



BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

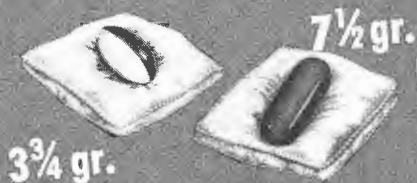
MARCH • 1955
Vol. XXV • No. 3
Youngstown • Ohio

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Our President Speaks

OUTLOOK FOR WAR

There is much being said and written about the possibility of another war. Some believe it is inevitable and others think it is impossible. Whether it will occur or not, there is great uncertainty about the future. This is particularly true of the medical profession. Some doctors who have already served during one or two wars do not anticipate pulling up stakes again with any enthusiasm. I have heard many of them say that they would prefer to have those who stayed home the last time go the next time. Some of us who have passed the draft age (for doctors) try to take some encouragement from that fact. However, it is my feeling that those who were kept home before will be kept home again for the same reasons; and age will probably be no deterrent if the convenience of the government makes it expedient to call us a few years late. Come to think of it, if there is another war, it won't make much difference where we are. So we may as well relax until we see what happens.



*Ivan C. Smith, M.D.
President*

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 25**MARCH, 1955****NUMBER 3**

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

R. L. TORNELLO, M.D.

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Twelve years ago in the Reader's Digest, that noted medical oracle, Mister Paul DeKruif, quietly laid lillies on the collective graves of the general practitioners as he solemnly pronounced to his eager eleven million lay readers that they were on their way out in the art and science of medicine. However, the G.P.'s were to be admired for keeping their tenacious little finger in the dyke until the specialists and group practices matured to an heroic stature on the American medical scene. And he left it at that.

And so it was most gratifying and heartwarming to read in the February, 1955, Reader's Digest that Mr. DeKruif finally "got religion!" Retracting a statement which was harmful to American medicine, he admits belatedly "The general practitioner really stands above every specialist" and writing of the new family doctors, through their organization, The American Academy of General Practice, he states they are successfully treating eighty-five percent of their patients' ills.

His fair-haired boy of yesteryear, the flourishing Western group practice plan which snowballs its enrollment daily, ends up with a sound cuffing about the head and shoulders. DeKruif blasts the Kaiser-Permanente Plan for robbing the American people of their medical heritage of a free choice of physicians and a personal physician-patient relationship . . . both keystones of medical public relations.

I believe encouraging our patients to read this article would inevitably aid in improving our public relations. I believe the light which Mr. DeKruif has seen is forcibly recorded and will be a beacon for directing lay thought toward understanding our desire to continue the practice of medicine in the American way of life.

Robert L. Tornello, M.D.
Editor

GUEST EDITORIAL

The Mahoning County Medical Association has many ties with the Youngstown College: the Association's support and use of the College Library auditorium, its interest in scholarships, its contact with the nursing school and medical technician programs. We at the College value this partnership, and hope it may continue to be strengthened.

As individuals, many Association members have also become familiar with the College pre-medical science curriculum. This concern with preparation of candidates for medical school is, in a sense, a professional obligation, and here also Youngstown College is an earnest partner with your profession.



One indication of our progress in pre-medical work is graduate placement. During the period from 1949 to the present, every pre-medical science student qualified, in the opinion of our biology faculty, to enter the field of medicine was admitted to medical school. There were forty students so recommended who are now attending the following schools: Cincinnati, Georgetown, Loyola, Marquette, Maryland, Ohio State, St. Louis, Western Reserve, University of Pennsylvania.

Our pre-medical advisers recognize, however, that effort should be made to place graduates in a broad variety of medical schools. In this connection, we should welcome the help of members of the Mahoning County Medical Association.

Two other contributions which Association members make to the College are of major importance. One is the channeling of funds from the Medical Service Foundation to the school. The other, less tangible, but no less important, is the public relations work many members personally do for Youngstown College, missing no opportunity to promote the College program among their friends and associates. A young institution (Youngstown College will be just fifty years old in 1958) needs the prestige which such support reflects, and we are indeed grateful for this friendship.

Howard W. Jones
President
Youngstown College

THE COUNCILOR'S PAGE

The Council of the Ohio State Medical Association met at the home office on Sunday, January 30, 1955. We spent the entire day going over legislative proposals and anticipated measures. We carefully analysed and expressed our views on approximately fifty bills which are in the Ohio General Assembly or will in all probability be introduced during the session. All these bills have some medical or health aspects. Our adopted policies and expressed views on these measures are for the guidance of the County Medical Societies, the State Committees on Legislation and members of the Columbus office staff. In no way should they be regarded as "dictates" to the physicians of Ohio, but they do express the concensus of opinion of the members of Council, after honest consideration and thorough discussion. Should you wonder why we took certain views on legislation, call your Councilor, or a member of your Legislative Committee and they will be happy to discuss the measure with you and get your views.

The purpose of these studies and expressions of policies is to enable us to know what is going on at Columbus, and what decisions your law-makers will be called on to make. You should be personally acquainted with your legislators and discuss with them, your ideas on these legislative matters. If unable to talk to them either personally or by phone, a letter — brief and to the point — will let them know that you are aware of the decisions they are asked to make and that you think you can help them enact good legislation.

Each County Society has a legislative chairman and committee. They get legislative bulletins from headquarters every week. If the need is urgent they get the message by telephone. When a member of one of these committees asks you to talk to a legislator, please do so. All of these activities are in the interest of better government — for all the people.

For your guidance, the Council adopted policies on many of these measures as indicated: H.B. 19 (Lehman) to establish a board to examine and license Naturopaths. **ACTIVE OPPOSITION.**

H.B. 20 (Bellis) to limit examinations given by licensing boards to questions specified in the law or "related" subjects. **NO OBJECTION.**

S.B. 5 (Hildebrand) to make it possible for Korean War Medical Officers who are graduates of an unapproved medical school to enter State Medical Board examinations. **NO OBJECTIONS, AS MEASURE FOLLOWS LANGUAGE OF TEMPORARY LAW ENACTED IN 1946 APPLYING TO WORLD WAR II MEDICAL VETERANS.**

H.B. 87 (Berry) to lower age limit for taking examinations given by State Nurses Board from 21 to 18. **NO REFERENCE SHOULD BE MADE TO AGE BUT ADMISSION TO EXAMINATIONS SHOULD BE BASED ON HIGH SCHOOL GRADUATION, REGARDLESS OF AGE.**

H.R. 25 (Galvin) to create commission to study shortage of competent personnel in state institutions. **NO OBJECTIONS.**

H.B. 111 (Corkwell) to permit a "qualified sanitarian" to be appointed a County Health Commissioner. **ACTIVE OPPOSITION AS POSITION SHOULD BE HELD BY A PHYSICIAN.**

S.B. 56 (Hildebrand) to prohibit a state agency from appealing an adverse decision in license revocation cases. **OBJECTIONABLE, AS AGENCY SHOULD HAVE SAME RIGHT OF APPEAL AS PERSON WHOSE LICENSE IS REVOKED.**

S.B. 177 to provide for the permissive licensing of practical nurses and for the accreditation of practical nursing schools by the State Nurses Board; recodification of the nurses' practice act. **ENDORSED IN PRINCIPLE; SUBJECT TO REVIEW OF SPECIFIC PROVISIONS OF BILL.**

S.B. 53 (Hildebrand) to create a board to examine and license ophthalmic dispensers. The bill exempts physicians and optometrists from its provisions. **APPEARS TO BE NO NEED FOR CREATING SUCH A BOARD.**

H.B. 141 (Oyster) to increase penalties for practicing medicine or any of its branches without a license and adds injunction to present penalties. **ACTIVE SUPPORT.**

H.B. 118 (Gorman) to prohibit practice of major surgery by osteopathic physicians. **IM-PRACTICABLE, AS THEY HAVE HAD THAT RIGHT FOR 40 YEARS.**

H.B. 171 (Hook-Kilpatrick-Williams) to create a board to examine and license Chiropractors. **ACTIVE OPPOSITION.**

H.B. 127 (Lady) to provide for compulsory hospitalization by court action of persons with communicable tuberculosis who refuse to remain isolated under present public health laws. **ACTIVE SUPPORT.**

S.B. 93 (Latta) to prohibit artificial insemination if donor is other than the husband; to declare any child conceived as born out of wedlock and illegitimate; and setting up penalties for violators and those who perform or assist. **ACTION ON BILL SHOULD BE DELAYED, PENDING COMPLETE INVESTIGATION OF SOCIAL, MEDICAL AND LEGAL ASPECTS BY COMPETENT COMMITTEE OR COMMISSION.**

S.B. 3 (Blake-Pollock) to increase amount allowed by State for medical care of old age pensioners from \$200 to \$400 per year. ACTIVE SUPPORT FOR THIS AND OTHER MEASURES PROPOSING MORE ADEQUATE FINANCING OF AID FOR AGED MEDICAL PROGRAM.

S.B. 27 (Latta) to exempt churches and fraternal veterans, farm and charitable organizations from food service licensing law when they serve only an occasional meal and do not engage in meal serving as a commercial venture. NO OBJECTIONS.

H.B. 177 (Devine of Lucas) to revise the statute of limitation of mal-practice so that the cause of action shall not accrue until the alleged mal-practice is discovered. ACTIVE OPPOSITION AS IT WOULD PUT PHYSICIANS IN JEOPARDY FOR INDEFINITE TIME.

S.B. 152 (Hoffman) a proposed enabling law to permit county bond issues or special tax levies for construction of new hospitals or capital improvements to existing hospitals and to permit county to lease the property to a non-profit hospital corporation for operation of the hospital. ACTIVE SUPPORT.

H.B. 102 (Reno) to create a Division of Alcoholism in the State Department of Health to carry on a preventative and educational program and to provide institutionalized care for alcoholics. ENDORSED.

S.B. 4 (Hildebrand) to establish a Division of Alcoholism in the State Department of Mental Hygiene and Correction. NOT ENDORSED FOR REASON SUCH DIVISION, IF CREATED, SHOULD BE IN THE DEPARTMENT OF HEALTH.

S.B. 22 (Fess) to prohibit issuance of driver's license to persons afflicted with epilepsy unless adequate proof that it is under control. ENDORSED.

S.B. 39 (Pollock-Shaw) to require teaching of certain basic subjects such as history, health and hygiene, etc., in the public schools. ENDORSED.

S.J.R. 7 (Ferguson) memorializing Congress to endorse the Bricker Amendment relating to international treaties. ENDORSED.

S.B. 65 (Carney) penalty for sale and distribution of obscene literature, pictures, etc. TO BE WATCHED AS TO EXEMPTIONS FOR SCIENTIFIC AND PROFESSIONAL PUBLICATIONS.

H.B. 70 (Berry-Robinson of Marion) general revision of the corporation laws. TO BE WATCHED RELATIVE TO PROVISIONS APPLYING TO NON-PROFIT CORPORATIONS.

H.B. 145 (Siple) to prohibit cancellation of health and accident insurance after it is in effect five years. NO ACTION: TO BE WATCHED.

I fear I have written more than you will read. There are many more bills introduced, perhaps as important as the above, but what I have given you will give you something to think about.

C. A. Gustafson, M.D.

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 physicians 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.

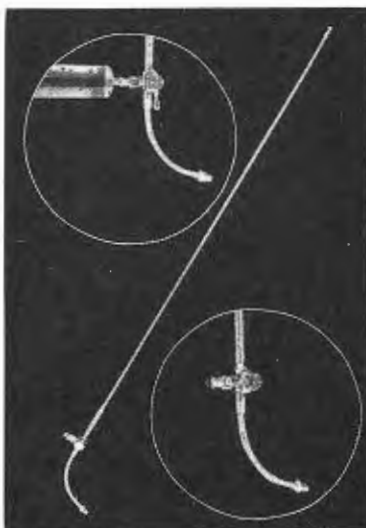
Since it has been stressed that the morbidity and mortality from heart disease may be reduced by preventive medicine with routine annual cardiovascular examinations for the general population, how much more important it is for the physician, who is more likely to suffer from coronary disease, to practice what he preaches. It is suggested that this problem be discussed at the local chapter meetings and a definitive 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 Pordy, M.D.

Bulletin of the American College of Cardiology

NEW BRONCHOSCOPY SUCTION TIP — AN IMPROVED METHOD OF OBTAINING WASH SPECIMENS IN BRONCHOSCOPY

In order to obtain washed specimen during bronchoscopy for the Papanicolaou study of collected cells, it is necessary to instill saline into the bronchus and then aspirate it into a suitable collection tube. The common method to do this is to locate the suspected broncheol area, insert a catheter with syringe attached through the bronchoscope, instill the saline through the catheter and remove it, then insert a suction tip through the bronchoscope and aspirate the saline and washed specimen. In the meantime, much of the specimen is lost and much time is wasted.



It was reasoned that if the washed solution could be introduced into the suspected bronchus by the same apparatus through which it is withdrawn, greater accuracy and facility could be accomplished. To this end a simple three-way stop-cock was machined into the proximal end of an ordinary bronchoscopy suction top. This enables the tip to be used as an ordinary suction and by turning the stop-cock to the upward position saline wash can be instilled through the stop-cock into the lung via the suction tip and be aspirated out by turning the stop-cock again to the normal position.

This apparatus has found use in collecting specimens in bronchoscopies in Youngstown and Toledo by chest surgeons and bronchoscopists. These men have found it to increase the accuracy and ease with which a specimen can be taken from a specific segment of lung. It is easily cleaned and sterilized by the conventional methods and can be made with either solid or flexible tips. It is well balanced and does not interfere with insertion through the bronchoscope.

It is pictured with the syringe inserted into the stop-cock preparatory to instillation of the wash solution.

F. E. Shaw, M.D.

Dept. of Anesthesiology, Youngstown Hospital Assn.
Youngstown, Ohio

This original article has been accepted for publication in the Journal of The American Society of Anesthesiologists, Inc. in the near future. — Editor's note.

It matters not how a man dies, but how he lives. — Samuel Johnson.

KEEPING UP WITH A.M.A.

By Wm. M. Skipp, M.D.

THE RISING COST OF SICKNESS, points out the Economic Unit of U. S. News and World Report, is due . . . "to higher charges resulting from better pay scales for hospital workers and the higher cost of food."

Counter to the criticism of increased physicians' fees. They now account for 29% of the out-of-the-pocket cost; they used to be 30%.

POLITICAL OR MEDICAL CARE? asks the "Private Secretary" from the Dallas Morning News of the government insurance plan.

"Ninety-five of every 100 workers are now covered by some kind of private—not government—benefit program. This is not the brag of private business. It is a government figure.

"Nine of ten have life insurance. Eight of ten have hospital insurance, and more than half of those have surgical policies. Six of ten are covered for sickness and accident. Five of ten have medical care. Six of ten have their own company pension coverage.

"Yet, there is growing pressure in Washington for the Federal Government to get into the medical business. It makes just as much sense as the government going into the automobile business so that those who don't have a car can have one—at taxpayers' expense. The pressure is for political "care," not medical care."

MEDICAL ASPECTS OF SOCIAL SECURITY "Disability Freeze" provision explained in the January 15 issue of the A.M.A. Journal.

The purpose is to acquaint us with a recent amendment that took effect Jan. 1, 1955. Disabled patients may want your help in establishing their rights under the new law. The Bureau of Old-Age and Survivors Insurance has asked for the cooperation and counsel of the nation's physicians in the formulation and application of medically valid standards of disability.

PRESIDENT ASKS 2-YEAR DOCTOR DRAFT EXTENSION of Congress on January 13. He said, "By that time, it is expected that the medical personnel requirements of the armed forces can be met adequately by other means." If passed, this means the doctor draft would expire July 1, 1957.

The President urged legislation to increase medical care to military dependents as one of the steps to halt "the high personnel turnover rate" in the armed forces. A very large proportion of men in uniform "expressed dissatisfaction with traditional service benefits such as PX facilities, dependents' medical care, family housing, death benefits for survivors, and related items."

As a further inducement to make military careers more attractive he proposed pay increases averaging about 6.7% for all personnel. For enlisted men the increase would start after two years' service and for officers, after three years. He commented: "Such pay adjustments should foster career service."

STANDARD HEALTH INSURANCE PLAN PROPOSED FOR U. S. EMPLOYEES. Workers have choice of participating in (a) a new standard, nationwide plan; (b) existing plans sponsored by their own national employee organizations; or (c) local plans offered in their community or through local employee unions of other agencies. The standard plan offers catastrophic or major medical care insurance.

1. The U. S. pays up to one-third of premium costs, with limit of \$1.50 per month for employees without dependents and \$4 with dependents. If employee chooses the coverage, cost to him would be \$3 per month with no dependents, and \$8 with dependents.

2. The plan pays straight cash indemnity based on schedule of benefits set by Commission. Reimbursement for hospital room up to \$12 per day for maximum of 70 days; other hospital cost allowances up to a total of \$240; reimbursement for surgery up to a maximum of \$200 under a schedule set by the Commission.

3. Major medical cost protection would be restricted.

4. After 15 years minimum civilian service, retired employees permitted to continue under program by authorizing premium deduction from retirement checks.

5. The Civil Service Commission is responsible for the administration of entire program, but would contract with a single insurance company to operate the national standard plan. Each employee has the right to pass up the standard plan and participate instead in a commission-approved community plan conducted by Blue Cross, Blue Shield.

PROPOSED LEGISLATION PERTINENT TO MEDICINE. S. J. RES 1 (Bricker, R.-Ohio) *Treaties and International Agreements*: Proposes a constitutional amendment, identical with S. J. RES. 181 introduced Aug. 5, 1954, to (1) prohibit treaties made in conflict with the U. S. Constitution; (2) make a treaty ineffective as internal law if in conflict with state laws; and (3) require a roll call vote for ratification. The amendment was favored by the A.M.A., and A.B.A. and by others. The medical profession is interested in the Bricker amendment because under present law socialized medicine could be imposed through international treaty or agreement without enactment of domestic legislation by the House and Senate.

H. R. 9 (Jenkins, R.-Ohio) and H. R. 10 (Keogh, D.-N. Y.) *Tax Postponement for Self-employed*. Legislation encourages establishment of voluntary pension plans by individuals. Allows self-employed persons to deduct 10% of their earned net income, or \$7,500 (whichever is the lesser) but not to exceed \$150,000 in a lifetime. Funds would have to be paid to a restricted retirement fund on an annuity contract. A.M.A. has consistently supported this.

H. R. 27 (Canfield, R.-N. J.) *Social Security—Removing Limitations on Outside Income*. Removing limitations on outside income an individual may earn while receiving O.A.S.I. benefits. Allow self-employed physician to continue in active practice between ages 65 and 72 without loss of O.A.S.I. benefits.

H. R. 28 (Coudert, R.-N. Y.) *Annuity and Life Insurance Premium Deductions from Taxable Income*. Assist individuals to provide retirement income and protection to surviving members of their families by allowing a limited income tax deduction for premiums paid on annuity and life insurance contracts.

H. R. 95 (Dingell, D.-Mich.) *National Compulsory Health Insurance Omnibus Bill*. A verbatim copy of H. R. 1817 introduced in the 83rd Congress two years ago by Mr. Dingell. 1. Federal Aid to Medical Education; 2. Medical Research; 3. Hospital Construction Act Amendments; 4. Special Aid for Rural and Other Shortage Areas; 5. State Grants for Local Public Health Units; 6. Research in Child Life and Additional Grants for Maternal and

Child Health and Crippled Children's Services; and 7. Compulsory Prepaid Health Insurance. The latter program is the old Truman-Ewing national compulsory health insurance plan.

H.R. 267 (Coudert, R.-N. Y.) *Tax Postponement for Self-Employed*. Permits the annual postponement of income tax of up to 15% of earned net income or \$10,000, whichever is less, if the money is paid to a restricted retirement fund.

H. R. 334 (McDonough, R.-Calif.) *Medical Expense Deductions*. To provide a 3-yr. carryover for medical and dental expenses in excess of the maximum deduction allowable.

H. R. 335 (McDonough, R.-Calif.) *Health and Life Insurance Premium Deductions from Taxable Income*: Allow as a deduction from gross income limited amounts paid as life insurance premiums.

H. R. 477 (Rooney, D.-N. Y.) *Cancer Research*. Would appropriate \$100,000,000 and authorize the President to mobilize an adequate number of world's experts to search for a means of curing and preventing cancer.

H. R. 481 (Scott, R.-Pa.) *Federal Aid to Voluntary Health Plans, Medical Education and Health Facilities*: Identical with S. 1153 sponsored by Senators Ives and Flanders in 1953. 1. Assist states in financing voluntary prepayment health service plans with subscription charges based on subscribers' income; 2. Encourage establishment of local administrative health regions and districts; 3. Enable non-profit hospitals, medical schools and nursing schools to maintain and improve their service facilities; 4. Assist voluntary prepayment plans to build and equip personal health centers; 5. Assist medical education; and 6. Assist local public health units.

H. R. 852 (Van Zandt, R.-Pa.) *Social Security for All*: Would repeal the present social security law and substitute a plan under which 3% of gross income of individuals or business firms (personal income exempted up to \$250 a month) would be paid into a fund and matched annually with tax funds.

S. 248 (Smith, R.-Me.) *Military Commissions for Osteopaths*: To amend the Military Officer Procurement Act of 1947 to provide for the appointment of doctors of osteopathy to the medical corps of the Army and Navy. The present Defense Dept. policy is that osteopaths may not be commissioned because of a provision of the 1947 Act.

S. 310 (Barrett, R.-Wyo.) *Automobile Safety Belts*: Would make it a misdemeanor to manufacture or operate passenger automobiles in interstate commerce unless equipped with safety belts. The A.M.A. House of Delegates in June, 1954, recommended safety belts.

Men are not going to embrace eugenics. They are going to embrace the first likely, trim-figured girl with limpid eyes and flashing teeth who comes along, in spite of the fact that her germ plasm is probably reeking with hypertension, cancer, haemophilia, color blindness, hay fever, epilepsy, and amyotrophic lateral sclerosis.

—Logan Clendening

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nonhormonal anti-arthritic

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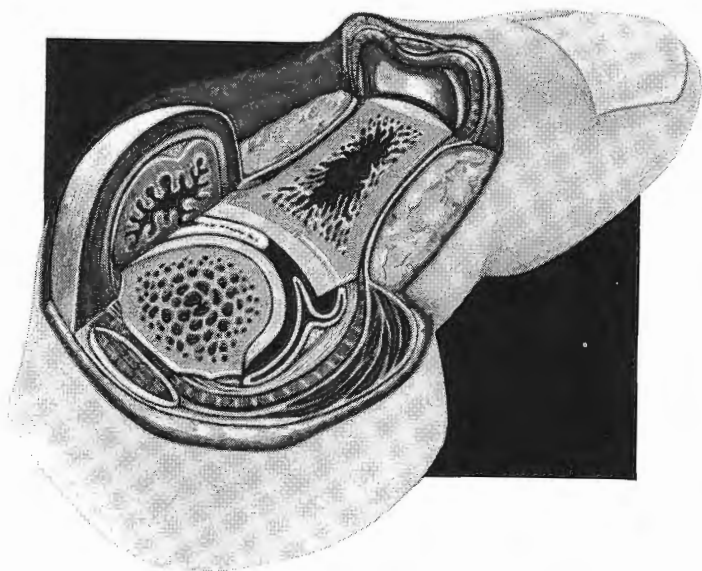
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*Bunim, J. J.: Research Activities in Rheumatic Diseases, Pub. Health Rep. 69:437, 1954.



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MARCH MEETING



Speaker:

STANLEY O. HOERR, M.D.
Cleveland Clinic

Subject:

"Diseases of the Pancreas"

TUESDAY, MARCH 15

Elks Club

8:30 P.M.

Also at 3:00 P.M., in the Conference Room, North Side Hospital, Dr. Hoerr will address the Internes and Residents

Subject:

"Upper Gastro Intestinal Tract"

PERSONALITY OF THE MONTH

Soon we will have the pleasure and privilege of having in our midst Dr. Stanley O. Hoerr, M.D., Staff Surgeon of the Cleveland Clinic Foundation and Associate Professor of Surgery. Dr. Hoerr will present his topic "Diseases of the Pancreas" when he is the guest speaker for the Mahoning County Medical Society on Tuesday, March 15th, at 8:30 P.M. at the Elks Club.

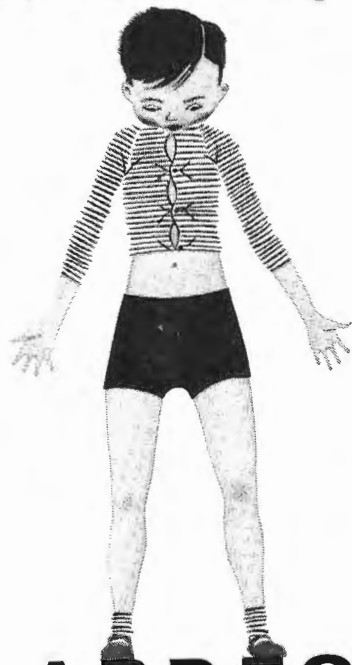
Born on September 29th, 1909 in Chicago, Illinois, Dr. Hoerr soon found his way to Ohio and received his A.B. from Antioch College in 1932. His medical education was completed at Harvard with his graduation in 1936. An internship at Peter Bent Brigham Hospital in Boston followed until 1938 when he became a Fellow in Pathology under Dr. Shields Warren at the Collis P. Huntington Memorial Hospital in the same city. He served in a graduated surgical residency at Peter Bent Brigham Hospital from 1939 to 1942.

While his military service kept him at the Fifth General Hospital from 1941 to 1945, Dr. Hoerr rose in his teaching posts at the Harvard Medical School to become an Associate Professor in Surgery. In 1946, he was certified by the American Board of Surgery and in 1947 he became an Associate Professor of Surgery, Ohio State University School of Medicine, Columbus, Ohio, where he remained until 1949. In 1950, Dr. Hoerr became Staff Surgeon of the Cleveland Clinic Foundation.

Dr. Hoerr's membership to professional societies includes the American Medical Society, Society of University Surgeons, Eastern Surgical Society, Central Surgical Society, The American Surgical Society, the Cleveland Academy of Medicine, the Ohio State Medical Association, and the American College of Surgeons.

We look forward to Dr. Hoerr's able presentation of his subject "Diseases of the Pancreas" at the March meeting of the Mahoning County Medical Society with great anticipation.

he'll never outgrow



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HAVE YOU HEARD

- that Dr. Howard Mathay attended the MacIntyre-Saranac Conference on Occupational Chest Disease held at Saranac, New York from February 6th through the 9th?
- that Dr. Harry A. Smith has opened his offices at 1926 Market Street for the practice of proctology? Dr. Smith has been previously associated with Dr. Paul J. Fuzy, Sr. at 510 Gypsy Lane.
- that Dr. John G. Guju announced the opening of his offices at 249 Lincoln Ave. for the practice of Obstetrics and Gynecology?
- Dr. Paul J. Fuzy, Sr., addressed the Mercer County Medical Society on the subject of "Office Proctology" in Sharon, Pennsylvania on February 9th?
- that the Franciscan Sisters have announced a proposed modern retirement home for aged men and women at French Lick Springs, Indiana, where holiday living in retirement is the keynote? This proposed non-sectarian retirement home will not require turning over of assets of its member-guests, but a reasonable membership fee and regular monthly rates will be established to include meals, rooms, and infirmary care. It will have a modern, well-equipped hospital with a complete staff. Other facilities will include golf, fishing, swimming, mineral baths, boating, gardening, metal and woodworking, sewing and other crafts. The hope is . . . ". . . to make a place for peaceful and fruitful living, not a place to stay while dying," says Father Marquard of the advisory board. Information may be obtained by writing to the Commerce Research Group, 35 East Wacker Drive, Chicago, Illinois.

LIE DETECTOR

There is nothing magical about the instrument and to trade on the fears and ignorance of suspects by assuring them that the lie detector never lies because it is some mysterious and infallible invention of science is a reprehensible way of dealing with a person whose guilt is in doubt. All that one can say is that an emotional reaction is a physiological event. It is a non-specific event and there is no special reaction peculiar to guilt. The very term lie detector is a misnomer, perhaps a deliberate misnomer to help the purposes of the police. A better term would be a stress detector—and to detect stress is all that the "lie" detector can honestly claim to do.

F. R. Ames, M.D., Ch. B.

Physicians who are nationals of Germany and have been admitted to this country for permanent residence must now register under the Doctor Draft Act. Selective Service headquarters said the requirement applies to those doctors who had not yet reached their 50th birthday on January 15, 1951.

During the 1953-54 school year, 5,589 foreign physicians held appointments as interns, residents, or fellows on house staffs of the 800 civilian hospitals approved for such training by the Department of State. Three years before the total was 2,072.

from an editorial in the J.A.M.A.
(156:991, Nov. 6, 1954):

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may cause infection with *Candida albicans*

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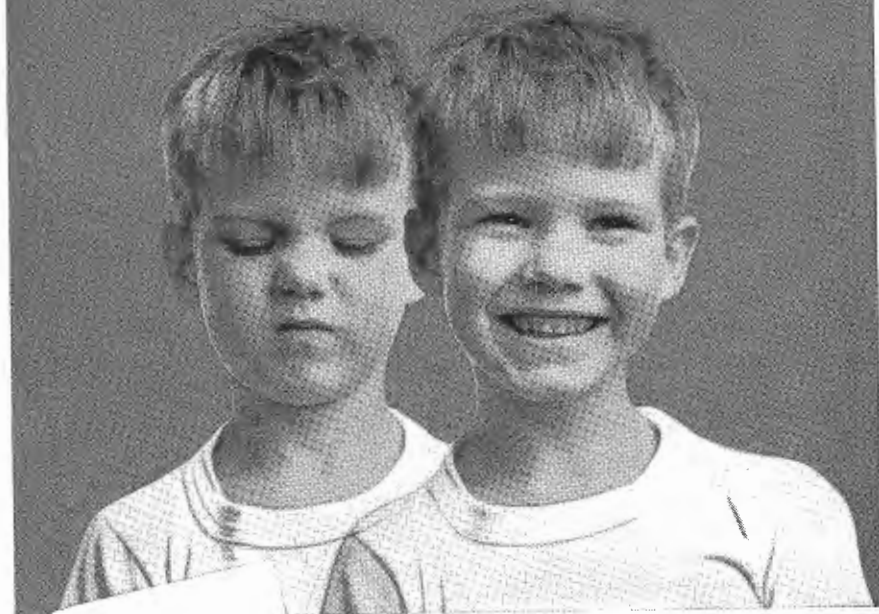
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*chocolate-mint-flavored
suspension for
the treatment of
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caused by
penicillin-susceptible
and/or
sulfonamide-sensitive
organisms*

The twofold antibacterial action of 'Sulfa-Neolin' is particularly effective in mixed infections. The combined action of penicillin and the sulfonamides is also of value in combating relatively resistant organisms. Since the mode of attack of penicillin differs from that of the sulfonamides, it is more difficult for an organism to develop resistance to the combination than to either drug used alone. The tasty chocolate-mint flavor of 'Sulfa-Neolin' quickly wins youngsters' approval. They'll like it!

Each 5 cc. (approximately 1 teaspoonful) contain sulfa: diazine, merazine, methazine, 0.167 Gm. each, and benzathine penicillin—G, 300,000 units. 'Sulfa-Neolin' is stable at room temperature for two years.

Dosage: Average dose is 1 teaspoonful four times a day. Suspension 'Sulfa-Neolin' is supplied in 60-cc. bottles (M-120).

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MARCH

177 AAA Bn 90 MM Gun
Ohio National Guard
325 West Rayen Avenue
Youngstown, Ohio
19 February 1955
Riverside 7-6321

SUBJECT: Medical Detachment.
Dr. Ivan C. Smith, President,
Mahoning Medical Society,
Youngstown, Ohio

Dear Dr. Smith:

We are in need of a Medical Doctor to form a Medical Detachment called for in our Table of Organization of the 177th Anti-aircraft Artillery Battalion 90 millimeter Gun, of the Ohio National Guard. You may know of some Doctor either already commissioned in the reserves or with no prior commission who would be interested in this command in the ready reserve of the National Guard.

Would you be so kind as to circularize your members through your mimeographed sheets, on the availability of this command to your fellow physicians. Some young doctor would find this a fine opportunity to serve his country and work up a good practice at the same time since we have two batteries of the 177th quartered at the armory in addition to two units of the 37th division in the 135 Field Artillery and the 145th Infantry, for a total of some two hundred men at our armory 325 West Rayen Avenue. In addition we have batteries at Kent, Alliance and Warren giving us a total of about 300 men for our summer encampment at Camp Perry, Ohio.

At present we have an Army Field Ambulance with portable operating table, supplies and other equipment for the Medical Detachment. One Officer and ten enlisted men comprise such a detachment. We have qualified enlisted men for this unit and only lack the Medical Doctor.

TO&E calls for a Captain to command this unit. Where an officer Captain or lower in the commissioned ranks desires to transfer from the Reserves he does so in grade. If a Medical Doctor is already a Major in the Reserves, we are authorized to transfer him in this 'over-grade,' so as to effect the early formation of the Medical Detachment. A two hour drill on Thursday evening for which full pay in grade is allowed. Physical exams and 'shots,' are authorized at an additional 'so-much-per-man,' basis. Two week summer camp at Camp Perry Ohio.

Our Battalion Commander, Major Thomas B. Boyer, can be available for an interview to any interested physician Thursday evenings, from 7:00 PM until 11:00 PM. In addition, he may be reached at the Veterans Administration Office, Union National Bank Building, telephone RIVERSIDE 4-5161.

CHARLES A. VIMMERSTEDT WOJG
Ohio NG W2007932, Commanding
164th Signal Detachment,
Public Information Officer.

"It ain't so much the things we don't know that gets us in trouble," said Artemus Ward. "It's the things we know that ain't so."

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YOUR BLUE CROSS

H. E. Patrick, M.D.

President, Associated Hospital Service, Inc.

It occurs to me that many of the younger doctors do not know and that many of the older ones do not remember why the Blue Cross program was started. Therefore, I believe it worth while to review briefly the original objectives of this movement, the present status and future goals.

First, Blue Cross is a social movement applying a broad insurance principle. It was created by and sponsored by the community hospitals. It is the purpose of Blue Cross to aid the people of the community in pre-paying hospital expenses. It is further the economic arm or credit agency of the hospital.

Blue Cross Plans throughout the country sprang up during the depression years when the hospitals of this country were in great financial difficulty due to the fact that patients had no money with which to pay their hospital bills. Locally, Youngstown Hospital Association, St. Elizabeth's Hospital with Gill Memorial and Ohio Valley Hospitals of Steubenville advanced funds and guaranteed the services of the Associated Hospital Service, Youngstown's Blue Cross Plan.

The growth of this Plan which was started in 1938 has been phenomenal.

The membership is now approximately a quarter of a million people. In the year 1954, the Plan will have assumed liability for hospital bills in the amount of nearly \$5,000,000.00. Nationally there are approximately 46,000,000 people covered by Blue Cross hospital insurance.

Blue Cross is a community program. It was planned in the dimension of the whole community and not in terms of isolated or special groups. This means that the dependent must get the same benefits as the contract holder. It means that the farmer must be covered as well as the industrial worker and the professional group as well as the white-collar worker. It means that Blue Cross cannot refuse to enroll a small group because selection in a small group is usually against it nor can it charge this group more. It means that Blue Cross cannot give the large group preferred treatment because selection in the very large group may be more favorable to it. The members of each group, regardless of size, being citizens of the same community must be treated as equals. The hospitals are community institutions operated for all the people.

The accomplishments of the Blue Cross Plans have been great. In addition to affording to the people of the community good protection they have also spurred the insurance industry into better and broader coverage against the hospital bill.

There are some dangers lurking at the present time that could well destroy Blue Cross, and thus destroy the instrument which in my opinion is the greatest bulwark against the socialization of medicine in this country.

In an effort to satisfy the demands of the people for broader protection, the Blue Cross Plans have been confronted with increasing premium rates. There are a number of things which have contributed to this.

One is the consistent broadening of coverage, another is the general inflationary trend which has been going on in this country over the past decade and another is the improvement in health service that has been



made available to the people of this country during the recent years. All of the elements which have tended to increase hospital costs, such as increased wage costs in hospitals, have also pushed up the cost of health protection.

Perhaps, however, if we must select one factor which has contributed more than anyone thing to the increased cost of hospital expense protection, it would be the increased use of hospitals and hospital facilities by the people of this country.

There has been, as you know, a great expansion of hospital beds. As this increased capacity is made available, it is immediately filled with patients.

People are being admitted to the hospitals in many instances for diagnostic procedures which should be performed on an out-patient basis, but, in order that they might make use of their hospital insurance many times they suggest that they be admitted to the hospital.

This, of course, is not the type of care that hospital insurance is intended to cover.

This is where we in the Medical Profession can do much to help in cutting down the cost of hospital insurance.

We must realize, in my opinion, that even though a patient may pressure us to admit him to the hospital in order to use his hospital insurance, that unless we can with a clear conscience admit the patient as one requiring hospital care, we are not keeping faith with the basic purpose of Blue Cross.

Something must be done to curb the ever increasing usage of Blue Cross. A great step will have been made toward the stabilization of Blue Cross premiums if this is done.

So often we hear a patient say he has had his hospital insurance for a number of years and never used it. They seem to feel that this is justification for their admission to a hospital. You might ask him how long he has had fire insurance on his home and never used it. I am sure he would not wish under any circumstances to use that insurance and by so doing increase its cost.

Another area where physicians can help is in making certain that patients are discharged from the hospital at the proper time and they do not stay any longer than necessary. Even though the average stay in the hospital has declined appreciably in recent years, there are still many examples of patients remaining longer than good medical care would indicate as necessary. A saving of ½ day on each admission covered by Youngstown's Blue Cross Plan during 1954 would have resulted in a saving of approximately \$200,000.

The goal of Blue Cross is to continuously broaden the coverage so that the people of this country will, on a voluntary basis, have the comprehensive protection that they wish and Blue Cross wishes to afford to them at a price which they can afford to pay.

Blue Cross has as another goal—the enrollment of all eligible people in the community and by so doing assure the community hospitals financial solvency as well as relieving the people of the community from the economic burden created by illness and at the same time combat the Federalization of the Health facilities of this country.

We are a part of this program. Our Medical Society and the medical staffs of both the Youngstown Hospital Association and St. Elizabeth's Hospital are represented on the governing Board of the Blue Cross Plan.

The key to the success or failure of this program is in our hands, it is the elimination of UNNECESSARY AND UNWARRANTED USAGE.

Enjoy the protection of Mahoning County Medical Society
Group Sickness, Accident and Hospitalization Insurance.

Exceptionally broad benefits and
coverage at unusual low cost.

More than \$70,000.00 in Accident and Sickness benefits
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FROM THE BULLETIN

TWENTY YEARS AGO — MARCH, 1935

There was a great deal of discussion of the reorganization of County Government which was about to be done under Governor White's Commission. The County Charter Commission had invited representatives from the Medical Society to meet with them for a hearing of our views on the handling of public health and welfare. It was so unusual for any government agency to ask the advice of the Medical Society on important legislation that it caused quite a stir. The matter was referred to the Legislative (Dr. O. J. Walker) and Public Relations (R. B. Poling) Committees who submitted their recommendations at a meeting on February 20th. They recommended that public health and welfare be combined in one department under control of a Board of Health and administered by a medical health officer. Nothing is said in this issue about the outcome, but their plan was never adopted.

The celebrated pathologist R. H. Jaffee of Cook County Hospital was billed as speaker that month. He was unable to come because of an infected hand but sent his manuscript on "Malignancies Of The Lung" and Dr. Brant read it for him.

Influenza was epidemic in the community, scarlet fever showed a marked increase with 179 cases reported in the county including 115 in Youngstown. The doctors were taken to task for failing to report cases of influenza and pneumonia to the health department.

The Post-Graduate Day Program was announced for next month. A group from the Mayo Clinic, including Walter Alvarez, Henry W. Meyerding, C. F. Dixon and Frank C. Mann was scheduled for a full day at the Stambaugh Auditorium and the Youngstown Club.

The old Lyons-Laeri Company changed its name to the Lyons Physician's Supply Company. Mr. Laeri had his own store in the Home Savings and Loan Building. Ralph White moved from his old place on Phelps St. to West Federal St. where he is today.

TEN YEARS AGO — MARCH, 1945

The Mahoning County Tuberculosis and Health Association was promoting a plan for mass chest X-ray survey of the population. The plan was being considered by the Public Health Committee (J. B. Birch) and the general attitude seemed to be favorable, although they looked askance at the formation of a Central X-ray Clinic.

There was a report from a special committee formed to study medical fees for dependents of members of the armed forces. After conferences with Red Cross officials they outlined a set of general measures for handling the problem in cooperation with the Red Cross and the Army and Navy Relief.

The Legislative Committee (W. M. Skipp) reported that Christian Scientists, Chiropractors and Naturopaths were especially busy that year trying to have legislation favorable to their cults passed.

Major Leo Walzer from Crile General Hospital addressed the Society on heart conditions seen in army service. He described the evolution of medical attitude toward functional heart conditions in soldiers. First described under the term "soldiers irritable heart" by Da Costa after the Civil war, these patients disabled by tachycardia, chest pain and dyspnea without other physical signs were called "neurocirculatory asthenia" in World War I.

In World War II the disease was classed as a "psychoneurosis" and treated accordingly.

A program given by a group from Marquette University was announced for Post-Graduate Day next month.

Major John Goldcamp was heard from in the Philippines where he was living in a tent and spending some of his nights in a foxhole. J. L. Scarnecchia was retired to inactive duty after two years with the Army Air Corps. Asher Randall and Joseph Kupec were home on leave. John Renner was transferred to Receise, Brazil. There were postcards in the hospital staff rooms addressed to all the members who were away at war. Anyone who cared to could sign his name or write a short message on a card and when it was filled the card would be picked up and mailed to the member addressed. I don't know who sponsored this but it was a very nice gesture.

J. L. F.

CALENDAR OF MEDICAL EVENTS

AMERICAN ACADEMY OF GENERAL PRACTICE, Los Angeles, March 28-31. Mr. Mac F. Cahal, 406 West 34th Street, Kansas City, Mo., Executive Secretary.

AMERICAN ACADEMY OF PEDIATRICS Spring Session, Sheraton-Cadillac Hotel, Detroit, Michigan, April 4-7. Dr. Christopherson, 610 Church St., Evanston, Illinois, Executive Secretary.

AMERICAN ASSOCIATION OF PATHOLOGISTS AND BACTERIOLOGISTS, The Shamrock, Houston, Texas, April 7-9. Dr. Edward A. Gall, Cincinnati General Hospital, Cincinnati, Secretary.

AMERICAN LARYNGOLOGICAL, RHINOLOGICAL AND OTOLOGICAL SOCIETY, Hollywood Beach Hotel, Hollywood, Fla., March 15-17. Dr. C. S. Nash, 277 Alexander Street, Rochester 7, N. Y.

Little Boy's Anatomy Essay

Your head is kind of round and hard, and your brains are in it and your hair on it. Your face is the front of your head where you eat and make faces. Your neck is what keeps your head out of your collar. It's hard to keep clean. Your shoulders are sort of shelves where you hook your suspenders on them.

Your stummick is something that if you do not eat often enough it hurts and spinach don't help none. Your spine is a long bone in your back that keeps you from folding up. Your back is always behind you no matter how quick you turn around. Your arms you got to have to pitch with and so you can reach the butter. Your fingers stick out of your hands so you can throw a curve and add up rithmattick. Your legs is what if you have not got two of, you can not get to first base. Your feet are what you run on, your toes are what always get stubbed. And that's all there is of you, except what's inside, and I never saw it.

—Fayette County Mirror

Our senses grasp nothing that is extreme. Too much noise deafens us; too much light blinds us; too far or too near prevents our seeing; too long or too short is beyond understanding; too much truth stuns us.

—Blaise Pascal

TODAY'S HEALTH SUBSCRIPTION DRIVE

The "Today's Health" committee of the Woman's Auxiliary wishes to thank all the Doctors who replied so promptly to the letters that were sent them in December requesting early renewal of their "Today's Health" subscriptions.

Making this official publication of the American Medical Association available to an increased number of lay readers each year is the main project delegated directly to the Women's Auxiliaries everywhere by the A.M.A. Your response this year has encouraged us greatly. Our local auxiliary is now in a position to compete nationally for the cash prizes awarded by the A.M.A. to that auxiliary meeting its prescribed quota of sales for the year.

There are, however, about 30 Youngstown physicians who have been regular subscribers, but whose subscriptions have expired recently. Since every renewal counts a contest credit for the Mahoning County Woman's Auxiliary, we urge you to renew at once. The contest ends in April each year. If you send your check directly to the A.M.A. office in Chicago, please note on your enclosure a request for credit to the Woman's Auxiliary of the Mahoning County Medical Society. If you prefer, you may make your check payable to "Today's Health" and mail it to Mrs. John McDonough, 46 Newport Dr., Youngstown. The rates are as follows: 1 yr. — \$1.50, 2 yrs. — \$2.50, 3 yrs. — \$3.25, 4 yrs. — \$4.00.

AUXILIARY NEWS

The February meeting of the Woman's Auxiliary to the Mahoning County Medical Society was a luncheon at the Elks' Club on the fifteenth. There were forty five members present. A delicious luncheon was served and the red, white, and blue flowers as center pieces carried out the patriotic theme.

Mrs. Cary S. Peabody read a prayer to open the meeting which was conducted by Mrs. Ivan Smith.

The Youngstown Players gave a play entitled "The Case of the Missing Handshake" which was a prologue to Mental Health. Mr. Joseph Koornick of the Playhouse directed the play and members of the cast were Sandra McKinney, John and Rennie Griffith, John Asberger, and Jean Tornello. Mr. George Schoenhard of the Youngstown Board of Education and the Mental Health Organization led the members in a discussion of the play.

The program chairmen were Mrs. J. B. Stechschulte, Mrs. Gene Fry and Mrs. A. J. Telego.

Mrs. Dean Stillson was the Social Chairman assisted by Mrs. F. A. Friedrich, Mrs. Andrew Detesco, Mrs. Fred G. Schlecht, and Mrs. E. A. Shorten.

The March meeting will be a tea for prospective nurses at the South Side Hospital Nurses' Home on March 15. Dr. Rose Wang will be the speaker of the day and will relate her experiences in her escape from Communist China.

Blodwyn Rogers

"Some fellers git credit for bein' conservative when they're only stupid."
—Abe Martin speaking, in *The Life and Times of Kin Hubbard*

INDICATIONS FOR ANTICANCER MEDICATION

Although anticancer agents are of limited benefit in the treatment of cancer, indications for use are usually specific. — Editor's note.*

Rarely advisable as primary therapy, the anticancer drugs are used as supplements to roentgen treatment, usually only when roentgen treatment is unsuccessful. Therapy with the anticancer drugs is extremely hazardous because profound anatomic-physiologic alterations, not related to the anticancer effectiveness, usually accompany the therapy.

Nitrogen mustard and triethylenemelamine are most useful as adjuvants to roentgen therapy in the treatment of Hodgkin's disease and, occasionally, for other malignant lymphomas. The chemicals are used if the disease is disseminated and intractable to roentgen therapy. If fever and other constitutional reactions accompany the disseminated disease, the drugs are used in conjunction with radiation to local lesions.

Depression of the hematopoietic system as manifested by leukopenia, anemia, and thrombocytopenia limits the use of nitrogen mustard and triethylenemelamine.

Aminopterin, an antifolic acid agent, may produce remissions of relatively short duration in cases of acute leukemia, especially when used in conjunction with cortisone. Aminopterin and cortisone administration may change the course of acute leukemia to a subacute or chronic form of the disease in which local roentgen therapy may be more useful.

Cases of multiple myeloma are unsuitable for primary roentgen therapy because of the extensive involvement of bone and the relative radioresistance of the tumor. Some of the symptoms of the disease are amenable to Stilbamidine or Urethane. Roentgen therapy may, however, be useful in the local treatment of large and painful tumor masses.

The survival time of patients with far-advanced cancer of the breast is increased after administration of testosterone. Hormonal therapy might be considered as general or constitutional treatment. A sense of well-being and

Route of Administration and Dosage

NITROGEN MUSTARD (HN₂)

Intravenous, 0.1 mg. per kilogram daily for four days per course

TRIETHYLENEMELAMINE (TEM)

Oral. 5 to 10 mg. first week, subsequently 5 mg. per week as tolerated

AMINOPTERIN

Oral. Child—0.5 mg.; adult—1 mg. per day (total dosage depends on tolerance)

CORTISONE

Oral. Child—25 mg. 3 times daily; adult—100 to 150 mg. daily

STILBAMIDINE

Intravenous, 150 mg. daily (or every second day) to a total of 5 gm.

URETHANE

Oral. 4 gm. daily intermittently to 200 gm. total

TESTOSTERONE PROPIONATE

Intramuscular, 100 mg. 3 times weekly

DIETHYLSTILBESTROL

Oral. 5 mg. 3 times daily

RADIOPHOSPHORUS (P₃₂)

Oral. 6 millicuries (may be repeated after 2 to 6 weeks as indicated)

RADIOIODINE (I₁₃₁)

Oral. 100 to 200 millicuries (may be repeated)

relief of local pain may result; however, pain is better relieved by simultaneous roentgen therapy.

Estrogenic hormonal therapy for osseous and pulmonary metastases of carcinoma of the prostate gives striking results and, in conjunction with orchidectomy, has supplanted local roentgen therapy.

Radiophosphorus, P^{32} , may produce remissions of polycythemia vera, granulocytic or lymphatic leukemia, and, occasionally, some malignant lymphomas. The isotope provides a means of selective radiation of the bone marrow, spleen, and liver and is the treatment recommended for polycythemia vera.

Radioiodine, I^{131} , is limited to therapy of the relatively few cases of thyroid carcinoma which show uptake of the element in the metastases.

ROBERT ANDREWS, M.D., AND IRVING E. SHAFER, JR., M.D.
*Anticancer drugs and hormones as adjuvants to the radiation therapy of cancer. North Carolina M. J. 14:413-420, 1953.

AMA Board of Trustees' Chairman Commends "Cavalcade of America" Production of "Night Call," Drama About Typical General Practitioner

Dr. Murray's commendation to Du Pont and "Cavalcade" reads as follows:

Du Pont's "Cavalcade of America" is to be commended for its sensitive portrayal of the American physician. This story, I am sure, will give the television viewers an insight into the life of the average doctor never before attained through an entertainment medium. He is real, he is sincere, he is devoted to the ideals of his profession.

The Korean GI Bill sent 4,926 veterans to medical school and another 1,705 to pre-medical training during the first two years of its existence, a recent VA breakdown of veteran training shows. About 10% of the total trainees, or 50,000, entered scientific fields, 13,000 of them in medicine and related courses.

A.M.A.'s Bureau of Health Education has a new catalog of TV-tested "televisuals" containing more than 60 charts, graphs, diagrams and three-dimensional models — such as a rubber relief model of a crosssection of the skin . . . diagram of a large intestine . . . a transverse section of the head . . . All of these are available on loan and copies of the catalog may be secured from the Bureau.

The American Medical Association opposes reinsurance on the grounds that (a) the insurance carriers themselves have all the reinsurance money needed, (b) voluntary health insurance is making "extremely rapid" progress without reinsurance, (c) reinsurance would not make uninsurable risks insurable, and (d) without an objectionable subsidy reinsurance would not reduce the cost of insurance or "overcome the inertia of the unwilling buyer."

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AN EPITOME OF

E P O N Y M S

Here is an opportunity for refreshing (and frustrating) relaxation.

Can you define the following, sometimes and unfortunately known by the name of an early describer?

(We, too, deplore the use of eponyms to describe medical entities; but we fear that, for the present, they are very much with us.)

A score of 60 percent makes you erudite.

what is . . .

HAMMAN'S SIGN?

HANSEN'S DISEASE?

HARRISON'S GROOVE?

HEBERDEN'S NODES?

HENOCH'S PURPURA?

HIRSCHSPRUNG'S DISEASE?

HOFFMANN'S REFLEX?

HOMANS' SIGN?

HORNER'S SYNDROME?

HUNTINGTON'S CHOREA?

(Answers on next page)

ANSWERS TO EPONYMS

HAMMAN'S SIGN: Louis Hamman, the late Baltimore internist, described a crunching sound heard over the pericardium in pneumomediastinum.

HANSEN'S DISEASE: Gerhard H. A. Hansen, of Norway, discovered *Mycobacterium leprae* in 1871. Leprosy is often called Hansen's disease.

HARRISON'S GROOVE: A groove or depression of the rib cage, from the xiphoid to the axillae, seen in rickets. Edward Harrison (1766-1838) noted that the area corresponds to the insertion of the diaphragm.

HEBERDEN'S NODES: The eighteenth-century English physician William Heberden described the nodules seen on the distal phalanges in osteoarthritis and differentiated them from other joint manifestations.

HENOCH'S PURPURA: A nonthrombocytopenic purpura often associated with abdominal pain, melena, or hematemesis, named after a German pediatrician, Eduard Henoch (1820-1910).

HIRSCHSPRUNG'S DISEASE: Another name for congenital megacolon, described by the Danish physician Harald Hirschsprung in 1887.

HOFFMANN'S REFLEX: Johann Hoffmann (1857-1919), a German neurologist, reported that in pyramidal tract disease there is reflex flexion of the thumb when the terminal phalanx of the middle finger is flicked.

HOMANS' SIGN: In venous thrombosis in the leg, forced dorsiflexion of the foot produces discomfort behind the knee. This finding was described by the contemporary American surgeon John Homans.

HORNER'S SYNDROME: In 1869, the Swiss ophthalmologist Johann Friedrich Horner reported that paralysis of the cervical sympathetics leads to enophthalmos, pupil constriction, lid droop, and anhidrosis.

HUNTINGTON'S CHOREA: A neurologic disorder named after George S. Huntington, who described a chronic progressive chorea which develops in middle life, is accompanied by mental deterioration, and is transmitted as a dominant characteristic.

LETTERS TO THE BULLETIN

3461 U.S. Army Hospital,
Camp Rucker, Alabama.
18 January, 1955.

Secretary,
Mahoning County Medical Society,
125 West Commerce St.,
Youngstown, Ohio.

Dear Sir:

I wish to report the loss of the following item from my automobile in Youngstown, while on leave, and en route to Camp Rucker, Alabama, sometime during the period of January 10 and January 15:

A Japanese make "TIYODA" Portable Microscope, Model Q, complete with eyepieces and objectives, brand new, still in manufacturer's case and waterproof packing, the whole measuring approximately 20 x 12 x 6 inches.

I should be glad to give a reward for the return of the above item.

I should appreciate having the above information printed in the County Bulletin.

Thank you very much for continuing to send me the Bulletin, which I read religiously and welcome the news from back home.

Sincerely yours,

Clara Raven, Lt. Col., M.C.

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MISCELLANY

Milwaukee Likes Its Doctors

The Medical Society of Milwaukee County was one of four organizations recently honored at a civic dinner for more than 100 years of continuous service to the community.



A Fine Article By A Fine Writer

Mr. Tom Mahoney, one of the country's top-flight science writers, has written an excellent article, entitled "How To Pick a Doctor," which appears in the November issue of the American Legion magazine.

There is one paragraph which I especially liked. It reads: "If the doctor is himself the medicine, you certainly want a hand in choosing him. That's what the American Medical Association means when it fights for 'free choice of physicians.' The trouble is that patients seldom use the limited amount of choice most of them have. Most people are likely to show more intelligence, judgment, and circumspection in choosing their vacuum cleaner, whiskey or lipstick than they do in selecting a doctor."



Make it compulsory for a doctor using a brass plate to have inscribed on it, in addition to the letters indicating his qualifications, the words, "Remember that I, too, am mortal."

--George Bernard Shaw, *Preface to "The Doctor's Dilemma"*



When Vesalius first practiced dissection of corpses, the Church was horrified. He was saved from persecution, for a time, by the Emperor Charles V, who was a valetudinarian, and believed that no other physician would keep him in health. But after the Emperor died, Vesalius was accused of cutting people up before they were dead. He was ordered, as a penance, to go on a pilgrimage to the Holy Land; he was shipwrecked, and died of exposure.

--Russell Bertrand: *The Impact of Science on Society*,
New York, Simon and Schuster, 1953; p. 5.

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