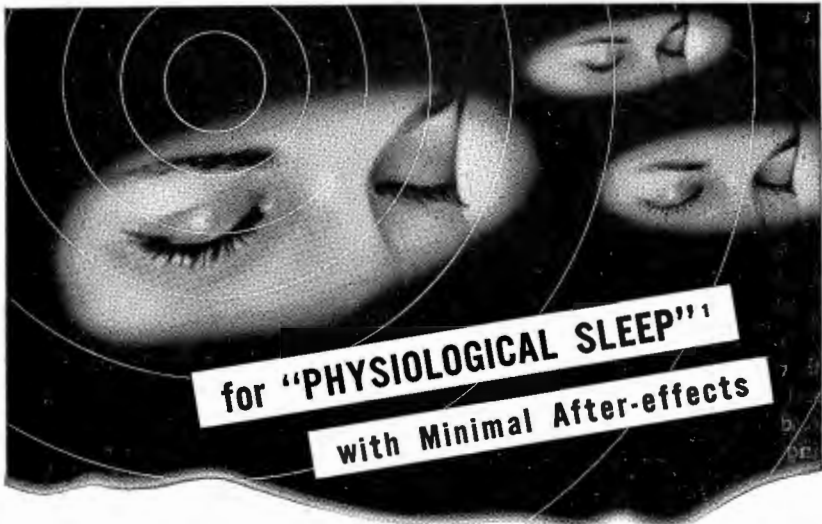




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with Minimal After-effects

Chloral hydrate, used in medicine since 1869, is, even today, "the standard hypnotic of its class."¹

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¹N.N.R., 1947, p.398.

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

Available in 8 fluidounce bottles. Adult Dose: As a sedative: $\frac{1}{2}$ to 1 teaspoonful with water, every 3 or 4 hours or as directed. As a hypnotic, 1 to 2 teaspoonfuls or more with water at bedtime, or as directed.

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Representative to the Associated Hospital Service
H. E. PATRICK

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Our President Speaks

The attendance at our first meeting this fall was very disappointing. I am sure that we are all aware of the vast number of the meetings that we are required to attend, nevertheless the Mahoning County Medical Society represents all the doctors in this area and should be supported with much better attendance.

At the meeting October 19th, the subject matter to be discussed is the cancer project in Youngstown. Certainly this is the program that should create wide interest for all concerned. As you know for the past two years there has been considerable research work going on in both the Youngstown Hospital Association and St. Elizabeth's Hospital.

Please try to make an effort to attend this meeting and give your support to the men who have been carrying on this work.

James D. Brown, Pres.

BULLETIN of the Mahoning County Medical Society

Published Monthly at Youngstown, Ohio

Annual Subscription, \$2.00



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**OCTOBER, 1954****NUMBER 10**

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

EDITOR

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2921 Glenwood Ave.

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D. H. Levy

EDITORIAL

The prestige rating of persons engaged in various occupations, is justices of the Supreme Court in first place with a score of ninety-six. Next are physicians with a score of ninety-three. Physicians ranked on a par with state governors and a point above members of the president's Cabinet.

Evidently the medical profession has reached the zenith of its prestige. This leaves only two possibilities for the future. We physicians may slip, or we may maintain this prestige rating. In order not to lose ground, the profession from the national to the local level, must inaugurate a farsighted aggressive and imaginative program to bring to the public the best medical care at a price the public is willing and able to pay.

We doctors, must not ignore the economic and sociological trends which make mandatory the initiation of progressive health insurance. Let us not again be accused of negativism in regard to the economic welfare of our patients. If we fail now, governmental health subsidies will be inevitable — and down will go our prestige.

Andrew A. Detesco, M.D.

Through its three-fold action in arthritis...relief of pain, improvement of function, and resolution of inflammation...BUTAZOLIDIN contributes significantly to the rehabilitation of the arthritic patient.

In addition to its marked therapeutic effectiveness, the advantages of BUTAZOLIDIN include:
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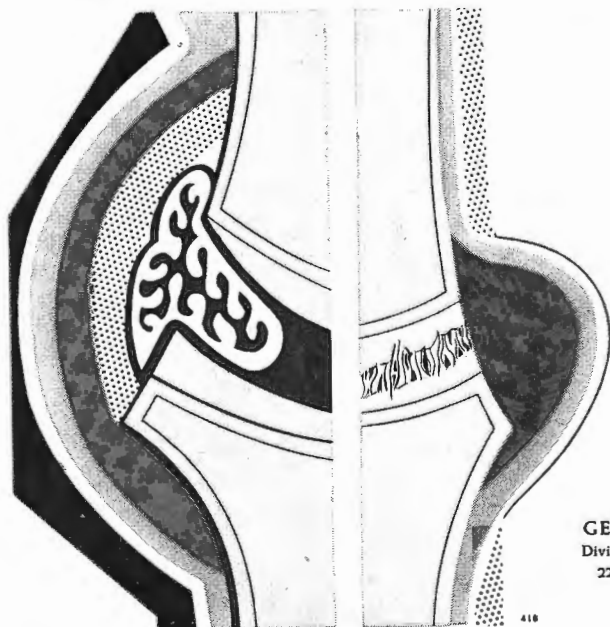
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relieves pain • improves function • resolves inflammation



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418

COUNCILOR'S PAGE

The major annual medical event of the Sixth Councilor District is almost here.

We began to plan this meeting almost a year ago, and have left nothing undone to make this an outstanding medical meeting worthy of your whole-hearted support.

You have received advance publicity telling you the place, date, and roster of speakers — nineteen in all. In two weeks you will receive the program and your registration card. Please send the card as soon as you receive it.

Your committee has tried to select subjects and speakers so that the program will be of special interest to everyone. No matter what branch of medicine you are especially interested in, you will find something on this program that will help you.

It has been no easy job to plan the program. Dr. Falor of Akron has been in charge of two previous Sixth Councilor Post-graduate Days, and his experience has been invaluable. The entire committee has had two meetings with him at Congress Lake and will meet once more to check on last minute details. The programs of the Sixth Post-graduate Day are always outstanding. Stark in '53 and Mahoning in '52, we shall never forget. We are proud of these meetings, and of the continued success and fine attendance. As far as I know, there is only one other District in Ohio which has such a program.

So, if you have not already done so, mark your calendar now! October 27—Wednesday—Mayflower Hotel in Akron! Come and meet the 19 medical leaders we have invited as guests. Come and meet the president, president-elect, treasurer, and the entire Council of the Ohio State Medical Association. Come and meet Mr. Nelson and Mr. Saville from the Home Office. Come and make new friendships and renew old ones, talk shop and exchange experiences. This is one of the great values of P-G Day. All your friends from the Sixth will be there. So come and meet old friends you have not seen since last P-G Day.

And, remember, there is also a program for the Auxiliary. So bring your lady.

C. A. Gustafson, M.D.

Re: Medicine vs. Osteopathy

The bonding of the two professions without loss of identity that has been suggested by the Committee for the Study of the Relations Between Osteopathy and Medicine could, conceivably, make professional life easier for the doctors of medicine in the states where most of the cultists practice. In the other forty-four states, where osteopathy and its adherents are held in their proper perspective, such action would, indeed, constitute an unholy syzygy.—*Nebraska State Med. Journal, August, 1954.*

Prevent vitamin deficiency

'Multicebrin'

(Pan-Vitamins, Lilly)

when in doubt about dietary vitamin
intake, prescribe 'Multicebrin'—a
complete, carefully standardized
multiple-vitamin product.

Each gelseal provides:	Thiamin Chloride.....	3 mg.
	Riboflavin.....	3 mg.
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	Pantothenic Acid (as Calcium Pantothenate)..	5 mg.
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	Folic Acid.....	0.1 mg.
	Ascorbic Acid.....	75 mg.
	Distilled Tocopherols, Natural Type.....	10 mg.
	Vitamin A Synthetic..	10,000 U.S.P. units
	Vitamin D Synthetic..	1,000 U.S.P. units

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KEEPING UP WITH A.M.A.*by Wm. M. Skipp, M.D.***Federal Workers Health Insurance**

A contributory health insurance plan, which will cover 2.3 million federal civilian employees, has been presented to Congress. Each agency will negotiate with a commercial or non-profit insurance plan, both for hospitalization and medical care for its employees and their dependents, on a voluntary basis. The government would contribute \$26 for each employee annually, the rest to be on payroll deductions. The total cost to the government would be \$60 million. The plan has been proposed by the Department of Health, Education and Welfare.

A Doctor's Wife Strikes Back

Mrs. Colgate Phillips, secretary of the Woman's Auxiliary of the Medical Society of the State of New York, penned an excellent article entitled "A Doctor's Wife Strikes Back." Here are the first two paragraphs:

"I am a doctor's wife. More than that, I am a doctor's daughter and doctor's sister. Add a niece and a cousin — every man in my family is a doctor, dentist, or researcher in health fields. And I am a doctor's wife who is 'mad clean through.' I have worked in doctors' offices in several different branches of medicine, including psychiatry. I have lived with doctors, laughed, played and cried with doctors, argued with them, gone through triumphs and trials with them over a period of more than forty years. I've seen them at home, at parties, at scientific meetings, with patients, without patients. I know doctors. They're human — and a finer group of humans I've yet to find. It's about time someone speaks up in favor of doctors."

British Labor Fed Up With National Health Service

An editorial appeared in the July 20 issue of *New York Medicine*, entitled: "Is England Returning to the Private Practice of Medicine?"

The editorial pointed out that as in the U. S., British companies have to negotiate new contracts with labor unions and, as in the U. S. they have supplied so-called "fringe" benefits in the health and welfare field. "And what are these new fringe benefits in England?" The editorial asked, and then added:

"They are prepaid medical insurance plans which make it possible for the workers to go to private physicians of their own free choice and have the plan pay the costs of medical care. . .

"Human nature being what it is, we now have the situation where the reaction has set in and the British workers prefer not to go to the National Health Service. The workers prefer to go to their own private doctors. They want free choice.

"The trouble is that they did not realize this until they surrendered their free choice. Now the unions find that they have to negotiate to get it back."

HERBERT HOOVER: "One of the post-war cousins of socialism is the so-called "welfare state." This poison gas is generated by fuzzy-minded intellectuals. Its slogan is 'planned economy.' The phrase itself was borrowed from totalitarian government. The end of it would at least be government wherein whatever is not forbidden would be compulsory."

ORAL NARCOTIC PRESCRIPTIONS S. 3447 (Long) On August 18 the Senate made certain technical amendments and sent the Bill to the House. The House passed it the next day and sent it to the White House. It has been signed.



whole-root Raudixin:

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Raudixin is the most-prescribed of rauwolfia preparations. It is *powdered whole root* of *Rauwolfia serpentina*—not just one alkaloid, but all of them. Most of the clinical experience with rauwolfia has been with Raudixin.

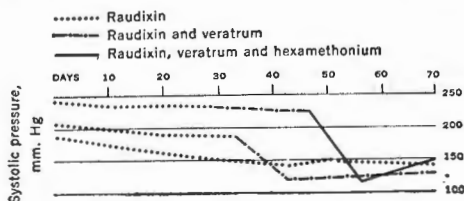
"A sense of well-being, decrease in irritability, 'improvement in personality'

and relief of headache, fatigue and dyspnea" are frequently described by patients.¹

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Raudixin alone and combined with other hypotensive agents



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SQUIBB

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

*RAUDIXIN® IS A TRADEMARK

PROCEEDINGS OF COUNCIL

The regular monthly meeting of the Council of the Mahoning County Medical Society was held at the offices of Dr. M. W. Neidus, 318 Fifth Ave., Youngstown, Ohio on Monday, September 13, 1954.

The following doctors were present: J. D. Brown, president presiding, I. C. Smith, A. K. Phillips, F. G. Schlecht, M. W. Neidus, V. L. Goodwin, C. A. Gustafson, A. Randell and A. A. Detesco, comprising the Council, also Mrs. D. R. Brody and Dr. E. A. Shorten.

Mrs. Brody and Dr. Shorten explained the television program that the Auxiliary is working on with the cooperation of the Public Relations, Lay Education and Speakers Committee. The program will run for nine months and they plan to have two or three doctors on each program. They plan to present to Council a list of the participating physicians and their topics.

The Youngstown Area Heart Association program was discussed. The secretary read correspondence from the Cleveland Academy of Medicine and the Toledo Academy of Medicine which expressed their opinion and approval of the program.

Dr. Brown discussed the Community Chest Drive and explained the set-up pertaining to the mailing of contribution notices by the Society.

1. Our members will not be solicited in person.
2. The portion of the card which in former years designated the amount the Community Chest hoped to receive, is eliminated.
3. Last year the physicians gave \$12,872.00.

The Society's finances was discussed.

A motion was made, seconded and duly passed, that the Budget Committee set up a budget for the year 1955, and that the *Bulletin* be limited to 32 pages for the remainder of the year.

A motion was made, seconded and duly passed instructing Mrs. Herald and Dr. Phillips to cash bonds in the amount of \$2,000 or borrow the money and pay back when the 1955 dues are collected.

The following applications were read:

ACTIVE MEMBERSHIP

Dr. Paul James Fuzy, Jr., 510 Gypsy Lane, Youngstown, Ohio
Dr. Simon W. Chiasson, 1204 Central Tower, Youngstown, Ohio

JUNIOR ACTIVE

Dr. Paul A. Dobson, 402 Oak Hill Ave., Youngstown, Ohio
Dr. Donald R. Dockry, 250 Lincoln Ave., Youngstown, Ohio
Dr. Ulrich H. Boening, 5532 Mahoning Ave., Youngstown, Ohio

INTERNE

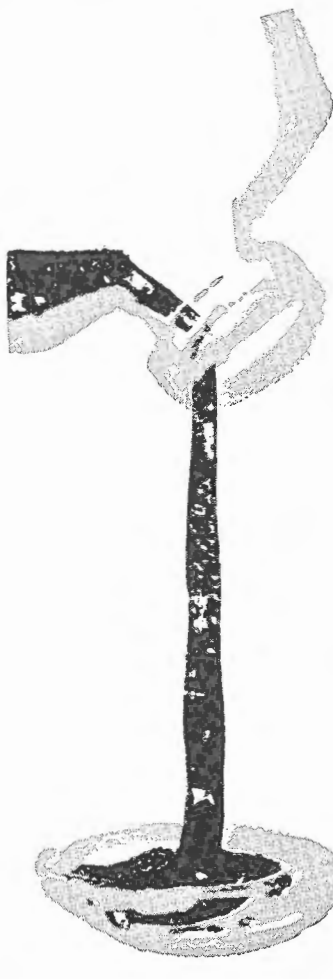
Dr. Peter R. Cibula, Youngstown Hospital Ass'n., Youngstown, Ohio

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

G. E. DeCicco, M.D.
Secretary

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 *popular cherry flavor*

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ACHROMYCIN has proved effective against pneumococci, staphylococci, beta hemolytic streptococci, gonococci, meningococci, *E. coli* infections, acute bronchitis and bronchiolitis, and certain mixed infections.

Developed by Lederle research, ACHROMYCIN has definitely fewer side reactions associated with its use. It provides more rapid diffusion in body tissues and fluids.

DOSAGE FORMS:

ORAL SUSPENSION: Cherry Flavor: 250 mg. per 5 cc. teaspoonful

PEDIATRIC DROPS: Cherry Flavor: 5 mg. per drop. Graduated Dropper



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STAFF MEETING

September 7, 1954

The regular monthly staff meeting of the St. Elizabeth Hospital was called to order at 8:35 p.m., Dr. W. H. Evans, Chief of Staff, presiding.

- I. The clinical presentation was "Acute Erysipeloid Carcinoma of the Breast." This was the history of Mrs. M. S., record number B-91778. Case was presented by Dr. L. Donahue. Discussed by Dr. A. Calder who reported that this had a five month history. Was treated by surgery and is now receiving x-ray radiation to the breast and regional axillary nodes. Palliative effect to date is questionable. It is expected that the radiation dosage must be markedly increased. Dr. B. Taylor discussed the pathologic differences between this tumor and Paget's disease of the breast. Dr. J. LoCricchio discussed the hematology of this case.
- II. Minutes of the previous meeting were read and approved.
- III. Committee reports were given by Dr. A. Randell, Chairman of the Records Committee, who gave thanks to the Staff for its splendid cooperation. Dr. H. J. Reese reported for the Executive Committee.
- IV. The treasurer's report was read.
- V. In the absence of further business the meeting was adjourned at 9:15 p.m.

H. J. Reese, M.D.,
Secretary

THE PROPER SEQUENCE OF COLLECTION PROCEDURE STEPS

1. Advance presentation of fees and the making and follow up of definite payment arrangements.
2. Collection by the secretary of small charges at the time of the visit to the office and collection by the doctor of house-call charges when such calls are made upon individuals who are not regular members of the practice.
3. Monthly statements—and never use stickers or typed notations on statements—if such seem to be needed, write a letter instead.
4. Where feasible, a sympathetic telephone call by the secretary, inquiring as to the reason for non- or slow-payment.
5. A series of collection letters, varying in number from five to seven depending on the size of the account, and, if ignored, terminating in a definite threat of collector-action. In the early stages these letters should not be in any way antagonistic. They should invite contact with the office and an explanation of the reason for default.
6. Turn accounts over for collection. If all other methods shall have failed, we regard it as a must that accounts be turned over after a threat has been ignored. Otherwise, the particular physician has made an idle threat; not following it up is damaging not only to himself but also to his fellow practitioners. In many instances, we prefer that larger accounts be turned over to an attorney.

G. Marks,
Rocky Mt. M. J., Sept., 1954.

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FROM THE BULLETIN

TWENTY YEARS AGO — OCTOBER, 1934

Dr. John Duff from the New York Hospital addressed the Society on "Renal and Ureteral Calculus." Dr. Frank Lahey was announced as speaker for next month.

George Madtes of the Vindicator sent in an article on the importance of accurate reporting of causes of death in obituaries. He made the point that the cause of death was important information and one of the first things that people ask. He agreed with the doctors that "died following an operation" was an objectionable term, and promised that the paper would stop using it.

Dr. Ralph Morral started practice in 1913; John Buchanan and Ray Fenton in 1914; W. A. Allsop and Dean Nesbit in 1916; D. M. Rothrock, A. Rosapepe, G. A. Parillo and Clarence Stefanski in 1917; J. L. Fisher and Paul Fuzy in 1918; D. A. Gross, Wm. Skipp and Wm. Welsh in 1919; Harry Fusselman and Vern Neel in 1920; E. J. Reilly, Edgar Baker, B. J. Dreiling and J. P. Harvey in 1921.

Dr. McClenahan of the Public Health Committee urged the doctors to see that all children were immunized against diphtheria. For those unable to pay, the Health Department would supply the Toxoid and pay the physician fifty cents for each immunization.

The Medical Economics Committee announced that the cost of treating indigent families under the State Relief Plan had exceeded the allotment of seventy cents per family.

John Noll was at Harvard University for post-graduate study. J. B. Kupec opened his office in the Central Tower.

TEN YEARS AGO — OCTOBER, 1944

Dr. Paul Mahar's Committee on Medical Service Plans was hard at work and a special meeting of the Society was called for October 24th to hear their report.

A program on Cancer was presented on October 17th by Drs. A. E. Brant, W. D. Collier and F. W. McNamara.

Capt. Barclay Brandmiller was heard from in New Guinea. L. W. Weller was down in Arkansas. Others were on their way out to the Pacific theatre.

Many articles in the Bulletin those days dealt with medical plans, responsibilities of medical leadership, the problems of providing medical care for low income groups. The situation was incongruous. Many of the doctors were away in military service, those at home were working themselves to death and the socialistic minded Government was using the scarcity of medical personnel to further its schemes. The pressure from above was being felt and the doctors were trying frantically to stave off the threat of their regimentation into mere cogs in the socialistic wheel. With jobs crying for able bodied men and wages high, yet the New Dealers were putting on the pressure for government control of medical distribution and costs.

The failure of medical socialization was due partly to the spirited opposition of the A.M.A. but mostly to the fact that there was no groundswell of public opinion for it. This is still not a socialistic country.

J. L. F.

NEW EDITIONS

for Dr. and Mrs. Alexander Calder, a son, Alexander Walcott, born on August 1, 1954.

for Dr. and Mrs. Andrew A. DeTesco, a son, Mark Michael, born on August 15th, 1954.

for Dr. and Mrs. Herman Allen, a son, Robert Stewart, born on August 26th, 1954.

for Dr. and Mrs. James L. Calvin, a son, James Lafayette, born on August 28th, 1954.

for Dr. and Mrs. Edward G. Rizk, a daughter, Shelley Jean, born on August 29th, 1954.

for Dr. and Mrs. Paul A. Dobson, a daughter, Amy Melissa, born on September 16th, 1954.

for Dr. and Mrs. Gene D. Fry, a son, Robert Kenvin, born on September 28th, 1954.

 HAVE YOU HEARD

that Dr. Saunders J. Thompson is now associated in the practice of general medicine with Dr. W. P. Young at 407 Belmont Avenue?

that Dr. Andrew A. DeTesco attended a course in Recent Advances in Cardiovascular Disease at Mount Sinai Hospital in New York City from October the 11th through the 15th?

that Dr. Edward M. Thomas was certified by the American Board of Urology in February of 1954? His offices are located in the Home Savings and Loan Building.

STORAGE OF AQUEOUS SUSPENSION OF PENICILLIN

Contrary to popular belief, aqueous suspension of penicillin does lose potency if left exposed at high temperatures. The following is the consensus of several major pharmaceutical firms which were queried:

"When stored at 75° F., the penicillin was stable for at least one year. When stored at 90° F., the material was stable for approximately 4 to 6 weeks before showing appreciable deterioration (potency drop of 10% or more). When the penicillin is stored at 59° F. or less, it appears to be stable for 3 to 5 years.

"The Food and Drug Administration, as well as our Company, feels that it is advisable to store this preparation at low temperatures for several reasons. As you can see, 59° F. or below is optimum for maintaining stability, particularly during prolonged storage. Storage at room temperature is subject to marked variations which may sometimes seriously alter the drug. This would be particularly true during the summer months, when temperatures frequently exceed 90° F., or when the storage site is in proximity to radiators or boilers. At such times there would be fairly rapid deterioration, perhaps occurring in the space of only a few days."

OCTOBER MEETING

Tuesday October 19, 1954

ELKS CLUB - - 8:30 P. M.

"Cancer Project in Youngstown"

Program

"The Application of Radio Isotopes in the Diagnosis and Treatment of Malignant Diseases"

—R. J. Scheetz, M.D.

"Differential Optical Density of Serum by the Cancer and Non-Cancer Patients"

—A. J. Quinn, M.D.

"The Scope of the Cancer Problem at Youngstown Hospital"

—A. E. Rappoport, M.D.

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

6th Councilor District
POSTGRADUATE ASSEMBLY

Mayflower Hotel — Akron, Ohio

Wednesday, October 27, 1954

REGISTRATION 8:30 A.M.

Luncheon for wives at Akron City Club—12:30 P.M.

SPEAKERS

- Dr. Louis W. Hellman**
 Professor of Obstetrics and Gynecology
 State University N. Y. at N. Y. C.
- Dr. Charles E. Hendrks**
 Associate Professor of Obstetrics and Gynecology
 Western Reserve University
- Dr. Reed M. Nesbitt**
 Professor of Urology
 University of Michigan
- Dr. Francis C. Grant**
 Professor of Neurosurgery
 University of Pennsylvania
- Dr. Gilbert Horrax**
 Neurosurgeon
 Lahey Clinic
- Dr. Bernard J. Alpers**
 Professor of Neurology
 Jefferson Medical College
- Dr. Clarence H. Heyman**
 Associate Clinical Professor of Orthopedic Surgery
 Western Reserve University
- Dr. Sylvester J. O'Connor**
 Associate Professor of Orthopedic Surgery
 University of Michigan
- Dr. William D. Robinson**
 Professor of Internal Medicine
 University of Michigan
- Dr. L. Maxwell Lockie**
 Professor of Therapeutics
 University of Buffalo
- Dr. Bernard H. Norcross**
 Physical Arthritis Clinic
 Buffalo General Hospital
- Dr. Warren E. Wheeler**
 Associate Professor of Pediatrics
 Ohio State University
- Dr. Robert D. Mercer**
 Cleveland Clinic
- Dr. Wolte W. Zuelzer**
 Professor of Pediatric Research
 Wayne University
- Dr. George W. Crile, Jr.**
 Cleveland Clinic
- Dr. Robert M. Zollinger**
 Professor of Surgery
 Ohio State University
- Dr. Marion A. Blankenhorn**
 Professor of Internal Medicine
 University of Cincinnati
- Dr. Hymer L. Friedell**
 Director—Atomic Energy Research Project
 Western Reserve University
- Dr. Harry Goldblatt**
 Director Laboratories
 Mt. Sinai Hospital, Cleveland

Registration Fee \$8.00

Luncheon for wives \$2.50

PROGRAM

- 9:15-10:00 { Parlor A— **A Present Day Look at Obstetrical Pain Relief**
Dr. Louis W. Hellman
Parlor B— **Congenital Osseous Deformities of the Extremities**
Dr. Clarence H. Heyman
Ballroom— **The Surgery of Peptic Ulcer**
Dr. George W. Crile, Jr.
- 10:10-11:00 { Parlor A— **Hazards in the Fetal World**
Dr. Charles E. Hendriks
Parlor B— **Conservative Management of Acute Shoulder Syndromes**
Dr. Sylvester J. O'Connor
Ballroom— **The Control of Pain**
Panel
Dr. Francis C. Grant, Presiding
Dr. Gilbert Horrax
- 10:10-12:00 Parlor C— **Rheumatoid Arthritis as a Systemic Disease**
Dr. William D. Robinson
Management of Rheumatoid Arthritis
Dr. L. Maxwell Lockie
Prophylaxis and Treatment of Rheumatic Fever
Dr. Bernard N. Norcross
- 11:00-12:00 { Parlor A— **Urinary Obstructions in Children**
Dr. Reed M. Nesbitt
Ballroom— **Thyroid Diseases Panel**
Dr. Robert M. Zollinger, Moderator
Dr. Marion A. Blankenhorn
Dr. George W. Crile, Jr.
Dr. Hymer L. Friedell
Dr. Harry Goldblatt
- 12:10-12:40 Ballroom— **Clinico-Pathology Conference**
Dr. Harry Goldblatt, Presiding
Dr. Robert M. Zollinger, Discussant
- 1:45-2:30 { Parlor A— **The Neurosurgeon and the Herniated Disc**
Dr. Francis C. Grant
Dr. Gilbert Horrax
Dr. Bernard J. Alpers
Ballroom— **The Ischemic Kidney**
Panel
Dr. Reed M. Nesbitt, Moderator
Dr. Marion A. Blankenhorn
Dr. Harry Goldblatt
- 1:45-3:30 Parlor E— **Hemolytic Anemias**
Lecture and Panel
Rh Factor
Dr. Warren E. Wheeler
Acquired Hemolytic Anemias
Dr. Robert D. Mercer
Spherocytosis
Dr. Wolfe W. Zuelzer
- 2:40-3:30 { Parlor A— **Obstetrical and Gynecological Problems**
Question and Answer Panel
Dr. Louis H. Hellman
Dr. Charles E. Hendriks
Ballroom— **Problems Common to Arthritis and Orthopedics**
Panel
Dr. William D. Robinson, Moderator
Dr. Clarence H. Heyman
Dr. L. Maxwell Lockie
Dr. Bernard H. Norcross
Dr. Sylvester J. O'Connor
- 3:40-4:45 Ballroom— **Case Presentation**
Dr. Robert M. Zollinger, Moderator
Dr. Francis C. Grant
Dr. Louis M. Hellman
Dr. Clarence H. Heyman
Dr. Reed M. Nesbitt
- 6:00 PM Ballroom— **Banquet**
Dr. Bernard J. Alpers, Speaker
Psychiatry in General Practice

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THE ANNUAL CANCER PROGRAM OF THE MAHONING COUNTY MEDICAL SOCIETY

Feeling that the cancer problem in its totality must be met at the grass-roots level, the Cancer Committee of the Mahoning County Medical Society has endeavored to present in its Annual Cancer Program a roster made up entirely of local physicians. Granting that the facilities for research in its unlimited perspective and treatment in its quasi-experimental status are best afforded in the mammoth teaching centers of our biggest cities, still the responsibility for diagnosis, screening, treatment, follow-up and even basic research are the ponderous responsibilities of the local physician.

And so on Tuesday evening at 8:00 P.M., on October 19th, 1954, at the Elks Club, the Annual Cancer Program will be presented at the October Mahoning County Medical Society Meeting. Participating as speakers will be Drs. James A. Quinn, Pathology Resident of the Youngstown Hospital Association, Dr. Arthur E. Rappoport, Director of the Laboratories of the Youngstown Hospital Association, and Dr. Raymond J. Scheetz, Associate Radiologist of St. Elizabeth Hospital.

Dr. James A. Quinn, proving that research is being conducted at local levels, will present a paper entitled "The Correlation of the Optical Density of Serum Between Cancer and Non-Cancer Patients." This paper describes an optical density test of human blood serum which is simple, inexpensive and quick, and has great merit as a cancer detection test. This original research problem represents the combined efforts of Stanley A. Katz, M.S., Thomas A. Quinn, M.D., and Dr. A. E. Rappoport of the Youngstown Hospital Association.

Dr. Arthur E. Rappoport will discuss "The Scope of the Problem of Cancer Diagnosis, Treatment and Research in the Youngstown Hospital Association." Dr. Rappoport discusses the initiation of a Total Cancer program which requires as its basic activity, the formation of an adequate Tumor Registry which the American College of Surgeons deemed necessary for recognition as an approved Cancer Hospital. Since the formation of a Tumor Registry at the Youngstown Hospital Association in 1952, a great deal of information has amassed concerning the incidence of cancer and the eventual fate of the 700 cancer patients so diagnosed at the hospital. The further treatment, follow-up and research possibilities inherent in the possession of such a large group of patients is implicit.

Dr. Raymond J. Scheetz will discuss the "Applications of Radioactive Isotopes in the Diagnosis and Treatment of Malignant Disease." Although artificial radioisotopes were discovered twenty years ago, it has only been in the last ten years that these substances have become generally available. Nevertheless, it is apparent that isotopes are going to play a vital role in medical research and therapy although considerable work remains to be done in developing technics and exploring the various possibilities. Dr. Scheetz in his presentation shall attempt to survey present trends in radioisotope procedures as they relate to malignant disease. The Radioactive Isotope Unit of the Radiology Department of St. Elizabeth Hospital has been active since January of 1954 under the supervision of Dr. Scheetz.

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THE ERA OF ANTICIPATORY MEDICINE*

In this day of so called "wonder" drugs and "wonder" operative procedures many of us are overly impressed with our knowledge. Some of us even assume an air of omniscience on all things medical. The following message should give us an idea of our inadequacy in the prevention and treatment of disease, neoplastic or otherwise. The following thoughts should also give us some insight into the real wonders to come.

—Editor.

History reveals many great eras of medicine — the anatomic era of Leonardo da Vinci, the physiologic era of Harvey, the microbiologic era of Pasteur, the antiseptic era of Lister, the pathologic era of Virchow and Welch, the diagnostic era of Barker, Peabody and Hammon, and the recent therapeutic era of Halsted, Domagk and Fleming. The development of each new era has been made possible by the composite knowledge gained through previous and current medical research. Your challenge will be based on the next great medical era, which I believe will be the era of preventive or anticipatory medicine.

In this new period one can visualize the return of the important role of the physician as an individual, and the reestablishment of the most valuable of all influences for security, the physician-patient relationship. The *Reader's Digest* and similar publications will no longer dictate medical policy through half-truths. Great dangers and tragedies such as the widespread sensitization of the population with penicillin will not occur. The indiscriminate use of penicillin by public demand for treatment of every minor infection will be unheard of. Investigators will be required by the editors of all medical journals to present 3- to 5-year follow-up studies of the effect of each new wonder drug before publication. Had this plan been followed in our day the great tragic failure of cortisone, the most highly publicized drug in history, would not have occurred. The hopes of millions of arthritics would not have been crushed, and a 5 per cent mortality from the effects of this drug would have been avoided. These inevitable failures with the use of new drugs on diseases where the underlying mechanism is still unknown will be preventable in the future.

You will know during your medical careers for the first time in the 1500-year history of struggle against disease the true nature and the basic mechanisms that you are treating in the host of medical ills which threaten the security of man. The present tendency to accept influences on diseases as causative, such as stress in hypertension, peptic ulcer, asthma and arthritis, will seem archaic in your new era. Cancer, in my opinion, will most certainly be preventable, not because of improvements in early diagnosis but because of an understanding of how the cell becomes malignant. In your time you will be amazed at our present satisfaction with the methods of treating coronary artery occlusion, for you will be able to reverse the relentless trend of arteriosclerosis itself. For those working on the frontiers of basic medical research the indications for the fulfillment of these predictions are already at hand, and far more tenable than the previous unlikely achievement of splitting the atom or a contemplated trip to the moon.

The present criticism leveled against medicine of today will not be evident in the era of anticipatory medicine. We are told that the general practitioner whom we all loved and needed must be brought back. Others

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say that we need an entire medical team of specialists to obtain medical security. Some think the large clinic with its great scientific tools for diagnosis is the only solution. In the midst of this there is no accounting for the cost which the sick individual with a catastrophic disease can ill afford. In the new era I visualize two kinds of doctors who will carry the major load. They will be sufficiently wise and well-trained to call on the team approach when necessary, but this need will be the exception rather than the rule. No one man will try to take care of all of our needs, and the public will learn to respect two major categories of doctors, operating doctors and nonoperating doctors. The nonoperating doctor known today as the internist will be the family physician of the future. His hospital and postgraduate training will be sufficiently extensive to place him in the position of being a specialist in all fields of internal medicine. In most instances there will be no need to send the patient to innumerable specialists and thereby lose the physician-patient relationship, to say nothing of the cost. The development of a new type of general surgeon will parallel the changes already occurring in medicine. His knowledge of physiology will be as significant to his patients as his technical skill. A sufficient number of community hospitals will be made available throughout the land which will provide the tools and thereby attract at least one general physician or internist and one general surgeon in all communities now lacking adequate professional care.

We have attempted to prepare you for your challenge by giving you an exposure and an emphasis on fundamental mechanisms of disease. With this background you can continue to grow and develop and meet any future change with confidence and security. With this training you will always know that there is no intermediate ground. Medicine is either good or bad. When human life is at stake it is not good enough to be half right. Your postgraduate education will teach you critique and how to avoid wasting your valuable time on worthless facts and ideas. You will attend conferences, clinics and meetings, continuing to study and advance with each new change in medicine. You will recognize that the art of medicine is an integral part of the science and not separated from it, for without the art a baseline for evaluation could not be established. You will find that the art without the science is equally ineffective. Personal charm and magnetism alone are not enough.

From the foregoing you can readily see why your future challenge is not only exciting but vital. The fear that the individual physician is being displaced by the group could only be entertained if you fail to receive the postgraduate training necessary for security. The ever-present fear of socialized medicine which would endanger the patient more than the doctor need not be as great a threat. It is less likely when the individual physician or surgeon are both broadly and deeply oriented to medical problems. The new era of anticipatory medicine will give new strength and vigor to the individual physician who alone must decide the course his patient should take. The physician will have the basic knowledge to anticipate the very beginning of chronic illness and thereby prevent the threat of disability from uncontrolled chronic disease with exacting methods and tools.

I believe yours is a bright and happy future and one in which truth will prevail. The achievement of basic truth leaves no room for dissension or

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Thomas McP. Brown, M.D.
Professor of Medicine,
George Washington University
School of Medicine
Medical Annals of District of Columbia, Sept., 1954.

* Adapted from an address delivered at the Precommencement Exercises for the Class of 1954 of George Washington University School of Medicine in Washington, D. C., June 8, 1954.

A.M.A. ANSWERS PRESS CRITICISM

The American Medical Association has been injected rather prominently into the political controversy resulting from the shelving by Congress of President Eisenhower's proposed bill for reinsurance of prepaid health plans.

Here are six principal reasons why the American Medical Association opposed the bill:

1. The mechanism suggested will not accomplish the stated purposes of the bill: to promote the best possible medical care on reasonable terms.

2. The phenomenal progress of the health insurance industry makes Federal intervention not only unnecessary but a dangerous intrusion into a successful area of private enterprise. Such intervention would not help and could hinder continued expansion of health insurance coverage.

3. "Reinsurance" would not make health insurance more attractive to persons who can afford to pay premiums and have not done so. It would not make health insurance available to the indigent unless the government provides a subsidy for the purpose of selling insurance for less than the cost of servicing the contract.


4. The program, without subsidy, would not reduce the cost of insurance, nor would it make health insurance available to any additional groups or geographic area that voluntary insurers cannot reach.

5. Most insurance authorities agree that the extent of health insurance liability is such that a Federal reinsurance program is absolutely unnecessary.

6. The measure would place extensive regulatory power in the Secretary of Health, Education and Welfare. The concentration and delegation of such authority and control over a vital branch of American industry in an Executive Department of the government without clear and convincing evidence of need cannot be justified.

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WHAT THEY SAY

DR. MERRILL D. PRUGH, President, Ohio State Medical Association—

"To be a good doctor, each one of us must:

"1. Give good medical service.

"2. Make our services available at all times to all who need them.

"3. Make our fees fair to both the patient and the doctor.

"4. Make our personal interest in the patient known to the patient.

"5. Treat both patients and fellow practitioners as we would like to be treated.

"Old, you say, but so is the best rule of human conduct ever given, namely, The Golden Rule, and in 2,000 years no one has been able to give us a better one.

"If we will do these few simple things, public relations will be no unsolved problem and socialized medicine no threat. We will have the respect of the public and best of all, our own self-respect."

DR. JOHN S. DeTAR, Speaker, American Academy of General Practice—

"The problems of attracting, training, and distributing young doctors of medicine in the field of general practice, together with provision of facilities for continuing education, inclusion on hospital staffs with individually appraised privileges, are not problems to be solved solely by the American Academy of General Practice. They are problems for the profession as a whole. It is heartening to witness the many-phased programs of medical educators, the state medical associations, and the American Medical Association focused on attaining these vital ends."

DR. EDWARD J. McCORMICK, Past-President of the American Medical Association—

"The councils and committees of the American Medical Association spend endless hours in reaching decisions which affect every practitioner of medicine. I also know that many doctors have little knowledge of the problems with which our councils and committees are struggling. The time has come when the decisions of the American Medical Association regarding social security, waiver of premium, reinsurance and other topics must be discussed in state and district assemblies, county societies and hospital staff meetings. Bringing this information to the busy practitioner is one of our major problems and should be dealt with at once."

DR. F. J. L. BLASINGAME, Trustee, American Medical Association, and President, Texas Medical Association—

"It is unfortunate and regrettable that there is so much indifference on the part of physicians toward their county medical society and its work. The county medical society is the very keystone of our medical structure. The time has come when each of us must re-examine and re-evaluate our attitudes and habits toward the county medical society to make it a more potent working unit within the A.M.A. for the betterment of American medicine."

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MISCELLANY

Writes Article for New York Times

A.M.A. President Walter B. Martin has just written a masterful piece on "The Art and Science of Medicine" for the Sunday supplement of the New York Times. The basis for the article, which he was invited to write, is a plea for more consideration of the patient as a human being and less mechanical treatment of him.

Dr. Martin discusses the changing relationship between doctor and patient and how medicine has become overmechanized in a field that depends on human treatment.

—o—

The More Common Phobias

By their technical names with their derivation indicated:

1. Acrophobia—A morbid fear of height (Gr., *Acra*—heights or summits; *acro* is singular)
2. Agoraphobia—Open spaces (Gr., *Agora*—market place; the place of assembly)
3. Ailourophobia—Cats (Gr., *Ailouros*—cat)
4. Anthropophobia—People (Gr., *Anthropos*—man, genetically)
5. Aquaphobia—Water (Lat., *Aqua*—water)
6. Asterophobia—Lightning (Gr., *Asterope*—lightning)
7. Ceraunophobia—Thunder (Gr., *Ceraunos*—thunderbolt)
8. Claustrophobia—Closed spaces (Lat., *Clastrum*—bar, bolt or lock; by metonymy means a barrier or bounds)
9. Cynophobia—Dogs (Gr., *Cynas*—dog)
10. Equinophobia—Horses (Lat., *Equinis*—horse)
11. Herpetophobia—Lizards or reptiles (Gr., *Herpetos*—a creeping or crawling thing)
12. Mysophobia—Dirt, germs, contamination (Gr., *Mysos*—uncleanliness of body or mind; abomination or defilement)
13. Numerophobia—A number or numbers (Lat., *Numero*—number)
14. Ophidiophobia—Snakes (Gr., *Ophis*—snake or serpent)
15. Nyctophobia—Darkness or night (Gr., *Nyx*—night; Lat., *Nox*)
16. Pyrophobia—Fire (Gr., *Pyr*—fire)
17. Self-confining phobia—Phobically imposed area or spatial restrictions
18. Zoophobia—Animals (Gr., *Zoos*—animal)

—o—

"Superb Medical Service"

This March, one press release from the American Legion contained all three of the following items:

1. A tribute to the VA and especially Admiral Boone for the VA's "superb medical service" to the sick and disabled veteran.
2. A resolution expressing disapproval of the appointment of the President-Elect of the A.M.A. to the Medical Task Force of the Hoover Commission.
3. A subcommittee's recommendation that a survey be made of the chiefs of professional services and of the veteran patients in VA hospitals to determine "if they desire to have their diseases and disabilities treated by means of chiropractic therapy."

No mention was made of the 4,160 full-time and 936 part-time physicians, the 1,937 residents and interns, and 8,453 consultants and attendants, who had provided 53,407 consulting and 83,724 attending days at an average cost per patient of 46 cents. (Fiscal year 1953 figures.)

These, of course, were the men who actually provided the "superb medical service" the Legion praised, and the great majority are A.M.A. members. It is difficult to understand how the VA's medical service can be praised in the same breath that these physicians are ignored, their professional organization insulted, and the admission of chiropractors to the VA considered.

—*Federal Medical Services Newsletter (Vol. 1, No. 1).*



Practice What You Preach!

The preventive medicine program concerning cardiovascular disease in this country owes its impetus and success to the development of "heart consciousness" among the general public. This may be attributed to wide newspaper, magazine, radio and television publicity which stressed the fact that cardiovascular disease is the leading cause of death in the country today. Members of the American College of Cardiology may be proud of the part they play individually and collectively in this regard.

The picture among physicians, however, is gloomy. Not only does heart disease lead the list of causes of death among physicians but the mortality rate from coronary heart disease is almost twice as high among doctors as compared with the general population. In fact, in a recent study of 300 practicing doctors over the age of 40 at the Mount Sinai Hospital, New York, definite objective evidence of heart disease was found in well over one-third with the electrocardiogram, exercise test, and/or ballistocardiogram. It was also noted that the majority had not been examined since they were inducted into or discharged from the Armed Forces or since they had applied for life insurance. Moreover, most of the physicians had never previously been electrocardiographed.

Since it has been stressed that the morbidity and mortality from heart disease may be reduced by preventive medicine with routine annual cardiovascular examinations for the general population, how much more important it is for the physician, who is more likely to suffer from coronary disease, to practice what he preaches. It is suggested that this problem be discussed at the local chapter meetings and a definite program for physician examinations be instituted—as an example to the population as a whole and as an attempt to forestall the rapid untimely decimation of our ranks.

*Leon Porby, M.D., in the Bulletin of the
American College of Cardiology.*



VA Administrator Outlines New Plan for Aging Veterans

Veterans Administrator Harvey Higley has outlined a new plan for federal care of the aged and chronically ill veteran to help solve a problem "that rapidly is becoming more acute." He made his proposals in an address to the American Legion national convention during which he also announced that the VA's program of constructing 174 new hospitals was near completion. Mr. Higley explained that special wings or wards could be set aside in general medical and surgical hospitals for treatment of diabetics,

arthritics, amputees, pulmonary cripples, cardiacs, and patients with chronic neurological problems and some psychiatric cases. He also asked the veterans to contribute advice on (1) provision of enough money "in the very near future" for rebuilding, modernizing, and rehabilitating some VA hospitals, and (2) establishment of rehabilitation programs for veterans recovering from mental illnesses. He estimated 85,000 are receiving VA hospital or clinic care for mental disabilities and another 15,000 are on waiting lists for non-service-connected conditions.



Gamma Globulin, for the prevention of paralytic polio, measles and infectious hepatitis, will be available on doctors' prescriptions through regular medical supply channels after October 1, 1954, it was announced by Lederle Laboratories Division, American Cyanamid Company. Heretofore the protective blood fraction has been allocated by the Federal Office of Defense Mobilization to local departments of health for use in polio epidemic areas only. The processed supply of gamma globulin available to physicians this year, though still very small, is approximately twice as large as last year's supply.



Good Advice

Read the Journal of the A.M.A.! We believe the Arkansas physician who does not take time out to read his official Journal is missing something. During the last eight months the format has been improved. It's simply easier to find what you want. There is no better source for the Washington scene than the page devoted to medical-political problems. It is singularly up to date and is the quickest source from which news can be obtained.

One other department will be mentioned in a field of many excellent departments. That field is "abstracts." Without question the abstracts of the medical literature both domestic and foreign are at their highest quality. The physician who doesn't read his A.M.A. Journal is definitely the loser.

J. of Ark. Med. Soc., Sept., 1954



It would seem to me that the more factual we are in recognizing and anticipating economic changes as they affect the practice of medicine, the better we can define and control those changes. And through voluntary, combined effort save as much of free enterprise in medical practice as is consistent with good, voluntary health insurance—and free and self-governing individual practice of medicine! In the words of the Euphratean proverb, "This, too, will change."

Dave Dozier, M.D.



"For the Family Doctor"

"The late Kentucky humorist, Irvin S. Cobb, discovered, when having some internal plumbing repaired, how specialized the field of medicine had become. One specialist for this disorder, another for that organ. And Cobb told his story in 1916, when he published his best-seller, *Speaking of Operations*.

"Since then, of course, specialization has proceeded apace, as tremendous advances have been made in medical research and knowledge.

"In such an age, there may be a tendency for writers and readers to take for granted the general practitioner. As we hear about new 'wonder' drugs, the result of extensive research by medical scientists, or about 'miracle' brain or heart operations by surgeons, we build an aura of romance and of super knowledge about these specialists, which is fine, for they deserve it. But we may thereby make the mistake of slipping up in our appreciation of the 'family doctor.'

"It is he who gets the telephone calls in inclement weather or in sleeping hours, to make house calls because little Joey has the croup or an elderly patient has suffered a stroke.

"It is he who must know all the symptoms of serious diseases and ailments, to avoid mistakes or delays in getting the afflicted to a hospital.

"Even in a world of specialization, he looks after the health of many expectant mothers and brings many children into the world. He gives confidence to those who need it, advice to those who seek it, and consolation to those whose beloved ones are beyond medical skill.

"And he must keep up with the latest discoveries and techniques of the specialists, for these developments may come into common use next year."

*Editorial reprinted in part from the March 22
edition of the Cleveland Plain Dealer*

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274280M C I B A Summit, N. J.

MEDICOLEGAL REQUIREMENTS FOR STERILITY OPERATIONS

(The merits of operations resulting in sterility are not in any way considered in the following article but only the medical legal aspects.)

There is no legal requirement for professional consultation prior to performing an operation resulting in sterility, such as vasectomy, castration, oophorectomy and salpingectomy. A concurring medical opinion would be strong evidence of proper diagnosis and the necessity for the operation. Consultation may be required or advised by medical societies and hospital staffs.

In the absence of adequate therapeutic indication, an operation to produce sterility is very probably unlawful and wrongful; therefore, malice is legally implied. It may possibly even constitute the crime of maiming or disfiguring another, for which it is against public policy to consider consent a defense. This crime is described in the Revised Code of Ohio, Section 2901.19, which provides:

"No person shall with malicious intent to maim or disfigure, cut, bite, or slit the nose, ear, or lip, cut out or disable the tongue, put out or destroy an eye, cut off or disable a limb or member, of another, throw or pour upon or throw at another scalding water, or assault another with a dangerous instrument."

A sterility operation is asocial in purpose and probably contrary to the Ohio public policy concerning contraceptive devices. Although no Ohio statute expressly makes it a crime to operate to produce sterility without medical necessity, the surgeon is subject to criminal and civil liability. Malpractice insurance will not protect him.

There is no Ohio statute for compulsory sterilization of the feeble-minded, habitual criminals, etc. An unauthorized operation is at the least a technical battery.

The Revised Code of Ohio, Section 2901.25, states:

"No person shall assault or threaten another in a menacing manner, or strike or wound another."

The physician should keep careful and complete records. If pregnancy would endanger the life of the mother or child, an operation to produce sterility may be considered necessary. Whether sterilization of the husband may be carried out to protect the life of his wife, is a moot and controversial question. Sterilization for economic and other reasons is not permissible, not only because of religious and moral considerations, but also due to legal difficulties.

Express or implied consent should be obtained previous to operation, preferably in writing; it may be given by the parent or guardian for a minor or an incompetent. The consent of the spouse should also be obtained.

Whether consent was express or implied was left for the jury to determine in a 1919 case, in which diseased fallopian tubes were discovered and removed during an appendectomy, to which the patient had consented (*Wells v Van Nort* 100 - O.S. - 101).

In the absence of definite therapeutic indication, do not recommend or perform a sterilization or asexualization operation. If considered medically

indicated, explain its nature and consequences fully to the patient and his or her spouse prior to the operation and have both sign an agreement, which details the nature of the operation. Only in this manner, will the physician be adequately protected in Ohio against civil and criminal action.

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

SHORT CUTS TO A LONGER LIFE FOR THE CARDIAC HOUSEWIFE

Doctors, here is your opportunity to let the Youngstown Area Heart Association assist you in helping your women cardiac patients learn how to "take it easy" in doing their household tasks.

Free classes in work simplification, time and energy savings for women with a cardiac condition are now being offered by the Youngstown Area Heart Association. The classes, a community service project, fulfill a specific and definite need of the homemaker disabled by heart disease, as well as being an aid to the Doctor in the care of his women cardiac patients.

The program, which was originated by the Michigan Heart Association at Wayne University in Detroit, will be directed by Mrs. Frederick Shaner, Home Economist graduate with work-simplification experience. Each patient attends five successive demonstration-lecture classes which are held from 1:30 P.M. to 3:30 P.M. each Wednesday, in the Ohio Edison Auditorium. No medical treatment, diagnosis or examination is given in the work simplification classes.

The "Heart of the Home" program of the Youngstown Area Heart Association will fill your prescription of "take it easy" by showing the homemaker disabled by heart disease HOW to "take it easy."

The program has been endorsed by the Mahoning County Medical Society.

The Youngstown Area Heart Association invites the Doctors to take advantage of these classes for their women cardiac patients by filling out the applications that have been mailed to them in order that the Youngstown Area Heart Association may help these women to be happier homemakers.

The Youngstown Area Heart Association extends an invitation to all the Doctors to come and see the program in action.

DOCTOR

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