33 children were examined in our Out Patient Clinic, and from this number 99 adults were admitted as in-patients.

Every in-patient received a chest X-ray, blood test, blood count, and urinalysis. Of the 1335 admissions, tuberculosis cases found were as follows: 7 active, 9 inactive, 10 questionable.

The total patient days for the year was 58,219 which makes an average census of 159.5 patients, and the average length of stay in the hospital 36.5 days.

Cost of Operations

Total cost per day per capita was $7.9509; $2.4168 less than the cost in 1953. Meals per patient $.2715; per day $.8145. Total patient days 58,219. The professional cost per patient was $4.1930, all other $3.7579.

Betterment

Our registered occupational therapist resigned in April, 1954, following her marriage. At present we have two crafts workers who with the assistance of student nurses do fairly satisfactory work in this department.

The recreational activities are directed by a nurse who also acts as treatment nurse. She assists all consultants with their examinations. As to recreational activities, she arranges plays and parties in the hospital and on the playground. We do not have any privilege group of patients who may walk around freely because of the nearness of the highway and because the hospital grounds are not prepared for that purpose.

We wish to express our sincere thanks and gratitude to you, Dr. Dillon, and the entire personnel of the Welfare Department for their splendid cooperation this past year.

We wish to thank the consultants of the Mahoning County Medical Society for their kind cooperation during the past year.

We also extend our thanks to the Navy Mothers' Club, Gold Star Mothers' Club, American Junior Red Cross, Veterans of Foreign Wars, American Legion Posts, Marine Corp. League Auxiliary, Grey Ladies, Junior League, Mahoning County Barber Shop Group and the Federated Women's Clubs for their many remembrances.

Our sincere thanks also to the Probate Courts of the eight counties in our district, especially Judge Clifford Woodside and Mr. Wallace T. Metcalfe of the Mahoning County Probate Court, the Youngstown Police Department, and the Sheriff of Mahoning County for their valuable assistance.

Respectfully yours,

EUGENE E. ELDER, M.D.
Superintendent

MISCELLANY

Today's physician population has now reached approximately 220,100. The record graduation figures were released in the 54th annual report on medical education in the United States by the American Medical Association's Council on Medical Education and Hospitals.

Highlights of the report:

* Enrollment of 28,227 is largest number of medical students in history of U. S.
* Freshman class enrollment of 7,449 also is a record.
* More than 76 million dollars was spent during 1953-1954 for new facilities, remodeling or completion of buildings for medical instruction.
* Budgets for medical schools during 1954-1955 total more than 143 million dollars.
* 21,328 physicians did volunteer teaching without pay during the year.
* Ten new four-year schools are in construction or planning stages and will be in operation within the next few years.

The ten new four-year medical schools will be at the Universities of California, Mississippi, Miami, Missouri, Florida, West Virginia, Kentucky, North Dakota and Yeshiva University of New York and Seton Hall University. In addition, three other medical schools are being considered.

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"When a physician has acted as consultant in an illness, he should not become the physician in charge in the course of that illness, except with the consent of the physician who was in charge at the time of the consultation."

A.M.A. Principles of Medical Ethics

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MEDICAL ETHICS

Frequently and truly it has been said that medical ethics are to be observed rather than enforced. Yet it cannot be denied that deviation from the ideal does occur and, on occasion, ethics must be enforced.

Medical ethics find their source in a "right conscience." They are a standard of conduct superior to custom or law. The observance of ethical principles by the physician elevates him and his profession to a commanding position of honor and respect in the eyes of mankind. Breach of the Principles of Medical Ethics, whether willful or accidental, lowers the physician from his respected position and reflects adversely on the profession.

When ethical principles are not observed, the ethical physician has a positive duty to act appropriately to correct or have corrected such aberration of conduct. To be passive is to condone such conduct and to depreciate the principles against which offense has been made. The ethical physician individually and with his colleagues in his own community, where he and they have gained respect and have added to the dignity of the profession, must insure that no one through failure to observe ethical standards brings discredit to the profession or causes disservice to mankind. It is clear that this duty transcends individual consideration and demands that ethical physicians individually and collectively not tolerate within their numbers any who lack appreciation and understanding of the Principles and who do not scrupulously observe them.

Journal of The Medical Association of Georgia

• PATRONIZE OUR ADVERTISERS AND MENTION THE BULLETIN •

NEWSPAPERMEN AND DOCTORS

B. M. McKelway
Editor, The Evening Star, Washington

The following are excerpts from the above titled speech.—Editor.

Codes or no codes, relationships between doctors and newspapermen are improving all the time. They are vastly better than they used to be, and the improvement is due more to the growing sense of public responsibility on the part of the newspapers than to anything initiated by the medical profession itself.

I know that newspapers print completely accurate and factual news at times that doctors would prefer to see not printed. We also print news that politicians do not like to see printed, or that lawyers do not like to see printed, or that other classes of people do not like to see printed. They do not like to see it printed because the news may adversely affect their own selfish interests.

To the doctor, something new is something untried, something of which little really is known, something to be very skeptical of until it has been proven to be what is claimed for it.

To the newspaperman, something new is news, to be rushed into print before the other fellow gets it into print. If there are to be fuller explanations, they can be made tomorrow.

To the doctor, the relationship with a patient is so personal and so sacred that it is given special dispensation in the law.

To the newspaperman, the news of what happens to almost anybody is public property, provided he can get his hands on it and it's fit to print.

There are many other differences between us. But we should recognize that we have several things in common—a certain dedication to what we conceive to be the public interest, a pride in our professions, and a deep suspicion of Government encroachment on the freedom, initiative and imagination of the individual, on which true progress in medicine, as well as anything else, depends.

With such things in common, differences in our approach and points of view are surely worthy of our mutual study and understanding.

Few Physicians Retire

Of the 22,296 physicians in the age group 65-74 in the United States in April, 1950, 18,770 (84.2%) were in active private practice according to data in the appendix of Bulletin 94 of the Bureau of Medical Economic Research. Only 15.8% were not engaged in active private practice. Among these 3,526 not in active private practice were housewives and others who had practiced for only a few years, if any, and several hundred who were still employed by private or public employers; still others had retired from private or public employment, probably on a pension financed in whole or in part by the employer. Although these newly published data do not separate the self-employed from the employed who are still in active private practice, it seems strange that the House Committee on Ways and Means should continue to consider the provisions of the administration bill on social security, H.R. 7199, 83rd Congress, which would force self-employed physicians between

the ages of 65 and 75 to pay social security taxes while denying them until age 75 an Old Age and Survivors Insurance pension if they earned $1,000 or more a year. If the pattern of 1950 is continued, 8 or 9 physicians out of 10 would be required to pay social security taxes but would receive no pension from age 65 to 75. This new statistic adds force to the objections raised by Dr. F. J. L. Blasingame,[1] who spoke on behalf of the American Medical Association against compulsory inclusion of all physicians under Social Security before the House Committee on Ways and Means on April 6, 1954.

1. Statement by Dr. F. J. L. Blasingame on H.R. 7199 Before Committee of House of Representatives, Organization Section, J. A. M. A. 154:1427 (April 24) 1954.

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CARDIAC MASSAGE

Whenever any new procedure, medication or technique is introduced, there is always a period of time during which it suffers either from neglect or overindulgence. This is the stage that the procedure of Cardiac Massage is in at the moment. After the dust settles, the indications and contraindications become more clearly outlined. Elsewhere in this issue of the *Bulletin* is reprinted a letter on the subject. The letter follows:

July 8, 1954

George L. Sackett, M.D.
President
Cleveland Academy of Medicine
Cleveland, Ohio
Dear Dr. Sackett:

As per our telephone conversation of July 2nd, with reference to the Plain Dealer article entitled "Penknife Incision Fails; Golfer Dies," I am writing you concerning same.

Through wide-spread publicity pushed by the Cleveland Area Heart Society in regards to the course of resuscitation of the heart offered by Western Reserve University, the extremely false impression has been given that cardiac massage will save most, if not all, cardiac arrests from any cause.

It is well known that under the most ideal conditions of cardiac massage in the operating room, with positive pressure oxygen, endotracheal catheter, proper drugs to restore the heart and expert handling, the percentage of recoveries are very low; less than five in one hundred. This was attested to by an article by Guilian Johnson recently in the A.M.A. Journal.

I seriously doubt if ever a person's life can be saved anywhere outside the ideal conditions of a hospital.

Many Doctors now state that they feel, due to the publicity and public awareness, that if they do not open the chest and do cardiac massage in a case of sudden death, they are open to criticism.

This idea, now prevalent, should immediately be corrected. Certainly a few brisk slaps over the pre-cordium or intermittent pressure on the diaphragms will do as much or more than the extremely frantic procedure of opening the chest.

Sincerely yours,
Henry A. Zimmerman, M.D.

The Bulletin of the Academy of Medicine of Cleveland—August, 1954

Osteopaths Approve On-Campus Visits

The House of Delegates of the American Osteopathic Association, meeting in Toronto last July 15, approved on-campus visits of its schools by an A.M.A. Committee to determine the quality of medical education provided.

This step dates back to the A.M.A. House of Delegates session in 1952 when a Committee for the Study of Relations Between Osteopathy and Medicine, headed by A.M.A. Past-President John W. Cline, was created. As many doctors know, the Committee did a great deal of work since it was organized.

The Committee's three-page typewritten report said that "the justification or lack of justification of the 'cultist' appellation of modern osteopathic education could be settled with finality and to the satisfaction of most fair-minded individuals by direct on-campus observation and study of osteopathic schools. The Committee, therefore, proposed to the Conference Committee of the American Osteopathic Association that it obtain permission for the Committee for the Study of Relations Between Osteopathy and Medicine to visit schools of osteopathy for this purpose."

"It was agreed that each school would be visited by two members of the Committee, accompanied by an individual of established experience in inspection of medical schools. The studies would be of sufficient duration, breadth and depth to establish the nature and scope of the educational program and determine the quality of medical education provided.

"The House of Delegates of the American Osteopathic Association in session in Toronto, July 15, 1954, directed the Conference Committee to continue in its deliberations with the committee for the Study of Relations Between Osteopathy and Medicine of the American Medical Association.

"Approval or accreditation of osteopathic colleges is entirely without the province of observational bodies and any visitations by the Committee on Relations Between Osteopathy and Medicine, if made, will be made purely for the purpose of affording a private agency an opportunity to inform itself about osteopathic educational programs.

"In commenting on this action, the newly elected President of the American Osteopathic Association, John W. Mulford, D.O., of Cincinnati, stated that the action was taken by the House of Delegates 'with the complete confidence that neither the osteopathic profession nor the medical profession wishes to inflict its officialdom on the other.' He went on to say that the action of the A.O.A. House of Delegates could be considered as 'a logical outgrowth of the mutual respect which the two schools of healing hold for each other.'"

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M. L. Meadors, Executive Secretary, South Carolina Medical Association—"In the conduct of a practice, the physician, in addition to his intelligence and scientific skill, should give something of himself to each patient whom he serves — a kindly, personal human interest. This is the leaven in the bread that makes the whole loaf of scientific knowledge rise, and without which technical facts become cold fare indeed. It is the lack of just this element which is one of the fundamental faults of the medical profession today."

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Clarence T. Shoch, President, National Society of Professional Engineers—"The self-employed professional engineers are victims of an 11th-hour decision

by House-Senate conferees on the social security expansion bill. To force self-employed professional engineers into the social security system is an arbitrary and discriminatory splitting of the professional groups, supported neither by logic nor justice. This last-minute action is not a victory for one group of professionals over others because the floodgates have now been opened."

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Refractory Heart Failure

As a guide to therapy of refractory congestive heart failure, Blumgart considered a number of questions that can be outlined as follows:

1. Is the refractory state due to specific etiologic conditions that can be corrected?
   a. Conditions that increase requirements of body for blood: hyperthyroidism, anemia, pregnancy, beriberi, arteriovenous fistula, patent ductus arteriosus
   b. Arrhythmias
   c. Hypoproteinemia
   d. Tamponade from pericardial effusion
   e. Intercurrent infections
   f. Hypertension
   g. Pulmonary embolism
   h. Myocardial infarction
2. Have we obtained full benefits of complete digitalization?
3. Can more adequate rest be provided?
   a. Sedation
   b. Fowler position
   c. Elastic stockings
4. Have we restricted sodium sufficiently?
5. Has the maximum benefit been obtained from diuretics?
   a. Intramuscular injection of mercurial in nonedematous areas
   b. Potentiation of mercurial by ammonium chloride
6. Is the refractory state due to electrolyte imbalance?
   a. Low salt syndrome (reduced values of Na, Cl, and CO_2)
   b. Low chloride syndrome (hypochloremic alkalosis)
   c. Low sodium syndrome (hyponatremic acidosis)
   d. Hypopotassemia
   e. Hyperchloremic acidosis (from administration of ammonium chloride to patients with coexistent renal failure)
7. Is the refractory state due to nutritional deficiency?
   a. Anorexia
   b. Loss of water-soluble vitamins during diuresis
8. Are mechanical, surgical, or other measures indicated?
   a. Thoracentesis or abdominal paracentesis
   b. Southey tubes
   c. Radioactive iodine
   d. Specific surgical methods

(Circulation, 7:127, 1953)

IN MEMORIUM

Dr. Joseph P. Keogh

Dr. Joseph Patrick Keogh, our emminent colleague, died at his home on August 9th, 1954, at the age of 44, following a heart attack. A man of great intellect, skill and energy who gave unsparingly of himself to his profession, patients and community, "Dr. Joe" will long be remembered.

Born in Denver, January 10, 1910, Dr. Keogh attended Notre Dame from 1927 to 1930 and graduated from the University of Colorado Medical School in 1934. He took his internship in the Youngstown Hospital Association and followed with his studies in thoracic surgery as a resident at Seaview Hospital in New York. Waiving all exemptions, Dr. Keogh served five years in the U. S. Naval Medical Corps, specializing in chest surgery. Those of us who met and knew him during the World War II at Pearl Harbor appreciated the tremendous volume of work that he did.

Following the war, Dr. Keogh continued his training in cardiac surgery and his mitral commissurotomy performed at the North Side Hospital in April of 1953 marked another milestone in surgical treatment for Youngstowners. He was an active contributor to the leading thoracic journals and participated in the training programs for residents and interns at the Youngstown Hospital Association.

Dr. Keogn served as head of the Mahoning County Tuberculosis Sanatorium, as deputy controller of tuberculosis and president of the medical staff of the sanatorium. Besides acting as an instructor in thoracic surgery at Ohio State University, he was a member of the American Trudeau Society, American, Ohio and Mahoning County Medical Association, a Fellow in the American College of Surgeons and a Fellow in the American College of Chest Physicians.

R. L. T.

Harmon E. Blott, M.D.

Died July 24, 1954

The passing of Harmon E. Blott, M.D., in his 89th year removes from the profession of medicine in the city of Youngstown one of its oldest and most beloved physicians. He was born in North Jackson. Dr. Blott attended Western Reserve Medical School and interned at the Youngstown Hospital. Dr. Blott practiced until 1943.

To a gentleman and fine physician the Mahoning County Medical Society bids farewell.

C. F. Yauman, M.D.

Died April 21, 1954

Dr. Claude F. Yauman was born in Davidsville, Pa. He graduated from The Eclectic Medical College of Cincinnati in 1915. He practiced in Struthers for thirty years.

To a kindly, quiet soul; to a man who was a gentleman of the old school the Mahoning County Medical Society bids farewell.

TRENDS AND EVENTS

Federal Reinsurance

Action by the House of Representatives on July 13, 1954, returns to committee the proposals of the Eisenhower Administration to expand health services to the nation by providing Federal Reinsurance funds to private insurance carriers who would broaden the base of health plans to provide more comprehensive coverage. The count was surprisingly large to recommit . . . 238 to 134 in a roll call vote.

The opposition came not alone from the medical profession through the American Medical Association, but also from the United States Chamber of Commerce on the right wing side. Moreover, and probably of great importance, was major opposition to the Reinsurance proposal from the left wing groups, including labor unions.

Apparently the unique proposition fell into the crack between those who read into it socialistic motives on the one hand, and those who felt it did not go nearly far enough in what it proposed to do. The fate of the legislation was therefore an example of how a middle-of-the-road policy sometimes fails.

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Diaphragms, among other merchandise, require a doctor's prescription for every store sale. This law has been in effect for more than a year.

Oral Narcotic Prescriptions

The Senate Finance Committee ordered this bill favorably reported with technical amendments. It would amend the Internal Revenue Code to permit the filling of oral prescriptions for certain narcotic drugs "possessing relatively little or no addiction liability." This legislation has the approval of the American Medical Association, Commissioner Harry J. Anslinger, the National Association of Retail Druggists, and others. On August 9 the A.M.A. suggested in a letter to Chairman Daniel Reed that the House Ways and Means Committee take similar action on a comparable bill (H.R. 9163).

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Yale Law Journal Publishes Study of A.M.A.

The Yale Law Journal has just come out with an 84-page distorted study of the American Medical Association.

The article, which criticizes the A.M.A. "for failure to use its excessive authority over medical practice" as an "instrument of progress," was written by student editors of the Journal, headed by David R. Hyde and Payson Wolff, both of whom received their law degrees from Yale last June.

The A.M.A. headquarters office received advance galley proofs of the article, but as I said in a press release about the article "it is unfortunate that the galleys were submitted so late that insufficient time remained before publication for correction of basic and glaring errors of fact and omissions of vital facts. In many important sections the text is based on completely false and erroneous information."

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If present VA policies are continued, and veterans continue to get free hospitalization for civilian ills, we shall have socialized medicine for the simple reason that few men will be left who are obligated to pay their own doctor bills.

The American Legion is one of the country's strongest bulwarks against the forces that want to make the state master of the citizen. It should realize that in seeking free hospital beds for its members it is bartering away their freedom. *Chicago Sunday Tribune—August 8, 1954*

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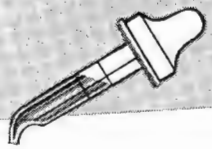

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