



BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

APRIL • 1955
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Youngstown • Ohio

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Our President Speaks

A GRACIOUS LADY

I have never witnessed such an ovation as was accorded Dr. Taussig after her address to our society at the February meeting, and I have been attending these meetings with considerable regularity over the past twenty-seven years. Dr. Taussig and I had never met either socially or professionally before this dinner meeting where I was fortunate enough to be seated next to her at the table. There, she was not a doctor, but simply a charming gracious individual, and the light conversation was of dogs, and the vicissitudes of suburban living. Later, when she spoke to us, she very ably demonstrated her right to the eminent position she enjoys as a professional woman. She is a fluent speaker, and she proved herself an authority on her subject, which covered many of the aspects of heart disease. She must have derived great personal satisfaction from our enthusiastic expression of respect and regard for her as an outstanding woman in her field, and a gracious lady as well. There should be more people like her in the world.



POLIO

Either before, or soon after you read this, you will be called upon to participate in the program of mass inoculation against Polio which is expected to be promoted this spring by the National Foundation for Infantile Paralysis. This is another occasion where we will be expected to do a public service because of our position as physicians. This program appears to hold more promise than anything yet undertaken to prevent polio. Time will be short because we want to get it finished before school ends and the vaccine has not been approved as yet. So when we are called to volunteer, I am sure that all of us will see that the project does not fail for want of cooperation on our part. It is true, as some have reminded me, that no one consulted us about our willingness to serve before planning to conduct this project. It is rather a compliment that they didn't feel that such action was necessary, and we do have a large interest in this if the vaccine proves to be successful.

Ivan C. Smith, M.D.
President

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EDITORIAL**The Physician's Responsibility in Civilian Defense**

Two months ago, after contemplating the nightmare of an atomic attack and nuclear warfare, a disturbing realization plagued me. I, as a physician, didn't know where to go or what to do in the case of such a disaster. After polling about 150 of our Society members on their duties in such an event, I was convinced that the medical phase of the civil defense program was sorely inadequate if not totally non-existent.

That is where I was so wrong.

A conversation with Dr. Fred L. Schellhase, Chief of Medical and Health Services Division of Mahoning County Civil Defense Corps, proved most informative and inspiring. The curtain was about to be drawn on a flexible plan which permitted the efficient mobilization of all or part of the medical potential of Mahoning County with all supporting and allied services on an emergency basis. By this time each member of our Society has received the "Operational Instruction M-1". A tremendous amount of time, energy, thought and imagination has been expended to formulate a plan which recognizes the multiple complexities, such as personnel assignment, details for dressing stations, assembly points and emergency hospitals, transportation of dressings and supplies from medical depots, mobile communication facilities, and plans for evacuation of casualties to adjacent cities.

The ultimate success of any plan depends on the dedication of its participants. Therefore, the success or failure now depends on each physician of the Mahoning County Medical Society. Too many of us are inclined to agree that the future of world nations lies in peaceful co-existence or total co-extinction. If this were true, no need would exist for preparedness. However, there are many colors between black and white as there are many stages between peaceful co-existence and the alternate co-extinction. Our vocabulary now includes phrases like "cold war", "police action", "segmental conflict", and "limited war". None of us knows when or if any of these may prove the trigger point for a 'total, all-out war'. Yet each of us knows that, in the emergency state, there is no substitute for preparedness. We pray the Good Lord that such a catastrophe may never occur in our good land, but remember, in case of disaster, it will be you and you, and YOU who will be called on to do the job.

Robert L. Tornello, M.D.

Editor

GUEST EDITORIAL

IN DEFENSE OF DOCTORS

By Kinsley McWhorter, Jr.

"Doctor, I'm sick!"

Too often for the doctor's comfort these day the lament is directed not at the cause of the ailment but the cost of the cure. No less a personage than the eminent columnist, Dorothy Thompson, recently chided the medics for their alleged shortcomings. Among these, she said, was the practice of referring to surgery a patient who does not need it merely so the doctor and the surgeon can split a few dollars.

Rep. Walter Judd, the able Minnesota lawmaker who is himself a doctor, said not long ago that the high cost of medical care might force socialized medicine.

Doctors are becoming alarmed. The thoughtful ones I know — and I know quite a few, all thoughtful — are racking their brains for an answer to their poor public relations.

They took the Hippocratic oath to do their best in the service of mankind and, by and large, they do it.

But honor bound to keep out of controversy and let their name be used only in inescapable situations like their own too-early obituary notices, the doctors are stuck.

* * *

HONOR bound myself by nothing except the facts, I'd like to strike a blow for the doctors.

Two young men of equal talent graduate from college at 22. One is an engineer and starts right out at a good salary. The second turns to medical schools (four years) and interning and specializing (four years).

By the time both are 30, the engineer has already earned \$40,000 to \$60,000. The medical student has spent \$2,000 a year to get more education. They reach the age of 30 some \$60,000 to \$75,000 apart.

If the medical man then begins to earn excellent money is that fair?

From personal observation I would have to give an unqualified and resounding yes.

* * *

NO other practitioner of any art or science spends so much time in study as a fully qualified physician or surgeon. No other expends so much financially to achieve his goal. No other spends himself so freely.

We have just about given up trying to be sociable with the doctors we know. We tried to eat dinner at the pediatrician's house and I wound up making four house calls with him while the girls ate. They in turn tried to eat at our house and he was interrupted so often he finally just left.

We played bridge with a surgeon. He received only one call, but the doctor present had three calls and left about 10 p.m., returning at midnight.

* * *

TWO lawyers, a surgeon and I sat down one night to plan some program for our church group. The phone rang. A child possibly has appendicitis. The lawyers and I went right ahead. The surgeon operated at ten that night.

Was the operation necessary?

I thought about Dorothy Thompson's attack at length. Last March my own doctor and surgeon agreed I should have some minor surgery. They had me in the hospital and almost on the operating table when the surgeon

called to send me home; my wife was going to have a baby two weeks ahead of schedule.

Since then, the need for the operation has apparently vanished, at least for the time being.

Were these men trying to make money, or perform a service?

It is patently impossible that they were trying to make money from me, a newsman. They are both warm personal friends trying to do what they thought best for a friend. At the time, an operation seemed best.

SHOULD the surgeon have taken out that child's appendix that night or not? If it were my child I'd tell him to operate. I know that he feels that 25 useless operations are better than one child dying of peritonitis because some surgeon held back.

Don't you?

The problems of the medical men are, I think, beyond the grasp of ninety-five per cent of the people. I have learned them only slightly in a lifetime of acquaintance with doctors, in a bitter past year spent mostly in their hands.

People cry loud and long over the "good old days" when one family doctor did it all from cradle to grave. Bitterly they assail the specialization and high cost of medical service.

Then they turn right around and call the TV repairman, the plumber, the electrician, the plasterer, the fuel oil man, the gas man, the roofing and gutter man . . .

BUT why go on. The jack-of-all-trades is no more. Our machinery is too complex.

The bodily machinery is complex too. It is the most complex mechanism in the world. To keep it running takes the best men with the most infinite patience and the longest training.

Have you called a plumber lately? Or a TV repairman?

Pretty big bill, wasn't it?

Should your doctor get less?

Editor's note . . . This fine editorial is from the Roanoke, Va., World News, in December of 1954. After hearing all the uninformed and biased reports that have been appearing in the publications about doctors, this report sent to us by Dr. George Lull, Secretary of the AMA was a breath of fresh air. We are publishing this as our guest editorial so that all our members might have a chance to read it.

MEET YOUR COLLEAGUES ALONG THE BOARDWALK!

Physicians attending the AMA's 104th Annual Meeting June 6-10 in Atlantic City may not have much time for casual strolling along the boardwalk, but they'll find ample opportunity for catching up on the latest discoveries in medicine. AMA has lined up nearly five full days of lectures, scientific and technical exhibits and color television and motion picture presentations to give you a good "short course" in postgraduate medical education. Between 13,000 and 16,000 physicians are expected to attend the convention which will center its activities in the Atlantic City Auditorium and adjacent hotels. Headquarters will be at the Traymore hotel where the House of Delegates will convene.

THE HIPPOCRATIC OATH

I will look upon him who shall have taught me this Art even as one of my parents. I will share my substance with him, and I will supply his necessities, if he be in need. I will regard his offspring even as my own brethren, and I will teach them this Art, if they would learn it, without fee or covenant. I will impart this Art by precept, by lecture and by every mode of teaching, not only to my own sons but to the sons of him who has taught me, and to the disciples bound by covenant and oath, according to the Law of Medicine.

The regimen I adopt shall be for the benefit of my patients according to my ability and judgment, and not for their hurt or for any wrong. I will give no deadly drug to any, though it be asked of me, nor will I counsel such, and especially I will not aid a woman to procure abortion. Whatsoever house I enter, there will I go for the benefit of the sick, refraining from all wrongdoing or corruption, and especially from any act of seduction, of male or female, of bond or free. Whatsoever things I see or hear concerning the life of men, in my attendance on the sick or even apart therefrom which ought not to be noised abroad, I will keep silence thereon, counting such things to be as sacred secrets.

FROM THE BULLETIN

TWENTY YEARS AGO — APRIL, 1935

It was a great day in Youngstown that April 25th, with Alvarez, Myerding, Mann and Dixon here from the Mayo Clinic.

We met them at the train at 7:30 A.M. and took them to the Ohio Hotel for breakfast. Then to the Stambaugh Auditorium for the opening of the Post-Graduate Day program at 9:00 A.M. Orthopedist Myerding talked about spondylolisthesis as a cause of low back pain. Dr. Alvarez in his inimitable style spoke about gastric neuroses. His audience was captivated and when he told about the P.M.S. (poor miserable-so-and-so) a new phrase was added to our vocabulary. Dr. Frank Mann spoke on the functions of the liver and added much to our knowledge of that silent organ. Then luncheon and the afternoon program.

While Dr. Dixon was speaking about rectal cancer to the doctors, Dr. Alvarez was addressing their wives at a meeting of the Federation of Women's Clubs on growth and nutrition. He warned about breeding a race of giants by our accent on vitamins.

After dinner at the Youngstown Club, Dr. Dixon spoke on surgical treatment of ulcerative colitis and Dr. Alvarez gave his classic lecture on how to make a diagnosis purely on a good history. Over 500 doctors enjoyed the day and voted it one of our best. James Brown was the committee chairman and Dean Nesbit handled the publicity.

Dr. Hathhorn's Public Health Committee was busy organizing a diphtheria immunization campaign. Scarlet fever was so prevalent there was talk of closing the schools.

Dr. Ray Hall gave up his practice in Austintown and went to Cleveland City Hospital as resident in ear, nose and throat.

These men were in active practice those days: E. W. Coe, W. J. Colbert, E. W. Cliffe, J. E. Hardmann, D. H. Hauser, B. B. McElhaney, J. F. Nagle, J. B. Nelson, H. M. Osborne, S. R. Proudfit, W. E. Ranz, J. W. Shaffer, R. E. Whelan, J. A. Walker. They were all fine men. How many can you remember?

TEN YEARS AGO — APRIL, 1945

For the 17th Post-Graduate Day, Dr. Eben Carey the Dean of Marquette University came here bringing with him surgeon Carl Eberbach, internists Francis D. Murphy and Frederick W. Madison.

R. W. Rummell headed the committee which had a big job that war year. Morning sessions were held at both hospitals, afternoon and evening at the Hotel Ohio. Dr. Carey's after-dinner talk on "The Future Of Medicine" received a warm response and a digest of it was printed in the *Bulletin* for May. There was a surprising number of out of town guests in spite of war restrictions.

There were letters from men in the service: Densmore Thomas told how good he had it in the Philippines. Dick Goldcamp helped to capture a German town (Saarlautern) where daily progress was measured by the number of houses taken. Bob Heaver was working in the first General Hospital to open in Germany and apparently enjoying himself. Fred Schellhase was in the Philippines fighting mosquitoes and fishing to pass the time. Nelson and McElroy got together somewhere and carved up a steak, they didn't say where but it was good.

J. L. F.

PROCEEDINGS OF COUNCIL

March 7, 1955

The regular monthly meeting of the Council of the Mahoning County Medical Society was held at the office of Dr. M. W. Neidus on Monday, March 7, 1955.

The following doctors were present: I. C. Smith, president, presiding, G. E. DeCicco, C. A. Gustafson, S. W. Ondash, R. L. Tornello, M. W. Neidus, E. R. McNeal and J. D. Brown, comprising the Council, also Dr. H. E. McGregor and Mr. Jack Hynes.

Mr. Hynes explained the set-up of the United Cerebral Palsy of Youngstown. He said the group is trying to establish a center for the treatment of cerebral palsy and that it was their desire to get started in the right way with the help of the medical profession through a medical advisory committee. He stated that the Crippled Children Society and United Cerebral Palsy of Youngstown have reached an agreement on the care and treatment of different age groups.

Dr. Smith and Dr. Gustafson are going to study the local plans as outlined and report back to council at the next meeting.

Dr. McGregor discussed plans for the Canfield Fair to be held this fall. His thinking was that the two hospitals get-together through their respective staffs and plan their exhibits with the cooperation of Dr. Ondash representing surgical and Dr. McNeal medical exhibits.

Dr. Gustafson reported on a meeting of the Indoctrination Committee held on January 25, 1955 at North Side Hospital. Dr. Smith appointed the three delegates as additional members of the committee. It now consists of three censors, one representative from each hospital and the three delegates. The Committee was of the opinion that the Society should pay for dinners or lunches for new members, and that our members attending should pay their own. The committee is going to work out some provisional membership in order not to hold up anyone until meeting with the Indoctrination Committee.

Dr. Gustafson discussed Social Security for Physicians.

The Executive Secretary was instructed to write to the AMA for detail information and to solicit our members for their wishes in the matter.

Dr. Smith read a report submitted by Dr. Rappoport the subject being Cancer.

Council approved the report and ordered it placed in file.

A motion was made, seconded and duly passed, to dispense with the October 1955 meeting in favor of the 6th Councilor District meeting to be held in Warren, Ohio.

—A. A. Detesco, M.D.
Secretary

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MEDICAL GENETICS IN PEDIATRICS

The author discusses the problem of counseling in medical genetics, particularly in relation to the question of whether the parents of a child with a genetically influenced disease should have further children. A list of a few of the more common pediatric diseases are as follows with a brief summary of what is known of the genetics of each disease.

‡—female. †—male.

Albinism. 1/15,000. Usually recessive. Occasionally dominant.

Anemia, sickle cell. Dominant gene, when heterozygous, causes red cell sickling, asymptomatic. Present in 10 per cent of American Negroes, rarely in whites. In homozygous state (2/1000 American Negroes) causes chronic normochromic hemolytic anemia. Both parents of affected patient should show sickle trait.

Anemia, target cell (Cooley's, Mediterranean, thalassemia, microcythemia). Dominant gene, heterozygous causes "thalassemia minor" — mild, hypochromic anemia with increased red cell granularity, target cells. (Five per cent of Italians, rare in non-Mediterranean races.) In homozygous state causes "thalassemia major" progressive fatal hemolytic anemia — 4/10,000 Italians.

Chondrodystrophy (achondroplasia). 1/10,000. Dominant, but there are many sporadic cases, probably mutations. Parents of a sporadic case are very unlikely to have a second achondroplastic child. Each child of sporadic case has a 50:50 chance of being affected.

Cleft lip, congenital (with or without cleft palate). 1/1,000 2†:1‡. Genetic susceptibility plus intrauterine factor(s). Genetically distinct from cleft palate alone. Risk for sibling, parents normal, 4 per cent; for sibling, one parent affected, 14 per cent; for offspring of affected parent, 2 per cent.

Cleft palate, congenital (without cleft lip). 1/2,500. 2‡:1†. Genetically distinct from cleft lip. Risk for sibling, parents normal, 2 per cent; for sibling, one parent affected, 17 per cent; for offspring of affected parent, 7 per cent.

Clubfoot, congenital. 1/1,000. 2†:3‡. Risk for sibling, 3 per cent; for sibling, one parent affected, 10 per cent; for sibling, parents normal but blood relatives, 25 per cent.

Deaf-mutism. 1/3,000. Fifty per cent environmental (meningitis, erythroblastosis, etc.); 50 per cent familial. Six per cent parental consanguinity. Usually recessive, but may be caused by one of several different gene pairs. Hence two "genetic" deaf mutes marrying usually, but not always, have deaf mute children.

Diabetes mellitus. 4/1,000. Simple recessive, with reduced penetrance. Empirical risk rates for sibling, parents normal, 5 per cent; for sibling, one parent affected, 15 per cent. For child of affected parent, 2 per cent or more.

Dislocation of hip, congenital. 1/1,500. 1†:10‡. Risk for siblings, parents normal, 5 per cent; for sibling, one affected parent, 10 to 15 per cent.

Epilepsy. 4/1,000. Risk for siblings and children 1/40. Greater if patient has "idiopathic" type electroencephalogram, positive family, early onset of seizures, no history of brain injury. Less for "focal" electroencephalogram, negative family history, late onset, brain injury.

Fibrocystic disease of the pancreas (mucoviscidosis). 1/1,000 to 1/10,000. Recessive.

Hemophilia. 4/100,000. Extremely rare in females. About one-third of cases are sporadic. Mutation rate about 1/100,000. Sex-linked recessive.

Hydrocephalus. 2/1,000. Empirical risk rate for siblings low, perhaps 1 per cent.

Mental deficiency. 1/200 to 1/100. Classification confused. Excluding specific disease entities (gargoylism, mongolism, phenylketonuria, etc.) empirical rates for siblings of mental defectives are approximately: up to 90 per cent when both parents are defective, 40 per cent when one parent is defective, 15 per cent if neither parent is defective. Risk for sibling is smaller if first defective child has severe type since environmentally determined types are more severe. Risk for children of mentally deficient parent about 30 per cent.

Microcephaly. Many are recessively inherited.

Mongolism. 15/10,000. Risk of having a mongoloid child increases with increasing maternal age, perhaps up to 6 per cent in any woman over 40. Risk of recurrence in sibling is low; depends more on maternal age than on positive family history.

Pancreatic cystic fibrosis (mucoviscidosis). 1/100 to 1/10,000. Recessive.

Polycystic kidneys. Adult type 1/375 autopsies. Only 1 in 10 causes symptoms. Dominant. Infantile type possibly recessive.

Polydactyly. Often dominant.

Psoriasis. Empirical risk for siblings of patient — parents normal, 2 to 7 per cent; one parent affected, 9 to 20 per cent. Risk for children of affected parent 15 per cent.

Pyloric stenosis hypertrophic. 3/1,000. 5†:1‡. Risk for siblings 6 per cent. Slight tendency to occur more often in first-born child.

Rubella syndrome (cataract, congenital heart disease, deafness). Risk for child being affected is 17 per cent if maternal infection occurs in first trimester, 12 per cent if infection in second trimester.

—The Journal of Pediatrics

Page 85, Vol. 44, No. 1, January, 1954

—F. Clarke Fraser, Ph.D., M.D.

"That pain in your leg may be due to old age," the doctor told his patient.

"Don't be silly!" he barked. "The other leg is the same age and it's all right."

THE DOCTOR'S WIFE

That paragon of human virtues—the doctor's wife—has not always received her proper share of attention. What is needed is a scientific study of these unsung heroines.

We should first start with descriptive biology. There are, of course, many different species, and it may be well to begin with the acme.

The Ideal Wife

There is this British description of the ideal wife: "A doctor's wife should be like a cigarette always ready to soothe, like an ashtray always ready at hand, sympathetic, with a keen ear for the telephone, discreet, and one who loves to be bounced out of sleep at night and left cold on one side. The ideal wife of a doctor could not last very long, she would die of internal combustion."

Little can be added to this picture.

Types of Wives

The ideal is rarely found. Instead, there are several varieties of help-meets. Since the type of wife depends on the type of mate, we may well ask whether there is one type of man who becomes a doctor.

Obviously, no, as attendance at any hospital staff meeting will show. Youths become doctors for a variety of reasons: some because they liked dissecting frogs; others because they like being bossy; still others because their own family doctor drove a fine car and lived in a nice house; some because they have a morbid interest in their own entrails; and, no doubt, some because they feel a call to serve humanity. Such a heterogeneous set of men would be expected to select a variegated set of women.

This situation becomes even more haphazard in view of the fact that marriage is such a random, instinctive process, depending on some mysterious attraction of enzymes, genes, and chromosomes. It does not happen, as he thinks, because of her hair or her eyes — or, as she thinks, because of his helplessness or self-confidence.

Nevertheless, certain categorizing of the species is possible.

The Ex-Nurse

Among the wives that do exist in vivo, a well-known type is the ex-nurse. She often brings to the family hearth a healthy respect for birth, death, and the little sojourn between. She can be relied upon to get the telephone message straight; she knows the jargon of the cluster of men at the cocktail party; and in a pinch, she can bandage a child's finger. She also knows that a "persistent posterior" is not what we all sit on.

The Ivory Tower, the P. R. Expert, and Others

There are some wives (fortunately a small number) who, because of the demands of diapered children or canasta clubs, or from simple inertia, live in an ivory tower and have very little knowledge of their husband's doings. Not only do they suffer when he misses supper, but they also lose out in not sharing the excitement of Miss Brown's acne (cured) and Mrs. Jones corns (not cured).

The P. R. (public relations) expert — she of the name-dropping, almost calling-card-dropping variety—is one who may make or break her husband's practice. While publicizing her favorite physician at the drop of a petit-four, she exposes herself to the overbearing dowager at the bridge table who asks, "Now, tell me, what is really the matter with poor Miss Whistlebottom?" She should calmly answer, "Two hearts."

There is another variant, or is it mutant—the careerist, she of the independent reputation. Here we are on dangerous ground; for, let her outshine her spouse, and, in the nature of things, he will be obfuscated.

Of course, there is still another type — the patient, tolerant, almost indulgent companion — who is at the one time, mother, mistress, and friend — the kind we all marry.

Her Functions

After descriptive biology comes dynamic physiology — the functions of the mammal. Since a doctor's wife is always on a pedestal, she may rise to great social distinction. She may even be asked to give away the prizes at the local grammar school. This she must do with all dignity. She must also be prepared, however, to act calmly under the fire of the butcher's eye or the neighbor's glance.

She should also try to make up for her husband's deficiencies — to a limited extent. If he is unsocial, she should be social; if he is strong and silent, she should be pliable and eloquent; if he slaps backs and roars with laughter, she should smile demurely. Together, they can make a happy team.

From all the evidence on hand, we can firmly conclude that most doctors' wives render great and unobtrusive service, if only by making a happy background without which their husbands could not function to the full. God bless the ladies!

—*Physician's Bulletin*—Eli Lilly Company

QUARTERLY STAFF MEETING OF ST. ELIZABETH HOSPITAL

The quarterly meeting of the Staff of St. Elizabeth Hospital was held on March 1, 1955. Meeting was opened at 8:31 p.m., Dr. W. H. Evans, President of Staff presiding.

- I. Sister M. Adelaide gave a short introduction and then the movie "Magnificat" was shown.
- II. The minutes of the previous meeting were read and approved.
- III. The Chief of the Service of each sectional meeting gave a report of the past three sectional meetings that were held.
- IV. Dr. L. G. Coe gave a report of the Tissue Committee.
The general staff commended the Tissue Committee for the tremendous work involved in preparing these reports and doing it so efficiently.
- V. The various reports of the Standing Committees were given.
- VI. The meeting was adjourned at 10:20 p.m.

THE MARCH MEETING OF THE MAHONING COUNTY ACADEMY OF GENERAL PRACTICE

The regular monthly meeting of the Mahoning County Academy of General Practice was held on March 8 at South Side Hospital Nurses Home. After a brief business meeting, a two hour lecture on *Psychosis* was given by Dr. Guy Williams of the Cleveland Clinic Foundation. Aside from the lecture and brief business meeting, there was nothing of other interest to report.

KEEPING UP WITH A.M.A.

By Wm. M. Skipp, M.D.

SHORT FORM INSURANCE BLANKS. The Committee on Prepayment Medical and Hospital Service has now produced a form which 600 insurance companies representing all types and representing 85% of the accident and health premium volume, have agreed to use this form.

The simplified form is herewith presented for your information.

Company Name
SURGEON'S STATEMENT
(Group Insurance)

This form to be completed immediately and returned to the patient, or employer, or company, as appropriate.

1.	Patient's Name	Age	
2.	Nature of surgical or obstetrical procedure (Describe fully)	Date performed	19
	Charge for this procedure \$	If in hospital, in patient	out-patient
	Where performed		
3.	*Was procedure due to pregnancy? Yes No		
	If yes, what was the approximate date of commencement of pregnancy?		19
4.	*Is further operative procedure anticipated? Yes No		
	If yes, explain		
5.	*Was surgery due to injury or sickness arising out of patient's employment? Yes No		
	If yes explain		
	Remarks		

Signed
Address
*Phone

Date

AUTHORIZATION TO PAY SURGEON

(To be completed by insured employee if payment is to be made directly to the surgeon) I hereby authorize payment directly to _____ (Print—Name of Surgeon) of the Group Surgical benefits otherwise payable to me but not to exceed the charge stated above. I understand I am financially responsible to the surgeon for charges not covered by this authorization.

Date:

Signed: (Insured Employee)

*To be included at company's option (GS-1)

SENATE NARCOTICS REFORM BILL introduced in Senate with 42 sponsors, is aimed against illicit traffic in narcotics: Transfers Bureau of Narcotics from Treasury to Dept. of Justice; creates Division of Narcotic Clinics in Public Health Service; raises penalties for law violations; authorizes research and studies in addiction and prevention.

H. Res. 87 (Thornberry, D-Tex. Narcotic Traffic Investigation: Would create a committee of 5 House members to investigate problems "involved in controlling illicit traffic in narcotic drugs and marihuana." The committee would have authority to hold hearings "within or outside the United States."

HEALTH AND MEDICAL BUDGET allots funds for health and medical items which comprise, in the aggregate, probably the biggest package of its kind in our peacetime history. The total, \$1.5 billion, exclusive of federal hospital construction figures (military or civilian). About 50% is tabbed for veterans' health services.

PURTELL BILL (S. 724) creates an 18 member group to conduct a "thorough inquiry" into mental illness from all aspects. The American Psychiatric Association and AMA have formed a Joint Commission on Mental Health and Illness which would cover the same ground. More than 15 national organizations (two of them governmental) are cooperating in this venture.

MEDICAL CARE FOR INDIGENTS. The President described the present medical care program for public assistance recipients as "far from adequate." He proposes \$20 million more in U. S. appropriations, to be matched by the states and placed in a separate fund exclusively for medical care payments. (This fiscal year the U. S. is spending about \$80 million in this field.)

REPORT OF THE HOOVER COMMISSION. Recommends: 1. Establish a Federal Health Council. 2. Provide contributory health insurance for military dependents and for personnel of the Coast Guard, the Public Health Service and the Coast and Geodetic Survey, and for dependents of the latter three groups. 3. Regionalize military medical services, with one service responsible for each region. 4. Tighten up ability-to-pay requirements in VA. 5. Virtually wipe out the present Public Health Service Hospital and medical care program.

The Commission says flatly: "There are more veterans' hospitals than necessary." Immediate closing of certain hospitals is recommended by the Medical Task Force . . . but the Commission modified this by recommending that the VA consider these recommendations and consult with the Health Council on them . . . does recommend that all hospitals determined to be surplus "be closed immediately" . . . "all present outstanding authorizations and appropriations for construction of additional VA general hospitals be rescinded except for those now under construction or under contract."

The Commission finds that "the outstanding need of VA is for a firm legal basis for determination of eligibility for medical care of veterans with non-service-connected disabilities, "it does not accept all Task Force recommendations in this direction. The Task Force proposes all non-service-connected care be ended 3 years after separation from service. But the Commission believes that "a sick and really indigent veteran should be provided care . . ." It recommends that the inability-to-pay statement (form 10-P-10) of a non-service-connected patient be subject to VA verification and that he is liable for costs if able to pay.

Other recommendations of Commission: Hill-Burton Reappraisal. The Health Council should review and reappraise the Hill-Burton hospital construction program with particular attention to such problems as (a) validity of bed-ratio standards, (b) regionalization of hospital services, and (c) relation of the small community hospital to total hospital program.

AMA RULING FAVORING HIP POLITICALLY SIGNIFICANT. Decision by AMA Judicial Council last week in HIP case will have a most important bearing on handling of national health legislation. Its significance extends far beyond issue on which ruling was made, namely, whether a physician affiliated with Health Insurance Plan of Greater New York was guilty of violating medical ethics because his name appeared in an HIP advertisement. The Judicial Council has furnished a climax which may lead to a new attitude by organized medicine toward the "progressive" health legislation currently being emphasized by White House and members of both parties in Congress.

MEDICAL CARE FOR INDIGENTS H.R. 3293 (Reed, R.-N.Y.) This bill would amend the Social Security Act to improve the medical care to the aged, the blind, dependent children and the totally and permanently disabled. The U. S. allows about \$80 million a year in assistance payments for the medical care of these indigents. Under the new proposal, the U. S. would spend an additional \$20 million with \$3 per month set aside for each old age assistance recipient, each blind person and each disabled person, and \$1.50 for each dependent child. These sums would have to be matched by the states. Grants could be made to encourage the states "to minimize the need for . . . assistance by helping such individuals to attain self-support and self-care . . . all states would have to declare in writing what steps they were taking to encourage the indigents to be more self-supporting.

OSTEOPATHIC MEDICAL PROGRAM COMMITTEE OF HOUSE OF DELEGATES. This Committee is headed by Past President John W. Cline, and is presently making on-campus observations of osteopathic colleges.

The committee has visited colleges in Los Angeles, Des Moines, and Chicago, as well as associated hospitals in Columbus, Detroit and Flint. They have had the advice and active participation of several well known and respected medical educators.

Dr. Cline said that in every instance members of his committee were shown every kindness and that the administrative heads of the osteopathic schools were most cooperative.

The purpose of the on-campus visits is to determine the nature, scope, and quality of medical education provided in the osteopathic schools.

H.R. 2096 (Bennett, D.-Fla.) U. S. ARMED FORCES MEDICAL ACADEMY would establish in the Department of Defense a Federal Armed Forces Medical Academy to "train selected persons for service as doctors with the Armed Forces." Cadet total would be limited to 600 at any one time, with each Senator and Representative entitled to 1 nomination each year—the President to 16 and the Secretary of Defense to 12, 4 each from Army, Navy and Air Force. Actual vacancies would be filled by competitive examinations among those nominated.

MEDICAL ADVISORY COMMITTEE ON "DISABILITY FREEZE." Dr. J. Duffy Hancock, past president of the Kentucky State Medical Association and professor of clinical surgery at the University of Louisville School of Medicine, is Chairman. The Committee of 15 additional members from all types of special practices is to solve problems regarding the standards and procedures of state agencies.

AMA SUPPORTS EISENHOWER HEALTH MESSAGE. "The AMA through its Board of Trustees, congratulated Mr. Eisenhower on his statement that health proposals to the 84th Congress 'recognize the primacy of local and state responsibility and would encourage private efforts with private funds.'

"The medical profession has been reassured to find that the official position of the government is one of "trust and confidence" in the ability of private initiative to solve existing problems in the field of medical care, the AMA still believes that the proposed reinsurance system will not achieve the desired result."

SEVEN MORE SCHOOLS JOIN IN 'MENDS' PROGRAM. Seven additional medical schools agreed to broaden and modernize their curricula in military research and military medicine under Medical Education for National Defense. An indoctrination tour is scheduled on which representatives will visit a number of selected military medical installations. The military will furnish training aids and conduct symposia for instructors, but the courses will be the responsibility of the schools.

VOLUNTARY LIFE AND HEALTH INSURANCE FOR FEDERAL EMPLOYEES: H.R. 3112 (Fogarty D.-R.I.) would merely authorize federal government, upon request to withhold payment of premiums for life, health, accident, hospital and medical insurance.

WHAT YOUR PATIENTS READ AND HEAR

Articles of medical interest in current popular magazines:

1. Paul de Kruif: "Family Doctor. Model 1955"
Reader's Digest, February, p. 81
2. Paul de Kruif: "What Your Blood Can Tell"
Reader's Digest, February, p. 16
3. Anne Fromer: "Can New Drugs Keep You Young?"
Coronet, February, p. 33
4. Madelyn Wood: "Fifty Non-Fattening Foods"
Coronet, February, p. 88
5. Milton Silverman: "The Doctors Who Crack Down on Doctors"
Saturday Evening Post, February 12, p. 32
6. Benjamin Spock, M.D.: "Dr. Spock Talks with Mothers"
Ladies Home Journal, February, p. 69
7. Henry B. Safford, M.D.: "Tell Me Doctor"
Ladies Home Journal, February, p. 39
8. Donald G. Cooley: "What's Your Emotional Breaking Point?"
Cosmopolitan, February, p. 13
9. Albert Q. Maisel: "Victory Over Mental Illness"
Woman's Home Companion, February, p. 30
10. Edward T. Wilkes, M.D.: "Our Handicapped Babies — Surgeons Can Help Them"
Woman's Home Companion, February, p. 48
11. Maxine Davis: "Report on Migraine"
Good Housekeeping, February, p. 22
12. A. A. Hoehling: "I was dead for 50 minutes"
McCalls, February, p. 58
13. "Children Who Came Alive"
McCall's, February, p. 28

Radio and TV programs running currently:

"The Medic" 9:00 p.m. each Monday but the fourth

"Prescription for Living" 4:30 p.m. each Sunday

"Horizons" (Ciba) 9:15 p.m. each Sunday

The Doctor Listens . . .

"I do not know a better training for a writer than to spend some years in the medical profession. I suppose that you can learn a good deal about human nature in a solicitor's office; but there on the whole you have to deal with men in full control of themselves. They lie perhaps as much as they lie to the doctor, but they lie more consistently, and it may be that for the solicitor it is not so necessary to know the truth. The interests he deals with, besides, are usually material. He sees human nature from a specialized standpoint. But the doctor, especially the hospital doctor, sees it bare. Reticences can generally be undermined; very often there are none. Fear for the most part will shatter every defence; even vanity is unnerved by it. Most people have a furious itch to talk about themselves and are restrained only by the disinclination of others to listen. Reserve is an artificial quality that is developed in most of us but as the result of innumerable rebuffs. The doctor is discreet. It is his business to listen and no details are too intimate for his ears."

—W. Somerset Maugham

THE ROLE OF THE PRIVATE PHYSICIAN IN THE SCHOOL READINESS PROGRAM

Readiness for learning is a term that professional educators and parents are becoming more concerned with each day. The place that physical, mental, emotional and social health should share in the readiness program ought to be axiomatic. However, since it isn't, every opportunity must be used to point out to all those concerned with the welfare of children that it should be so.

The registration and enrollment of beginners, commonly known as the "Spring Roundup," is about to start in our schools. The Public School Health Department in cooperation with school personnel and the PTA's advise that every child receive a good physical examination by a private physician shortly before he enters school. They also urge successful vaccination against smallpox be done by roundup time, if it hasn't been done previously.

The Schick test is not being done in the Youngstown Public Schools. The decision to discontinue the Schick test, at least for the present, was made after a study showed that the other larger cities in Ohio had discontinued the test several years ago and have had no significant increase in the incidence of diphtheria. A second reason for discontinuing the test at this time is the possibility that the "polio" vaccine will be given in the schools at the same time the Schick test was formerly given. Therefore, parents are being advised to consult their physicians about obtaining "booster" injections for diphtheria, tetanus and whooping cough for immunizing purposes. The School Physician recommends that a "booster" of the triple toxoid be obtained within 12-18 months of entrance into school.

The Public School Health Department is prepared to furnish physicians (through the Medical Dental Bureau office) with a standardized form to be used in recording the immunizing doses. Space is also provided on this form for the physician to send along other pertinent information to the school nurse. Some parents will probably receive this same blank form at the principal's office and will have it with them when they visit their physician. Parents are requested to bring the completed form to the school nurse at the time of the roundup.

We believe the physicians of our community share our views on the value of a good pre-school examination — (including history) in getting children ready for school. We also believe the majority of physicians agree with us on the matters of immunizations and vaccination. Because of these beliefs we are calling the attention of local physicians to the "Spring Roundups" and we feel quite certain they will aid us greatly in getting children off to a good start in school.

E. R. Thomas, M.D.

School Physician

Paul D. Keenan,

Supervisor—Health Dept.

Psychologically, there's a jagged break in the ideal doctor-patient relationship when a patient with a minor ailment is dispatched with a prescription after one visit to the doctor. "How can the doctor tell whether the medicine helped me or not?" wonders the patient. Many doctors solve this problem by handing such patients self-addressed post cards, asking them to report on their condition in a day or two. It's a friendly "let me hear from you" gesture.

—*Texas State Journal of Medicine, September 1954*

PITFALLS OF UTERINE CURETTAGE

Perhaps the most frequent of all gynecologic operations is the lowly dilatation and curettage, which even the snooty gynecologic intern may soon come to consider beneath his notice. In the beginning he itches to be allowed to do a "simple" dilatation and curettage or a "simple" appendectomy, and he thinks you're just trying to keep his remarkable surgical gifts inhibited by scaring him with the remark that they are not invariably simple. He just can't believe that a dilatation and curettage can, at times, be a difficult operation, and that it is not entirely free of hazard. I am sure that I need not elaborate on this point. Many of you have no doubt experienced that acute sickening sensation which comes when a uterine curette appears to float through the uterine wall into the dark recesses of the abdominal cavity. To re-emphasize a few of the common pitfalls of curettage it is certainly possible to miss important cervical lesions, especially carcinoma in doing a curettage, which should always include the cervical canal. For that matter, at the last meeting of the American Association of Obstetricians, Gynecologists and Abdominal Surgeons, several of its distinguished Fellows were not too proud to testify to their experiences in overlooking uterine polyps in doing curettage. It is possible that I have told to a previous generation of readers how a famous professor, now deceased, curetted a uterus for an incomplete miscarriage, and how that night the patient had a few crampy pains and expelled a 2-month fetus. Whether the latter's back had been thoroughly curetted deponent saith not. When I first told this story I added a personal flourish. Shortly after the above described incident, we got a case of incomplete miscarriage in the wards of one of our Baltimore hospitals and I told the resident to complete the job, but playfully warned him not to do what the professor had done. The resident laughed disdainfully and said he wouldn't think of doing anything of that sort. Durned if exactly the same thing didn't happen!

When the uterus is perforated by the curette, it is generally on the in-stroke that the accident occurs. It makes one's blood run cold when a beginner holds the curette like a ramrod or poker, instead of very lightly between the index finger and thumb. If it is allowed to sink in gently by its own weight, it can be drawn out with a fairly sharp scrape, and with little or no risk of perforation.

—Emil Novak, M.D.

(Reprinted from *Obstetrical & Gynecological Survey*, December 1954)

THE ORIGINAL POST GRADUATE COURSE IN THE PREVENTION AND MANAGEMENT OF CARDIAC ARREST

The Youngstown Area Heart Association announces classes for the surgeon, Physician, Interns, Registered Nurse and Anesthetist, in Cardiac Resuscitation developed by Dr. Claude S. Beck and his associates. The program is presented two days each month, May, June, September, October, November and December, in Dr. Beck's laboratory in Cleveland and combines lectures and laboratory drill. Further information about the program may be obtained by calling the Youngstown Area Heart Association, RI 4-0021.

No man is more worthy of esteem than a physician who, having studied nature from his youth, knows the properties of the human body, the diseases which assail it, and the remedies which will benefit it, who exercises his art with caution, and who gives equal attention to the rich and the poor.

—Voltaire

THE NOBEL PRIZE FOR MEDICINE, 1954

The Nobel Prize for Medicine for 1954 was awarded to Dr. John F. Enders of Harvard Medical School, Dr. Thomas H. Weller of Harvard School of Public Health, and Dr. Frederick C. Robbins of Western Reserve Medical School, Cleveland, for their development, in 1949, of a method for growing poliomyelitis virus in tissue cultures composed of non-nervous human tissue in a nutrient bath. These studies were conducted in the Research Division of Infectious Diseases of the Children's Medical Center, Boston.

Previous to 1948, polio virus had never been cultivated in cells of extra-neural origin. By substituting human tissue, known to contain no intact nerve cells, for the chick embryonic tissue formerly employed, they were able to grow Type II Lansing strain of the polio virus. Representatives of Type I and Type III viruses were also cultivated with equal ease.

Exploration of the roller tube method of tissue culture was then begun, with the goal of demonstrating more rapidly and easily the growth and cellular destructive effect of the virus. In this process human tissue fragments were distributed on the wall of a test tube, a small amount of nutrient added, and the tube stoppered. The tube was then placed in a horizontal position in a revolving drum. The air about the drum was kept at constant temperature and humidity. This rotation alternately covers the tissue with nutrient and exposes it to the air in the culture tube. Under this condition the tissue thrives and is inoculated with a small quantity of polio virus representing any of the three virus strains. The virus multiplies on the tissue and destroys it within one to five days.

The finding that the tissue was destroyed showed them that the polio virus would not only multiply on tissue other than that of the nervous system, but that the degeneration of the cells could be taken as an indication of viral growth.

Using the Salk method of preparing the polio vaccine, the viruses, grown in tissue culture, are killed by exposure to formaldehyde, thus destroying their infectivity. Inoculated in this harmless state, it is hoped they enable the body to build up lasting antibodies against the disease.

MEMBERS Please! !

In order to keep our files up to date, when members are contacted to speak before groups, please call Dr. Shensa, Chairman, Lay Education and Speakers Committee or the Society office, RI 7-8847 stating date, name of group and subject discussed.

OHIO STATE MEDICAL MEETING

Ohio's biggest medical postgraduate meeting of 1955 will be held April 19, 20, 21 and 22 when the Ohio State Medical Association meets in Cincinnati. Headquarters will be the Netherland Plaza Hotel.

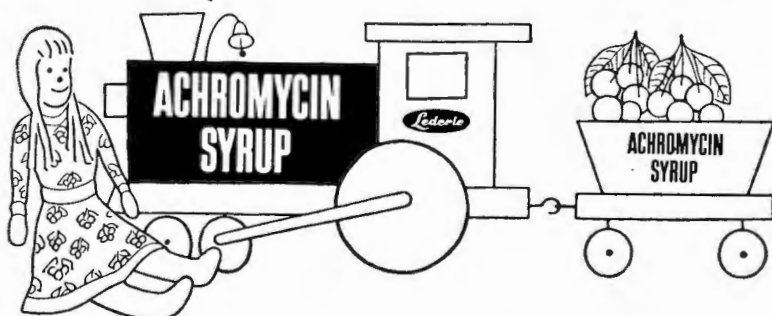
In addition to top-notch, out-of-state guest speakers, who are scheduled both on general session and section sessions, there will be 13 programs conducted by specialty sections and meetings of a number of specialty societies and the Ohio Academy of General Practice, which will include the presentation of scientific material.

An outstanding scientific and educational exhibit will be presented in the South Hall, Fourth Floor of the Netherland Plaza and the technical exhibits will be located in the North Hall and Hall of Mirrors.

Selected medical motion pictures will be shown in Parlors A, B, C and D of the Netherland Plaza from 9 a.m. until 12 noon on Wednesday, April 20.

The Annual Banquet will be held in the Pavillon Caprice of the Netherland Plaza at 7:30 p.m., Thursday, April 21.

PLEASANT CHERRY FLAVOR!
 125 MG. PER 5 CC. TEASPOONFUL! NO REFRIGERATION!
 READY TO USE! IN 2 OZ. BOTTLES! AQUEOUS—NO OIL,
 NO AFTERTASTE! MISCIBLE WITH WATER, MILK, SODA!



ACHROMYCIN^{*}

SYRUP

Tetracycline Lederle

ACHROMYCIN broad-spectrum • rapid diffusion • prompt control of infection • well tolerated • effective against Gram-positive and Gram-negative bacteria, rickettsiae, spirochetes, and certain viruses and protozoa.

Today's foremost antibiotic, tested and accepted by foremost medical authorities, produced and marketed by Lederle.

Other forms of ACHROMYCIN for pediatric use:

Pediatric Drops (Cherry Flavor): 100 mg. per cc. (approx. 5 mg. per drop)

Oral Suspension (Cherry Flavor): 250 mg. per teaspoonful (5 cc.)

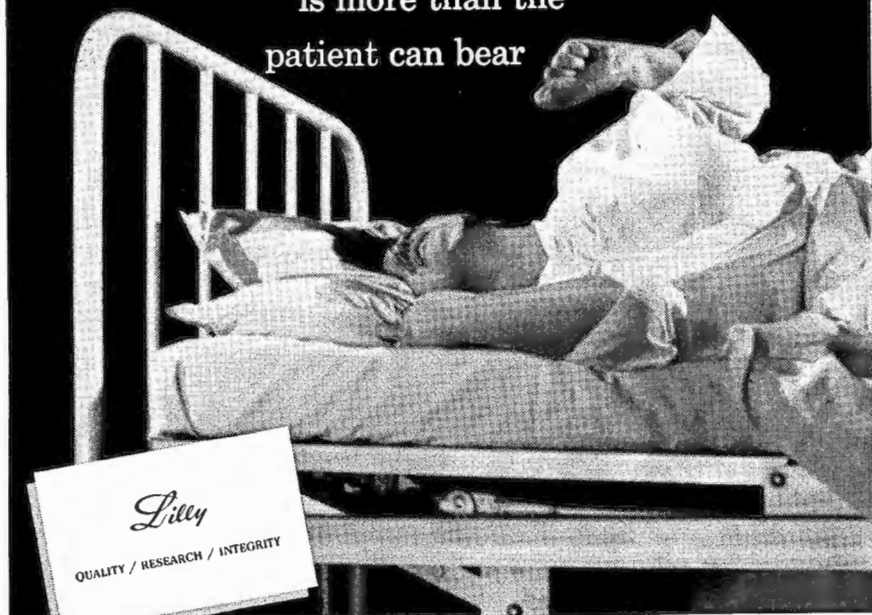
SPERSOIDS* Dispersible Powder (Chocolate Flavor): 50 mg. per rounded teaspoonful (3 Gm.)



LEDERLE LABORATORIES DIVISION
 AMERICAN Cyanamid COMPANY Pearl River, New York

*REG. U.S. PAT. OFF.

When the pain
is more than the
patient can bear



'Dolophine Hydrochloride'

(METHADON HYDROCHLORIDE, LILLY)

An excellent analgesic, more potent than morphine

'Dolophine Hydrochloride' offers prompt, profound analgesia in all types of pain, including obstetrical labor. Minimal sedative effect and relative absence of euphoria further enhance its usefulness in all conditions in which a dependable analgesic is indicated.

'Dolophine Hydrochloride' is notably effective for the relief of severe pain due to malignant tumors and metastases, renal colic (in which

spasm of the urinary bladder is also alleviated), and postoperative pain.

As an antitussive, 'Dolophine Hydrochloride' is usually superior to codeine, because it suppresses cough for longer periods of time.

Available in 2.5, 5, 7.5, and 10-mg. tablets; single and multiple-dose ampoules; and syrup which contains 10 mg. of 'Dolophine Hydrochloride' per 30 cc. Narcotic order required.

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APRIL

THERE IS NO PANACEA

The introduction of new drugs is a common and necessary part of medical progress, but only a few of the many drugs introduced remain as a lasting addition to our therapeutic armamentarium. Survival of a medication is the result of a preponderance of indications for the drug as balanced against its contraindications and complications. The tri-phase cycle of every new drug is well known and progresses from overusage to underusage to either proper usage or discard.

At the present time THORAZINE (chlorpromazine) is enjoying the first phase of its clinical trial in this country. This potent drug has gained therapeutic promiscuity because it can depress most instances of nausea and vomiting, a common and troublesome symptom. The high price that can be paid for this "simple therapy" is just being evolved and is worthy of review.

Chlorpromazine was first synthesized in France in 1950 and was introduced for clinical use in 1951. It is a compound derived from phenothiazine and is chemically closely related to the antihistaminic Phenargen. Although much has been written on the action and use of this drug, particularly in the French, English and Canadian literature, little is known about how and where the drug acts. The broad scope of its action is reflected in the broad claims about the drug. It has been said to cause "chemical lobotomy"; "chemical adrenalectomy"; aid in the production of artificial hibernation; cure nausea and vomiting, as well as many other claims. This emphasizes a lack of specificity of function, which is something to be desired in any safe drug. From clinical experience it is known that chlorpromazine possesses wide central activity, characterized by depression, and also that it is a powerful antagonist to the action of adrenalin. Its actions against other neuro-hormonal substances have not been consistent.

Because of the many sites of action of this drug the response of any one patient to this medication is unpredictable. Small doses have produced fairly severe depression in some cases, while large doses in other cases often have appeared to have little effect. The complications seen are tachycardia, arrhythmias, complete cardio-vascular collapse which does not respond to therapy, marked central nervous system depression, jaundice and agranulocytosis. The literature stresses the fact that it is unwise to administer this drug to any patient that is to come to surgery or in the immediate post operative period. Chlorpromazine adds an extreme unpredictable lability to the cardio-vascular and central nervous systems in an individual about to be or who has been depressed by anesthetic agents.

The results of the clinical evaluation of this drug in France, England, and Canada demonstrates that the clinical application of chlorpromazine should be markedly limited until research brings forth more information. It is felt that the indications for its use now are in the field of psychiatry and as an adjunct in keeping patients with carcinomatosis more comfortable.

It is best to use with caution any drug whose site and mode of action are unknown, especially when such a drug can supposedly treat many widely divergent ailments.

—Herman L. Allen, M.D.
Department of Anesthesiology
Youngstown Hospital Ass'n.

THE MUSCULAR MEDICAL MAN

Over the years, physicians and anthropologists, scientists and pseudo-scientists, have seriously considered the relationship between the body physique (or habitus) and mental, emotional, and psychologic characteristics. From Oxford, England, comes a report on the relationship between physique and profession.¹

Sheldon and co-workers² had previously devised a somato-type graph by which one may determine to what extent a person can be classified as belonging to each of the three types of physique: ectomorph, mesomorph, and endomorph. The ectomorph is the linear, ectodermal type of individual; the mesomorph is the muscular variety; and the endomorph is the visceral, fat, round variety.

The typical ectomorph is supposed to be academic and intellectual, poor in his social adjustments and his ability to manage people. The mesomorph is aggressive and athletic, a good manager and salesman but a poor academician. The endomorph is supposedly neither intellectual nor aggressive but rather given to the physical pleasures of life.

Parnell¹ measured students at Oxford and Birmingham and found that, whereas those majoring in chemistry, physics, or mathematics were for the most part ectomorphs, the medical and dental students and the mechanical engineers were predominantly mesomorphs. Endomorphs seemed to play only a small part in any of the groups of university students.

Parnell is alarmed at the apparent selection of physique and (presumably) temperament in the various professional groups. He wonders how effective a university education can be in giving qualities of human feeling, leadership, and managerial ability to those scientists and mathematicians who, being ectomorphs, are presumed to be lacking in these qualities.

With regard to the muscular medical men, he wonders if education can give these natural "doers" the scientific outlook he feels they should have and now lack.

REFERENCES

1. PARNELL, R. W.: Physique and Choice of Faculty, *Brit. M. J.*, 2:472, 1953.
2. SHELDON, W. H., STEVENS, S. S., and TUCKER, W. B.: *The Varieties of Human Physique*. New York: Harper & Brothers, 1940.

Medical Maxims of an Internist

Hope is the single thread that supports the ill patient — it is never to be severed.

If a patient falls out of bed after morphine, don't blame the nurse.

No morphine unless the diagnosis is clear.

Morphine puts three to sleep; patient, nurse and doctor, but awakens the undertaker.

The dose of a medicine is better less than more.

The kind, reassuring word of the physician is the fuel that keeps the spirit of an ill patient burning.

Don't hesitate to seek wise counsel; less haste, more thought.

A patient obtains most comfort from the expression of his thoughts.

Weighing facts at hand and impressions against a long accumulated personal experience, with the specific benefit solely for the patient — this is judgment.

When the patient has abruptly discharged his doctor, the doctor has not properly discharged his duties.

The mature physician is never in a hurry, be it at bedside, consultation room, or operating room.

Patients teach good medicine to doctors eager to learn.

—Frederic Stenn, M.D.

HAVE YOU HEARD

- that Dr. Sidney Franklin has been appointed to the National Committee on General Tort Law by the National Association of Claimants' Compensation Attorneys for 1955?
- that Dr. A. K. Phillips, Dr. Fred Schellhase, Dr. L. O. Gregg, Dr. P. E. Ruth and Dr. W. E. Sovik attended the American College of Surgeons Meeting in Cleveland February 22-23?
- that Dr. and Mrs. Paul Ruth had a son — John Helms Ruth — on March 3, 1955?
- that Dr. William K. Allsop has been appointed Chief of Surgery of the Youngstown Hospital ASSOCIATION?
- that Dr. S. B. Squierquero is associated in general practice with Dr. David L. Levy in the Home Savings and Loan Building?
- that Dr. Elmer Wenaas has recuperated uneventfully from his February surgery and after a pleasant Florida sojourn has returned to his practice?
- that the 32 page pamphlet which you received from Dr. William M. Skipp on the detailed report of the business of the AMA House of Delegates and of the Seventh Medical Public Relations Conference was one of 1200 printed at Dr. Skipp's expense and sent to members of the Sixth Ohio Councilor District? For his devotion to his profession, he deserves our plaudits for a job well done.
- that Doctors Sidney Davidow, Edward Rizk and Harold Segall comprised the Youngstown contingent attending the American Academy of Pediatrics Meeting in Detroit from April 4th to the 7th?

AUXILIARY NEWS

One hundred fifty girls were welcomed as guests of the Woman's Auxiliary to the Mahoning County Medical Society at a tea for prospective nurses on March 15, 1955 at the South Side Nurses Home. The girls were taken on a tour of the Youngstown Hospital and Nurses Home.

The tea table was laid with Venetian lace and centered with a spring arrangement of pastel tulips and daffodils between yellow tapers in triple silver candelabra. Presiding at the tea table were Mrs. Ivan Smith, president, Mrs. Craig Wales, president-elect, Miss Carrie Beale, associate director of nursing education, and Mrs. Edward Rizk.

Speaker for the afternoon was Dr. Rose Wang, who fled from China when the Communists invaded. She told of her experiences during her flight with her husband and baby, and expressed her gratitude at being in this country.

The program chairman for the day was Mrs. A. J. Fisher with Mrs. W. O. Mermis as co-chairman. Mrs. Gene Fry introduced Dr. Wang.

Mrs. H. E. Hatthorn and Mrs. James Calvin were chairman and co-chairman of the day's social committee, including Mrs. Paul A. Dobson, Mrs. Frank W. Morrison, Mrs. Raymond Hall, Mrs. Elmore McNeal, Mrs. R. L. Jenkins, Jr., Mrs. D. M. Rothrock and Mrs. Fred L. Schellhase.

The April luncheon meeting at the Woman's City Club will be an event of April 12th rather than April 19th as planned.

—Blodwyn Rogers

A great many people think they are thinking when they are merely rearranging their prejudices.

—William James



The
Mahoning County Medical Society
Presents for the
APRIL MEETING

HARRY SHWACHMAN, M. D.
Chief of the Division of Clinical Laboratories of
Children's Medical Center, Boston, Mass.

Subject: "Nutritional Disturbances in Childhood"

APRIL 19, 1955

**Elks Club, 220½ West Boardman Street
Youngstown, Ohio at 8:30 P. M.**

Subscription Dinner at Elks' Club at 6:30 P. M.

Those wishing to have dinner with the speaker at 6:30 P. M.
sharp at the Elks Club may make reservations by calling Mary
Herald, RI-4-4513, before April 19, 1955

PERSONALITY OF THE MONTH

April brings as our personality of the month a man of international reputation and renown in the field of pediatrics, Dr. Harry Shwachman. He is our scheduled speaker for the April meeting of the Mahoning County Medical Society which will be held on April 19th, 1955 at 8:30 P.M. at the Elks Club. Dr. Shwachman will be honored at a dinner at 6:30 P.M. at the Elks Club and reservations should be phoned in to Mary Herald.

Dr. Shwachman was born in Boston in 1910 and was educated there graduating from M.I.T. in 1932. After graduating from Johns Hopkins Medical School in 1936, he stayed on in Baltimore for a year of internship and then his path led back to Boston and the Children's Hospital where he served his residency and where he has remained with the exception of the war years. Upon returning from his Army service, he was asked to reorganize the Clinical Laboratories of the Children's Medical Center. His official position is now Chief of the Division of Clinical Laboratories of the Children's Medical Center and he is also in charge of the Chronic Nutrition Clinic where he has been carrying out investigative work in the field of celiac disease, pancreatic insufficiency and related nutritional disturbances. He is associated at Harvard Medical School as an Assistant Professor of Pediatrics.

In 1950, Dr. Shwachman was the recipient of the Mead Johnson Award in recognition of "Outstanding Contributions to Pediatrics during the Year of 1949."

It is with great pleasure and anticipation that we look forward to the visit of Dr. Harry Shwachman, our guest speaker for the April meeting of the Mahoning County Medical Society, who will speak on "Nutritional Disturbances in Childhood."

Narcotic "DON'TS" for the Physician

- Don't leave prescription pads around Addicts want them for effecting narcotic forgeries.
- Don't write a narcotic prescription in lead pencil Avoid writing any Rx in pencil, many are changed to call for morphine.
- Don't write for narcotics this way: Several X's or zeroes can be added to raise the amount. Use brackets or spelling.
- Morphine HT # X or
Morphine HT $\frac{1}{4}$ # 10
- Don't carry a large stock of narcotics in your bag Addicts are on the lookout for these in doctors' offices and cars.
- Don't store your office supply where patients can get at it Avoid storage near sink or urinal. The patient may ask to use these.
- Don't fall for a good story from a stranger claiming ailment that usually requires morphine The addict can produce bloody sputum, simulate bad coughs or other symptoms. Make your own diagnosis.
- Don't give a narcotic Rx to another without seeing the patient Addicts have posed as nurses to get doctors to prescribe narcotics.
- Don't write for large quantities of narcotics unless unavoidable Diversion to addicts is a profitable business, as much as \$1 for $\frac{1}{4}$ grain M.S.
- Don't prescribe narcotics on the story that another MD had been doing it Consult that physician or the hospital records whenever possible.
- Don't leave Rxs signed in blank at the office for nurses to fill in Signed blanks are bad practice and many have been stolen by addicts.
- Don't treat an ambulatory case of addiction. Addicts must be under proper control Addicts go to several MD's at a time. Notify this Bureau.
- Don't dispense any narcotics without keeping a record of it Bedside and office administration are permitted without record.
- Don't buy your office narcotic needs on Rx blank in name of patient The law requires you to use an official order form.
- Don't resent a pharmacist's call for information about an Rx you may have written The pharmacist is held responsible for filling forgeries. Please cooperate.

—Treasury Department, U. S. Bureau of Narcotics

Minor Oversight

A mother rushed into the waiting room of my pediatric office and plopped down in a chair with a "whew!" of relief. After she got her breath back, she settled down to await her turn on the appointment schedule.

Then, suddenly, without warning, she burst into a fit of wild laughter. When my receptionist hurried over to ask what was wrong, she replied: "My God, I left the baby home!"

—Warren R. Pepper, M.D.

Life is short and the art is long; opportunity fleeting; experience deceitful; and judgment difficult.

—Hippocrates

DINNER DANCE

(Formal)



Mahoning County Medical Society

and

Corydon Palmer Dental Society

SATURDAY, MAY 21, 1955

YOUNGSTOWN COUNTRY CLUB

Dancing 9:00 P. M. until 1:00 A. M.



Music by Bill Fountos and His Orchestra

Dinner 7:00 P. M.

ACCOMMODATIONS STILL AVAILABLE FOR A.M.A. EUROPEAN TOURS

Chicago — Accommodations are still available for the four-week air tours of Europe which are planned to precede and follow the annual meeting at Atlantic City, June 6-10. Four tours are offered which include a comprehensive itinerary of capital cities and renowned points of interest combined with medical lectures by eminent European medical authorities.

Tour-goers will visit such storied places as Windsor Castle, Westminster Abbey, the Colosseum and Pantheon, Napoleon's Tomb, the Palace of Versailles, the Louvre, will glide through Venice on gondolas and travel down the Rhine on a German steamer. Cities to be visited will include London, Amsterdam, The Hague, Coblenz, Frankfurt, Zurich, Lucerne, Milan, Venice, Florence, Rome, Genoa, Monte Carlo, Nice and Paris.

Departures from New York are scheduled for May 6, May 8, June 11, and June 13. The cost of the tour is only \$1,598. This covers round-trip transportation, all en route meals and hotel accommodations. The tours have been arranged by United Air Lines and Thos. Cook & Sons under the sponsorship of the A.M.A.

Requests for booking or additional information should be addressed to American Medical Association, Pre-and Post-Convention Tours, 5959 South Cicero Avenue, Chicago 38, Ill. A deposit of \$100 is required at time of booking. Checks should be made out to United Air Lines for both the deposit and final payment, which is due April 8.

Our Commandments

1. The patient is the most important person in the hospital.
2. The patient is dependent on us; our reputation is dependent on him.
3. The patient is not an interruption of our work—he is our work.
4. The patient does us a favor when he calls; we are not doing him a favor by serving him.
5. The patient is not someone to argue with—but someone to comfort.
6. The patient is a part of our business—not an outsider.
7. The patient is not a cold statistic; he is flesh and blood human being with feelings and emotions like our own.
8. The patient is a person who brings us his illness — it is our duty to justify his faith in us.
9. A patient is deserving of the most courteous and attentive treatment we can give him.
10. Remember always, if people did not become ill, there would be no need for this or any other hospital. (Courtesy Georgia Hospital Association)

The above-borrowed summary merits the consideration of all hospital personnel. The spirit of love and service indeed should charge the atmosphere of every hospital. The patient shall never be a number; he must be an individual known by his name. If the patient is properly served, the books will balance themselves. Specific drugs for specific diseases are very important, but the heart and the soul oftentimes need understanding attention. The hospital can do much to cure the ill patient, but it can further help to return him home a grateful, strengthened, and a more useful citizen.

—The Mississippi Doctor, July 1954

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

Oral broad spectrum antibiotic therapy
may cause infection with *Candida albicans*

A new concept in antibiotic therapy

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And you find that it's a drug store, first, last, and always. Accurate compounding of prescriptions, fresh stock of drugs complete and up-to-date, prompt service . . . all these you take for granted.

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NOTES ON NORTHERN OHIO PEDIATRIC MEETING

The Northern Ohio Pediatric Society held a dinner meeting in Cleveland, March 21, 1955. Guest speaker was Dr. Alexander S. Nadas, cardiologist and associate physician, Children's Medical Center, Boston, Mass. Dr. Nadas spoke on "Pulmonary Stenosis: Clinical and Physiological Correlations."

Pure pulmonary stenosis occurs without an interseptal defect and is not associated with an overriding aorta that occurs in Tetralogy of Fallot. The incidence of pulmonary stenosis is 15% of patients with congenital heart disease that live beyond two years of age.

Dr. Nadas reviewed their series of 50 patients, diagnosed either by catheterization or autopsy. Thirteen of these patients were asymptomatic. Others had clinical findings as follows: epistaxis, fatiguability, shortness of breath with exercise, and some showed mild peripheral cyanosis with exertion. All of the patients had a harsh, loud systolic murmur with a palpable thrill over the pulmonic area; P_2 was diminished. Roentgen findings revealed right ventricular hypertrophy, prominent pulmonary artery, and diminished vascular markings in the lung fields. There was usually no gross cardiac enlargement.

EKG findings shows a marked deflection of the R wave in V_1 which is an index of right ventricular hypertrophy. Thirty-six of the fifty patients had R waves over 10mm., and twenty had R waves over 20mm. Other changes were in the ST and T waves and P pulmonale may be present.

Right ventricular pressure can be measured by catheterization. Normal right ventricular pressure is 20 — 25mm. If right ventricular pressure is over 100mm. the condition is serious and an operative valvulotomy is performed.

Clinical findings may help in determining an elevated right ventricular pressure. Roentgen evidence of right ventricular hypertrophy, the finding of a loud systolic murmur and thrill, a diminished P_2 are of no help. The marked diminution of pulmonary vascular markings in the lung fields and the symptoms of shortness of breath with exertion are of some help in the clinical evaluation of elevated right ventricular pressure. If the deflection of the R wave and V_1 is over twenty mm. with associated ST and T wave changes and P pulmonale then the pressure in the right ventricle is usually more than 100mm. After surgery, a drop in right ventricular pressure is reflected by a drop in the deflection of the R wave in V_1 .

Patients with right ventricular pressure less than 100mm. may be followed at intervals without operative intervention.

Patients with right ventricular pressure more than 100mm. should have Brock procedure for valvulotomy performed.

Infants with cardiomegaly and congestive heart failure should have Brock procedure for valvulotomy performed as soon as possible.

"... no person, because he wore a uniform, must thereafter be placed in a special class of beneficiaries over and above all other citizens. The fact of wearing a uniform does not mean that he can demand and receive from his Government a benefit which no other citizen receives." — F.D.R., March 27, 1934.

Charity is the sterilized milk of human kindness.

—*Oliver Herford*

Geriatrics

Geriatrics is the care of the aged. It deals with the clinical problems of advancing years. Gerontology deals with the problems of aging.

Geriatrics and gerontology should not be combined; geriatrics for the clinician, gerontology for the research and the social worker.

Geriatrics is not a special branch of medicine. It is a part of internal medicine or general practice. There should not be a geriatric board. Geriatrics merely means that a physician is especially interested in elderly people.

A geriatric clinic is one where the internist or general practitioner takes special interest in the elderly. He takes time to deal with these patients rather than to dismiss them on the theory that they are old and nothing can be done for them.

The first requirement of a geriatric clinic is that the physician must be genuinely interested in the aged. Secondly, time must be given to a thorough history. The elderly must be treated gently. The senescent organism is delicate. One can obtain autopsy material by being too active therapeutically.

—Malford W. Thewlis, M.D.

Don't Forget

A set of "Medical Ethics," by Dr. Frank E. Wallace, of Monmouth, was taken from a paper read before the Illinois State Medical Society 50 years ago, and published in the July, 1904, number of the *Illinois Medical Journal*:

1. Don't forget that the public is ignorant, and needs enlightenment.
2. Don't forget that others will criticize — we should praise.
3. Don't express an opinion if it cannot be a good one.
4. Don't forget that prevention is paramount to cure.
5. Don't forget the beam in your own eye when talking.
6. Don't forget to look around for a good example and follow it.
7. Don't forget that in praising others we help ourselves.
8. Don't forget that in performing acts of charity, benevolence and justice, we are character building.
9. Don't forget the Golden Rule.
10. There's no end of fun minding your own business—the other physicians will like you better. No one gets stuck on a knocker—don't be one."

Fifty year old advice demonstrates again that time changes—not people.

—*Illinois Medical Journal*, June 1954

Civic Responsibility

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

—Herbert P. Ramsay, M.D.

M. Ann. District Columbia, July 1953

The investigator should have a robust faith—yet not believe.

—Claude Bernard

MEETING FOR DISTRIBUTION OF SALK POLIO VACCINE

On March 31st, a meeting was held in the library of the South Unit of the Youngstown Hospital Association to determine policy for the distribution and administration of the Salk Polio Vaccine. Present were Drs. R. Fisher, Noll, Rummell, Randall, Epstein, Rizk, Hutt, Segall, Hovanic, Paxton Jones, W. P. Young, Davidow, Detesco, Mahar, Brandmiller, Resch, Freidrich, MacGregor, Miglets, DeCicco, Ivan Smith, Tornello, Middleton, and Mr. Poremski, president of the Druggists' Association.

It was agreed that the price for a series of three injections was \$15. Ages to be inoculated were from 2 to 15 years. The allocation of the vaccine was mediated through the drug companies. Physicians of the Mahoning County Medical Society were requested by letter from Dr. A. A. Detesco to participate in the program to administer vaccine to the school children.

The Unmarried Mother

In considering all the instances typical of the predominant types of the unwed mother of today, one comes to the unavoidable conclusion that the situations are not the immediate result of social conditions, poverty, or the lack of opportunity for sex education. Nor do they constitute the deliberate acts of mature adults in defiance of society and the institution of marriage, carried out as a conscious protest against the accepted code of behavior. They are examples, rather, of an immature personality seeking what seems to her the most effective way of establishing her individuality by a counter-attack on the parent's attempt to overprotect, to reject, or to make excessive demands. Seen from another point of view, they are, as we have previously seen, the manifestations of the girl's unconscious, repressed drive to attain a substitute for the love which she feels has been denied her. They are problems in parent-child relationship.

And though this problem of the unwed mother presents so many varied facets, and the causes seem on the surface to be so different and so individual, investigation invariably reveals the same basic cause in them all. The girl who claims that "she didn't know," the girl who thought she was sterile, the girl who had relations because "it's expected nowadays," the girl who gets into an affair with a married man—all are in truth wandering in search of the emotional security of which they were deprived at home.

—Sara B. Edlin, *"The Unmarried Mother in our Society,"*
Farrar, Straus and Young, New York

Richard Bright, for whom the disease is named, died at the age of 69, of Bright's disease. At the death of this most sought-after consultant in London, it was said that ". . . there were few who recorded so much . . . reasoned so extensively . . . and subsequently had so little to retract . . ." Strangely, after a medical life of wards and post-mortem rooms, he stipulated that no autopsy be done on himself.

—William B. McCunniff, M.D.
Missouri Medicine, November 1954

Most people would die sooner than think; in fact they do so.

—Bertrand Russell

Now you can do more for

Stress SF Fortified

The availability of such anti-infectives as Terramycin, Tetracycline and penicillin has not altered the wise admonition to "treat the patient as well as the disease." As the National Research Council has emphasized, certain water-soluble vitamins (B-complex and vitamin K) are involved in body defense mechanisms as well as in tissue repair and are required in increased amounts during the stress of febrile infections. Yet there is often a considerable reduction in the normal supply of these important nutritional elements in acutely ill patients who are candidates for antibiotic therapy.

Unique new Stress Fortified Terramycin-SF, Tetracycline-SF and Pen-SF contain the stress vitamin formula recommended by the National Research Council¹ for therapeutic use during sickness or injury as a significant contribution to rapid recovery and convalescence. The patient is assured the maximum benefits of modern antibiotic therapy plus the needed vitamin support—without additional prescriptions, and at little additional cost.

1. Pollack, H., and Halpern, S. L.: Therapeutic Nutrition, Prepared with Collaboration of the Committee on Therapeutic Nutrition, Food and Nutrition Board, National Research Council, Baltimore, Waverly Press, 1952.

the patient with infection...

*not only fight the infection,
but also Stress Fortify the patient
with a single prescription of*

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Brand of oxytetracycline with vitamins

CAPSULES (250 mg.)

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CAPSULES (250 mg.) ORAL SUSPENSION (fruit flavored)
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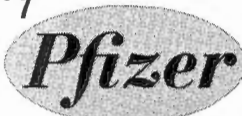
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(1 Gm. of Terramycin or Tetracyclin,
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Niacinamide	100 mg.
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Calcium pantothenate	20 mg.
Vitamin B ₁₂ activity	4 mcg.
Folic acid	1.5 mg.
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cost of antibiotic therapy alone*

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1953-54 Yields Record Number of New M.D.'s

A record graduation of 6,861 physicians during the past year by our nation's medical schools has boosted the ratio to an all-time high of one physician for every 730 persons in the United States. This ratio will be lowered even more in the next few years as the number of medical graduates is expected to rise due to the continued expansion of the country's medical schools.

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

Highlights of the report:

- Enrollment of 28,227 is largest number of medical students in history of U. S.

- Freshman class enrollment of 7,449 also is a record.

- More than 76 million dollars was spent during 1953-1954 for new facilities, remodeling or completion of buildings for medical instruction.

- Budgets for medical schools during 1954-1955 total more than 143 million dollars.

- 21,328 physicians did volunteer teaching without pay during the year.

- Ten new 4-year schools are in construction or planning stages and will be in operation within the next few years.

The 10 new 4-year medical schools will be at the Universities of California, Mississippi, Miami, Missouri, Florida, West Virginia, Kentucky, North Dakota and Yeshiva University of New York and Seton Hall University. In addition, 3 other medical schools are being considered.

—*Journal of the Medical Association of Georgia, October, 1954*

Physicians and representatives of the press may differ:

The physician searches cautiously for the exact truth.

The press representative is interested in the exact truth.

The physician is technical: "a compound comminuted fracture of the tibia and fibula."

The press representative prefers simple words: "a broken leg."

Physicians and the representatives of the press are alike, too!

Neither likes to be inferior to anyone.

Both will fight against odds: one to help his patient; one to supply news to the public.

Both prefer facts to rumor.

Both like help on difficult and unpleasant cases (as well as the easy ones).

In working with representatives of the press also keep in mind:

Do not ask for favors.

Do not resent articles, if you were uncooperative.

Do not deny minor errors, if you failed to explain.

Do not forget to say "thank you."

Be as courteous with them as you expect them to be with you.

Be as truthful with them as you expect them to be in handling a story in which you or your society might be involved.

Usually they will respect your confidence, if you request it and have valid reason for doing so.

—*J. Indiana State M. A., October 1953 Via
New York State J. Med., January 1, 1954*

IN MEMORIAM

of

Dr. Frederick F. Piercy

who served as a member of the Mahoning County Medical Society for thirty-seven years. Dr. Piercy was a man of cheerful good nature and keen intelligence who endeared himself to all his colleagues. His devotion to his practice brought him an outstanding reputation for exceptional ability in his chosen field in eye, ear, nose and throat surgery.

It is with sincere regret and warm remembrance that the members of the Mahoning County Medical Society acknowledge the end of his career of life long service to the people of this community on February 17, 1955.

Not the Work . . .

It might be wise for those of us who have an opportunity to guide the medical destiny of industry to be a little cautious in attributing all the so-called stress disorders solely to occupation. My contention here is that work per se is not necessarily harmful. Many of the so-called stress diseases have nothing to do with stress. They are the results of accident, including infection; or of the kind of nervous system with which one is endowed; or of the inexorable aging process which begins at birth; or of improper habits. And bad habits are probably more common among loafers whose major object in life is to escape stress of any kind.

—From "The Stress Disorders," by William P. Shepard, M.D.

Limits To Tests for Alcoholism

An interesting limitation to laboratory tests for drunken drivers has been set by a recent decision of the Ohio Supreme Court (*Columbus v. Mullins* 1620 S. 419), the syllabus of the decision being as follows:

"1. Where a person has been arrested for driving an automobile while under the influence of intoxicating liquor, and where he is requested by the police department of a municipality to submit to urine and blood tests by the department chemist and he refuses to submit to such tests unless his own physician is present, and where there is no showing that such physician is unavailable, such refusal is a reasonable one and does lay the foundation for any inference of an admission of guilt.

2. Under such circumstances, it is prejudicial error in the trial of the accused for the prosecution to order as evidence in chief the testimony of the police chemist as to the scientific aspects and principles of such tests, indicating that they are infallible and will disclose the guilt or innocence of one charged with being under the influence of intoxicating liquor."

There are no irresistible women, only unresisting men.

—Stewart-Webster Journal

WWBC — Your Differential Station
By *DANIEL ANDERSON* and *JAMES W. SKAGGS, JR.*
University of Maryland School of Medicine

Hematocrits every hour on the hour

Temperatures every hour on the half-hour

6:00 A.M.	"Morning Sickness"— your wake-up program	6:00	Bill Sternum—sports
9:45	"At Home" with Mag Sulfate	6:15	Music from the Lumbar Tap Room
10:00	"Ding Dong Stool"— today's lesson: History	6:30	"One Man's Furuncle"— vol. 120/80 today
10:30	Angiography	6:45	"Kukla, Fran, and Oliguria"
11:00	"Let's Percuss"—today's story: "The Hair and the Falx"	7:00	Whitlow Choraliers
11:30	"Bedside Manor"—serial	7:15	"Koch time"—starring Eddie Fistula
12:00 Noon	"Change of Life"—serial, sponsored by Premarin	7:30	The Perry Coma Show
12:05 P.M.	Five minutes of the latest Neoplasms	7:45	Edward R. Marrow
12:30	"Grand-Mal" Perkins"— serial	8:00	"I've Got a Secretion"
1:00	"Welcome Tumors" RBC Symphony Orchestra —today's concert:	8:30	"Truth or Constipation"
	Billroth's Pyloric Rhapsody	9:00	The Telephone Aura
	Leopold's Concerto for Forceps and Orchestra	9:30	The Ascites Service Gland of America
	Kinsey's "Liebe der Freud" for Mixed-up Chorus	10:00	"The BMR—in Peace and War"
3:30	"Your G.I. Series"— program for veterans	10:30	"The Dramamine The- tre"—tonight's play, "Fever" starring a grandular cast
4:00	"Captain Vitelline"—a trip into intervillous spaces"	11:00	"Music for Renal Rest"— tonight's program: Water Music Suite Fountains of Rome Swan Lake
4:30	"Howdy Dropsy"	12:00	"Nocturia"—organ music for your late evening pleasure
5:00	"Hopalong Cavity"	12:30-	
5:30	Tennessee Hernia	6:00 A.M.	"Night Sweats"—herniat- ed disk-jockey program

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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 . . .

LANDRY'S PARALYSIS?

LANDSTEINER CLASSIFICATION?

LASEGUE'S SIGN?

LASSAR'S PASTE?

LAURENCE-MOON-BIEDL SYNDROME?

LEGG-CALVE-PERTHES DISEASE?

LEVIN TUBE?

LEYDIG CELLS?

LITTLE'S DISEASE?

LUTEMBACHER'S SYNDROME?

(Answers on next page)

ANSWERS TO EPONYMS

LANDRY'S PARALYSIS: Jean Baptiste Octave Landry, a nineteenth-century French physician, described a syndrome of acute ascending paralysis that is in most instances rapidly fatal. The causative agent may vary.

LANDSTEINER CLASSIFICATION: The Nobel laureate Karl Landsteiner established the blood-grouping system using the O, A, B classification. With A. S. Wiener, he also discovered the Rh factor.

LASEGUE'S SIGN: Ernest Charles Lasegue, of France, described nerve-trunk pain in sciatic involvement when the extended leg is raised.

LASSAR'S PASTE: This common medication is named for Oskar Lassar (1849-1907). The simpler form consists of zinc oxide, starch, and petrolatum and is known officially as Zinc Oxide Paste, U.S.P. The National Formulary lists Zinc Oxide Paste with Salicylic Acid (2 percent).

LAURENCE-MOON-BIEDL SYNDROME: A rare endocrine defect characterized by hypogenitalism, pigmentary retinal degeneration, polydactyly, mental retardation, and obesity; described in 1866 by J. Z. Laurence, of England, R. C. Moon, of the United States, and Artur Biedl, of Czechoslovakia.

LEGG-CALVE-PERTHES DISEASE: The disease osteochondritis deformans of children is often named after three contemporary orthopedic surgeons: Arthur T. Legg, an American from Baltimore who first described it; Jacques Calve, a Frenchman; and Georg C. Perthes, a German.

LEVIN TUBE: An extensively used nasal gastroduodenal catheter devised by Abraham L. Levin, who died in 1940.

LEYDIG CELLS: The German histologist Franz von Leydig described the interstitial cells of the testis, believed to be the principal source of the male sex hormone.

LITTLE'S DISEASE: Another term for cerebral spastic palsy, named after the English surgeon William J. Little (1810-1894).

LUTEMBACHER'S SYNDROME: Congenital mitral stenosis associated with an interatrial septal defect, described in 1916 by Rene Lutembacher.



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Recommended dosage: 1 or 2 capsules, 3 times daily.

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Rd. (Struthers)—771 North Garland Ave. (McGuffey)

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- * Few side effects

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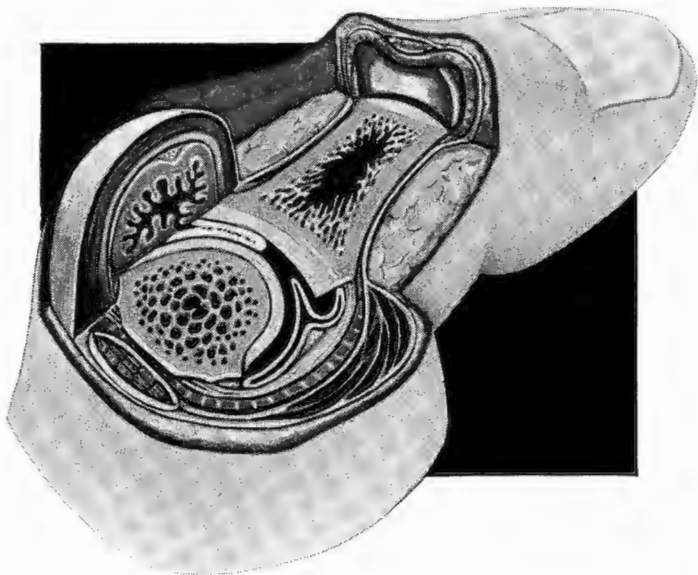
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*Bunim, J. J.: Research Activities in Rheumatic Diseases, Pub. Health Rep. 69-437, 1954.



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