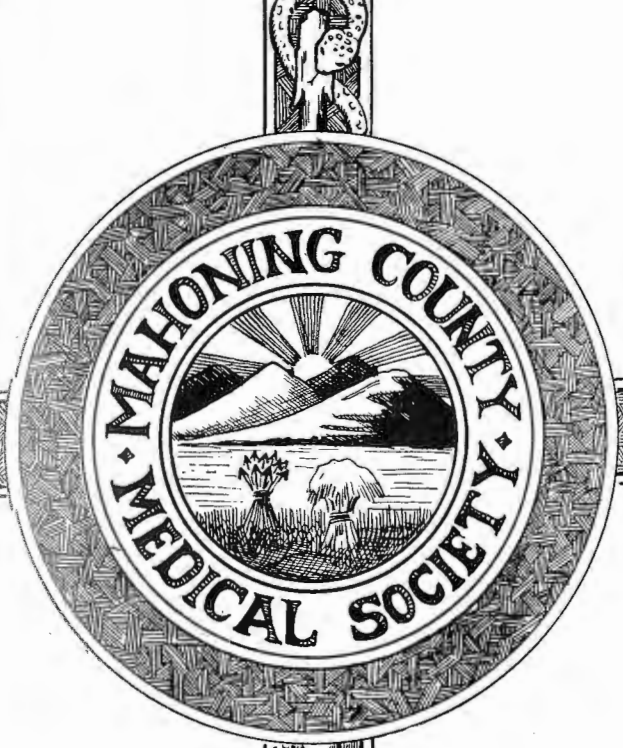

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of the
MAHONING
COUNTY
MEDICAL
SOCIETY

MAY • 1955
Vol. XXV • No. 5
Youngstown • Ohio

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Representative to the Associated Hospital Service
H. E. PATRICK

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ADVERTISERS' LIST

Our President Speaks

Undoubtedly medicine owes a debt of gratitude to the National Foundation for Infantile Paralysis, for making possible the discovery and development of a safe and successful means of preventing poliomyelitis. Great credit is also due the discoverer of the vaccine, Dr. Jonas Salk.

However, the writer has heard many complaints by individual members of the society concerning the manner in which the plans for the first mass innoculation were handled. Apparently the Foundation depended upon the wholehearted cooperation of individual practitioners of medicine to carry out their program, but did not see fit to keep us properly informed of developments as they became known, except through newspaper and radio channels. These are rather unofficial sources for scientific knowledge.

It would seem to be evident that a needless publicity deception was resorted to in the withholding of all data until the anniversary of the death of a former benefactor of the Foundation. The vital nature of the program should have precluded any such practice, especially since the need for such publicity is non-existent.

I do not think it is second guessing to point out that this whole procedure could have been so handled as to avoid much of the confusion now existing. Perhaps the most favorable note in any official information the writer has received is the statement in Dr. Van Riper's letter which says that this is the last action the Foundation will take in the program for immunization against polio.

However, it is a source of great satisfaction to all of us to note in the news columns that the nursing and the medical professions are ready for the first day's innoculations. In reviewing the roster of assignments for the first day, it is noted that the list contains in addition to twelve internists and general practitioners, two obstetricians, one proctologist, two oculists, one general surgeon, two pediatricians, one vascular surgeon, one nose and throat surgeon, and one anaesthesiologist. Certainly the talent furnished by the Mahoning County Medical Society is a cross section of all branches of medical practice and demonstrates the willingness of all to do his part. We can be proud of our response to this public duty.

Ivan C. Smith, M.D.
President

BULLETIN of the Mahoning County Medical Society

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

EDITORIAL

The time has come when I must beat my drum for the American Medical Education Foundation. I urge each of us, through this fund, to give much-needed support to the hard-pressed medical schools which are training the future generation of our confreres. Remember that we received our educations through the like subsidy of unknown benefactors! The tuition we paid was only a small fraction of the total tab and the balance, . . . a sizeable one . . . came from generous endowments to our respective alma mater.

Excessive taxation has dryed up the endowment funds which resulted from accumulated large estates. Once upon a time, a Carnegie or Rockefeller or Fels or Cudahy could amass millions in his lifetime which ultimately were deeded to our medical schools at death. But the horizon of private endowment of this proportion is a vanishing one . . . except perhaps for the oily millionaires of the great State of Texas where everything is bigger and better than usual.

The support of universities and medical schools today must be derived from public funds, from government, from industry or from many small contributors: as you and I. And so all physicians must be asked yearly to contribute to the AMEF. These contributions are collected through local medical societies and turned into a national pool. Large industries make the greatest contributions, but how can we expect them to support us if we will not support ourselves?

Many physicians make their own contributions directly to their own schools, but they can do this very thing through the American Medical Education Foundation. These gift monies can be ear-marked, if the doctor wishes, to be given to his own medical school. In many medical societies throughout the country, donations to the AMEF are part of the payment of society dues on a mandatory basis. We do not indorse this policy in the Mahoning County Medical Society where we believe that contributions should be voluntary.

Yet it would seem that our collective obligation is most evident. May I urge you then, doctors, to support the medical school of your choice with your donations through the American Medical Education Foundation? Let's repay our indebtedness and, at the same time, renew the strength of the medical schools of our good land.

Robert L. Tornello, M.D.
Editor

GUEST EDITORIAL

THERAPEUTIC PARADOX*

No period in history has witnessed more amazing advances in medical science than those of the past forty years. In this golden age, medicine has gradually emerged from empiricism toward a sound basis in exact physical chemistry. An astonishingly rapid and accelerating succession of fundamental discoveries has broadened our understanding of the etiology, disordered physiology, and treatment of disease; many diseases unrecognized a generation ago are now amenable to specific treatment. In this golden age we have seen the conquest of communicable disease, the control of many nutritional and endocrine disorders, and major advances in understanding and control of most of mankind's Great Killers and Cripplers. It is an Age of Medical Miracles almost beyond belief.

One curious anomaly of our time is that with each new lifesaving discovery adding to man's life expectancy, the reputation of the profession largely responsible for this presumably desirable development has been increasingly assailed. Such shockers as "Should Some Doctors Go to Jail," "Are You the Victim of Unnecessary Surgery," "How Your Doctor Gets Rich," "Doctors are Off Their Pedestal," "Ghost Surgeons Haunt Your Hospital" leer at us from every news stand. Some of us are puzzled and ashamed; others add to the cacophony by stridently accusing specialists or general practitioners of aiding or abetting the lurid, anything-for-a-fast buck journalists in their jolly efforts to stimulate circulation.

There is no reason to be cynical because doctors have allegedly lost their pedestal in an era when medicine has made its most phenomenal progress. There is no reason to be ashamed of our accomplishments, and nothing to be gained by ill-considered recriminations. We must accept a kind of therapeutic paradox: the more specifically and successfully a physician treats his patients the less his personal prestige will be.

The reason for this paradox lies in part in the fact that man's emotional perspective has not kept abreast of his scientific achievement. The witch doctor of San Blas grating snake skull into an herb potion for a woman whose breathing suggests the hiss of a snake is more highly esteemed in Ailigandi than is his colleague in Detroit who recognizes diabetic acidosis and restores his patient to health. There is something more impressive in the magic ritual of snake skull grating than in the magic ritual of insulin injection, transfusion, intravenous electrolytes, and gastric lavage. It is easier for patients to understand the rationale of snake skull treatment than the complex insulin-fluid-electrolyte regimen. And the witch doctors of San Blas do not undermine patient confidence by conflicting theories of magic and open criticism of their colleagues' methods or motives.

Certainly patients love magic and sentiment. Grandma remembers old Doc Brown, a man of mystery and authority, who sat up all night with Aunt Agatha and pulled her through. Young Doc Brown is not the same. Only last week he diagnosed pneumonia in young Agatha, gave her a croup kettle, some codeine, and a shot of penicillin; he was gone in an hour. Wonderful drug penicillin, though. The aura of mystery and authority is gone. A drug rather than the doctor gets the credit for cure.

Let us not lament the paradox. Let us rather honestly employ the fast developing miracles of modern medicine, at the same time giving our patients the love, sympathy, and understanding which they need more than in grandma's day and which after all have physico-chemical effects as profoundly beneficial as the most potent of isolated hormones.

Milton R. Weed

**Reprinted from Detroit Medical News, April 12, 1954*

FROM THE BULLETIN

TWENTY YEARS AGO — MAY 1935

Dr. John H. Talbot of the Harvard Medical School Laboratory presented the results of his group's study of heat cramps conducted in Youngstown the previous summer. They found that heat cramps were caused by salt depletion due to excessive sweating and could be relieved by intravenous injections of saline but not by glucose. Ever since their report the mills have been providing salt for workmen to prevent heat cramps.

Dr. William H. Gordon of Harper Hospital, Detroit, addressed the Society on "Malignant Neutropenia." The meeting was poorly attended, to the sorrow of the program committee. Probably a let down after Post-Graduate Day.

There was an excessive amount of scarlet fever and diphtheria that spring, more than twice as much as the previous year. Hathhorn's Public Health Committee was urging diphtheria toxoid for every child. Scarlet fever vaccine was being used some but it was causing severe reactions and soon fell into disuse.

Dr. M. W. Neidus had an excellent article on "Edema" in this issue. Dr. J. A. Sherbondy was seriously ill. The Nurses Association voted to discontinue all gratuitous nursing service in hospitals. The Medical-Dental Bureau was giving a free luncheon with guest speaker and musical ensemble every Thursday noon. The Century of Progress Exposition was on in Chicago, John L. Lewis was organizing the C.I.O., The F.E.R.A. was scrapped for the W.P.A. The Depression was lifting.

TEN YEARS AGO — MAY 1945

The Cancer committee headed by John Heberding was conducting an educational campaign for the public. A special committee on Red Cross brought in its report. They recommended closer cooperation between physicians and Red Cross personnel in cases where service men were to be called home because of illness in the family.

Dr. Harold N. Cole of Cleveland addressed the Society on "Advances In The Treatment Of Syphilis." A special meeting was called to consider a Constitution and By-Laws for the medical staff of the Receiving Hospital. There was an article defending the nursing profession which was under considerable strain with the overcrowding of hospitals and the under supply of nurses.

Major B. M. Bowman wrote that he was working night and day taking care of convoys of wounded from the front. Major Walter Tims wrote from Belgium and said things were looking pretty good for the war to end soon. Capt. Paul Kaufman was working in a hospital in France and was down to 150 pounds. Capt. Barclay Brandmiller was living in the jungle and hadn't received a *Bulletin* for several months. Capt. David R. Brody was serving with a base hospital in England. Comdr. H. S. Zeve was back from Trinidad at the Sampson Naval Hospital.

It had been a bitter winter here and April was especially bad. There was no report of any major epidemic but the doctors were worn to a frazzle.

James L. Fisher, M.D.

Always do right. This will gratify some people and astonish the rest.

—*Mark Twain*

PROCEEDINGS OF COUNCIL
April 11, 1955

The regular monthly meeting of the Council of the Mahoning County Medical Society was held at 9:00 P.M., on April 11, 1955, at the office of Dr. M. W. Neidus, 318 Fifth Avenue, Youngstown, Ohio.

The following doctors were present: I. C. Smith, President, presiding; G. E. DeCicco, A. K. Phillips, W. M. Skipp, C. A. Gustafson, V. L. Goodwin, F. G. Schlecht, and A. Randell.

Minutes of the March meeting were read and approved.

Dr. Smith reported that he called a special committee meeting on Salk Vaccine, Thursday, March 31, 1955, 12:30 P.M., at the Library of the South Side Unit of the Youngstown Hospital Association, Youngstown, Ohio, concerning the distribution of the Salk Vaccine. The following doctors were present: I. C. Smith, President, presiding; R. W. Tornello, P. J. Mahar, S. L. Davidow, H. B. Hutt, E. G. Rizk, H. Segall, R. H. Middleton, F. A. Resch, H. P. McGregor, G. E. DeCicco, R. R. Fisher, A. A. Detesco, F. A. Friedrich, W. P. Young, A. Randell, R. W. Rummell, S. Epstein, P. L. Jones, and A. W. Miglets. Also present was Mr. Fred Porembski, druggist. The committee agreed that the primary consideration should be given the pre-school children, then the children from the third grade through junior high school. Also that the physician charge for the series of three inoculations would be $15.00.

A motion was made, seconded, and duly passed to accept the report and approve the action of the committee; however, it is generally understood that after this year the vaccine will be distributed through the regular channels the same as other vaccines. The Executive Secretary was instructed to write to Mr. Fuerer, Mahoning County Welfare Director and notify him of the action by the committee whereby the charge by the physician for the series of three injections would be $15.00.

Dr. Smith called attention to his conversation with Dr. Russell L. Cecil, regarding the Mahoning Valley Ohio Chapter of the Arthritis and Rheumatism Foundation. Dr. Cecil would like the local chapter to become more active with the possibility of a fund raising campaign. In April, 1954, Dr. McNeal, Chairman of the Arthritis and Rheumatism Committee, reported the activities of his committee and Council was of the opinion that there was a great need for research in this field, but at that time the local facilities were adequate and additional funds for local purposes were not needed.

Dr. Gustafson reported that 184 members had expressed their views on Social Security for Physicians by their returns as follows:

1. I am for compulsory Social Security for Physicians.
   Yes — 24 No — 47
2. I am for voluntary Social Security for Physicians.
   Yes — 121 No — 14
3. I am against all Social Security for Physicians.
   Yes — 23 No — 28
4. I would like to know more about Social Security for Physicians before expressing an opinion.
   Yes — 60 No — 5

After discussion, it was moved, seconded, and duly passed that Dr. Gustafson and Dr. Skipp prepare a Mahoning County Medical Society Resolution to present to the House of Delegates, Cincinnati, Ohio, at the meeting of April 19, 20, 21, and 22.

Dr. Schlecht reported that the committee studying the sponsorship of Interne and Resident members at Society social functions had not reached a final conclusion. However, a recommendation was made that the Interne and Resident members be guests of the Society at the Dinner Dance, scheduled for May 21, 1955.

Dr. Gustafson reported the activity of the Indoctrination Committee. A motion was made, seconded, and duly passed that each new member be informed when his application would be read at a regular membership meeting and that he must be present at that time. Also, that the first meeting of the new members and their sponsors with the committee be scheduled for May 17, and, that the new members only be guests of the Society for dinner.

The following applications were presented by the Censor:

ACTIVE

Dr. Lester O. Gregg, 510 Dollar Bank Building, Youngstown, Ohio

Dr. Alex M. Rosenblum, 318 Fifth Avenue, Youngstown, Ohio

JUNIOR ACTIVE

Dr. Leonard Francis Fagnano, 3718 Market St., Youngstown, Ohio

Dr. Salvatore V. Squicquero, 414 Home Savings and Loan Building, Youngstown, Ohio

Dr. Louis H. Scharf, Woodside Receiving Hospital, Youngstown, Ohio

INTERNE MEMBERS

Dr. Robert C. Kelleher, Youngstown Hospital Association, Youngstown, Ohio

Dr. John T. Scully, Youngstown Hospital Association, Youngstown, Ohio

Dr. James E. Might, Youngstown Hospital Association, Youngstown, Ohio

Dr. Carol E. Craig, Youngstown Hospital Association, Youngstown, Ohio

Dr. Ian Sewell, Youngstown Hospital Association, Youngstown, Ohio

Dr. Robert S. Caulkins, Jr., Youngstown Hospital Association, Youngstown, Ohio.

Dr. Lazaro Gelstein, Youngstown Hospital Association, Youngstown, Ohio

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

Brown's Lullaby

I was sitting quietly at home, reading, when the telephone rang.

"This is Mr. Brown," said a soft Southern voice. "How you feelin' this evenin', Doctor?" I assured him that I was feeling fine.

"Mighty pleased to hear that," said Brown. "You goin' to operate on my missis in the mornin', remember?"

"Yes," I answered. (I was scheduled to perform a hysterectomy on Mrs. Brown the next day.)

"Well, now," said the gentle voice, "just thought I'd give you a ring before I went to bed, to tell you I sure hope you'll be gettin' a good night's rest tonight."

—*M.D., California*

HIPPOCRATES OFF BASE

With all due respect to the "father of medicine," Hippocrates of Cos (fifth century B.C.), some of his aphorisms were less than accurate. A few of these are illustrated below—not to belittle the first great clinician but to show the imaginative ignorance of the day. Certainly these pithy statements are a vivid commentary on medical folklore.

* * *

People who lisp are especially liable to prolonged diarrhoea. (VI:32)

Those who are bald do not suffer from varicose veins, while should someone who is bald develop such veins, then his hair grows again. (VI:34)

It is better not to treat those who have internal cancers since, if treated, they die quickly; but if not treated they last a long time. (VI:38)

A male foetus inclines to the right, a female to the left. (V:48)

If the length of a fever is not an odd number of days, relapse is likely to occur. (IV:61)

Unless a fever be due to bile, the pouring of a lot of hot water on the head will end the fever. (VII:42)

Varicose veins or hemorrhoids appearing in a case of madness put an end to it. (VI:21)

To know whether a woman be pregnant, administer a draught of hydromel on retiring when she has had no supper. If she suffers from colic in the stomach she is pregnant; if not, she is not pregnant. (V:41)

If, in a woman who is carrying twins, one breast becomes thin, a miscarriage will occur of one of the children. If the right breast is affected, the male child will be lost; if the left, the female. (V:38)

* * *

On the other hand, Hippocrates did say:

With regard to food and drink, it is better to take something slightly less suitable but pleasing than something more suitable but less pleasing. (II:38)

The old feel ill less often than the young, but when they contract chronic ailments these usually accompany them to the grave. (II:39)

Desperate cases need the most desperate remedies. (I:6)

Sudden death is more common in those who are naturally fat than in the lean. (II:44)

It is unwise to prophesy either death or recovery in acute diseases. (II:19)

REFERENCES

ADAMS, F.: The Genuine Works of Hippocrates. II. London: C. & J. Adlard, Printers, 1849. CHADWICK, J., and MANN, W. N.: The Medical Works of Hippocrates. Oxford, England: Basil Blackwell & Mott, Ltd., 1950.

TV CAMERAS FOCUS ON A.M.A. ANNUAL MEETING

What goes on behind the scenes at the world's largest medical meeting will be the theme of the "March of Medicine" telecast on Tuesday, June 7. This third program in the 1955 spring series of "March of Medicine" shows will be beamed directly from the convention halls of the A.M.A.'s 104th Annual Meeting at Atlantic City. Sponsored by Smith, Kline and French Laboratories in cooperation with the A.M.A., the live telecast will be carried over the NBC-TV network at 9:30 p.m. EDT, replacing Armstrong Cork Company's "Circle Theater."

Outstanding scientific features of the meeting will be presented for the benefit of those physicians unable to attend the meeting as well as the interested general public. Check local newspapers for time and station in your area.

CLASSIFICATIONS AND CAUSES OF HEMATURIA

1] Hematuria associated with systemic disease and general conditions

Acute fever
- Scarlet fever
- Rheumatic fever
- Tonsillitis
- Measles

Chronic infection
- Endocarditis (renal infarction)
- Malaria

Blood dyscrasia
- Hemophilia
- Polycythemia vera
- Purpura hemorrhagica
- Leukemia
- Sickle-cell anemia

Deficiency and dietary disease
- Scurvy
- Liver deficiency
- High-protein diet (?)

After effect of medication
- Urotropin
- Cantharides
- Mandelic acid
- Sulfonamides
- Salicylates
- Barbiturates

Disease of unknown etiology
- Hodgkin's disease
- Hypertension or arteriosclerosis with renal involvement
- Periarteritis nodosa
- Glomerulonephritis

2] Hematuria due to intrinsic disease of the genitourinary tract

Renal disease
- Calculi or crystals
- Nephritis
- Tumor: capsular, parenchymal, or pelvic
- Infection, acute or chronic, including tuberculosis
- Anomaly: polycystic kidneys, pelvic kidneys, horseshoe kidneys
- Trauma

Ureteral disease
- Calculi
- Infection
- Stricture
- Tumor

Vesical disease
- Tumor
- Infection
- Calculi or foreign bodies
- Ulcer
- Trauma

Bladder neck lesion
- Hypertrophy of prostate — tumor or infection
- Infection of seminal vesicles

Urethral disease
- Infection
- Tumor
- Stricture
- Trauma

3] Hematuria associated with extraurinary pathology
- Acute appendicitis
- Diverticulitis of colon
- Neoplasm of colon, rectum, or pelvic structures
- Acute or chronic salpingitis

THE APRIL MEETING OF THE ACADEMY OF GENERAL PRACTICE

The regular monthly meeting of The Mahoning County Chapter of The American Academy of General Practice was held on Tuesday, April 12 at the South Side Nurses Home. A two hour lecture on headache was presented by Doctor Leonard Lovshin of The Cleveland Clinic Foundation. During a recess in the lecture, the regular monthly meeting was held. In respect to the meeting there is nothing new to report except that Doctors J. L. Fisher and W. P. Camp were elected to the position of delegates, and Doctors Camp and McGregor to the position of alternate delegates. These delegates represent The Mahoning County Chapter at the state conventions.

BILLY ROSE SAYS:

"For my dough, the most important people in the world are doctors . . .

"If you cut yourself, if something starts biting at your insides, if your kid breaks out in spots, whom do you holler for? Your Congressman? The president of your bank? The Secretary of War? Not on your tintype. You send for the man with the little black satchel . . .

"When I was a kid, I had scarlet fever, and they tacked up a sign on my house and nobody could come near me. But a small gent with a black bag walked right in . . .

"I remember asking my mother, "Can't doctors catch scarlet fever? She said they couldn't — but she was fibbing. The list of doctors who were killed by the bugs they were chasing would stretch from here to Valhalla . . .

"Of course the great standouts of medical science don't need any ballyhoo from me. But the doctor who rides around in that 1947 Chevvy could use a little applause. In a civilization that rates a guy by how big a check he can write, the doctor knocks his brains out for less than we pay a bricklayer or a plumber. Sun or slush, he's on tap if you're in trouble. Twenty-four hours a day he stands ready to stop what's hurting you.

"To me that's as important as anybody can get."

NATIONAL CONFERENCE ON SALK POLIO VACCINE

Secretary of Health, Education, and Welfare Oveta Culp Hobby announced today that she is inviting some 50 national organizations to send representatives to Washington to give them all available current information with respect to the availability of the Salk poliomyelitis vaccine.

The Secretary said that the viewpoints of these groups would immediately be made available to the National Advisory Committee on Poliomyelitis Vaccine.

The Secretary announced yesterday that such a committee was being appointed. The names of the committee members will be announced next week.

Representatives of the National groups will meet Wednesday, April 27.

Chairman of the April 27 meeting will be Dr. Chester S. Keefer, Special Assistant to the Secretary for Health and Medical Affairs and Special Advisor to the President.

The meeting will be held at the HEW Auditorium, 330 Independence Avenue, S.W., Washington, D. C.

Lawyer Robert Jordan of Talbotton says the height of illegibility is . . . a doctor's prescription written with a postoffice pen in a rumble seat of a second-hand car.

—Boots Birdsong in the Manchester Mercury

GASTROSCOPY: ITS VALUE AND LIMITATIONS

Since the perfection of the flexible gastroscope by Rudolph Schindler in 1932, visual examination of the gastric mucosa has been practical and safe. In recent years gastroscopy has enjoyed increasing usage in the office and in-patient examination of patients with abdominal distress.

Method

Prerequisites for a thorough gastroscopic examination are an empty stomach, reduction of gastric and salivary secretions, patient cooperation and analgesia. These are obtained by fasting, anti-cholinergic parenteral medication, sedation, topical anesthesia and reasurance. In those few individuals who are sensitive to cocaine derivitives certain anti-histamines can be used locally in the throat. Immediately prior to passing the scope the stomach is emptied with a large lumen tube. This serves to tell the operator that there is no obstruction in the lower esophagus. The patient is placed in the left lateral position and the head is supported by an assistant. Passage of the gastroscope is accomplished through the mouth, down the esophagus, and into the stomach. Five minutes will give a good examination in most instances.

Value

Gastritis is the most common organic disease of the stomach and gastroscopy is the best, often the only, means of diagnosis short of surgery. However, gastritis is commonly associated with other disorders and other methods of diagnosis must be used concurrently. The indictment of gastritis as the only cause of the patients symptoms must be done by exclusion.

Gastroscopy is of value in determining the malignancy or benignancy of a lesion when used in conjunction with x-ray. Klotz et al. diagnosed correctly 95 of 96 cases of benign gastric ulcer, using radiological and gastroscopic evidence. They concluded that if the lesion can be seen gastroscopically the combination of x-ray, clinical evaluation and gastroscopy will furnish the diagnosis in almost all cases.

In a recent series of 82 surgically proven gastric malignancies x-ray was in error 12 percent and gastroscopy 20 percent. By combining both methods only one case in the series was considered benign. It would appear that surgical exploration is justified if the finger of suspicion is pointed by either x-ray or gastroscopy.

Confusing cases of large gastric folds can often be resolved by gastroscopy, especially combined with biopsy.

Indefinite x-ray diagnosis of a lesion can frequently be made definite by gastroscopy and occasionally a small gastric lesion can be seen which would have evaded x-ray diagnosis. Solitary gastric polyps and small ulcers are examples.

Limitations

A negative gastroscopic examination does not preclude the presence of disease. There are certain blind areas in the stomach which are variable from patient to patient, but in general include the cardia and posterior wall. Spasm of the stomach, deformities such as cascade deformity, atony due to prolonged pyloric obstruction, and certain congenital malformations will yield poor examinations and inconclusive results. Barium x-ray examination within 24 hours prior to gastroscopy will leave a coating which obscures the view.

Duodenal ulcer is not seen by the gastroscope.

Comment

Henry L. Bockus feels that "Gastroscopy is a valuable adjunct to gastric radiology and should never be considered a competing procedure. Their combined use in properly selected cases will result in more accurate diagnosis than is possible when used seperately."

Increasingly wide use of the flexible gastroscope will aid in advancing our knowledge of gastric disease and function.

Indications for Gastroscopy	Contraindications to Gastroscopy
1. Gastric ulcer	**Absolute**
2. Gastric carcinoma	1. Aortic aneurysm
3. Unexplained gross hemorrhage	2. Esophageal varices
4. Benign gastric tumor	3. Esophageal obstruction
5. Following a pre-malignant lesion	4. Corrosive gastritis
6. Following the healing process	5. Phlegmonous gastritis
7. Unknown lesion found at x-ray	6. Abdominal rigidity
8. Symptoms after gastris surgery	7. Fever from abdominal disease
9. Luetic patient with gastric symptoms	8. Non cooperative patient
10. GI symptoms after normal x-rays	9. Failure to pass the Ewald tube
11. Certain cases of extra gastric disease	10. Absence of recent GI series x-ray
12. Teaching — especially to recognize the normal.	**Relative**
	1. Angina Pectoris
	2. Dyspnea
	3. Cardiac decompensation
	4. Psychosis
	5. Severe scoliosis
	6. Kyphosis
	7. Cardiospasm

Wayne L. Agey, M.D.
With apologies to Michael Bianco, M.D. and the Summit County Medical Society Bulletin.

Symptoms of Hearing Loss

A person should consult an otologist for an audiometric test if he answers "yes" to more than one of the following questions:

Do you find that most people seem to be "mumbling" or slurring their words when they talk to you

Do you hear better in noisy places than in quieter ones?

Are you bothered by head noises or "ringing" in the ears?

Do harsh, loud noises seem actually painful?

Do you find that, at one moment, you cannot hear someone speaking to you and, at the next, he seems to be shouting?

Can you hear the sound of a voice but find it difficult or impossible to understand what is being said?

Do you seem to hear better with one ear than the other?

Do you pucker your brow and scowl—perhaps without realizing it—while straining to catch what people are saying?

Do you have trouble hearing when attending church, listening to the radio, watching television or seeing a movie?

—Leonard Davis, Secretary
American Hearing Aid Association

RELIGION AND PSYCHIATRY

Members of the clergy and psychiatrists are less confused than any groups of people about psychiatry in relationship to religion. This article is an attempt to clarify some common misconceptions about this problem.

First, it is necessary to try to make operational definitions of "religion" and "psychiatry" as each is used in this paper. "Religion" is used in reference to belief in and worship of a Supreme Being; "psychiatry" is used as both a theory of the causes and motivations of man's total behavior and the attempts at treating poor adaptation to self and others.

Religion and psychiatry are different and cannot be sensibly interchanged for each other. Psychiatry (both as theory and treatment) cannot be a substitute for religion nor does it promise to do so. Psychiatry does not hold itself to be either a new religion or an old religion in a new form. Psychiatry is definitely not opposed to religion.

Psychiatry can often offer rational interpretations of guilt and reduce some of the anxiety that guilt produces — but psychiatry cannot absolve guilt. The subject of guilt has been a source of the untrue conclusion that psychiatry is trying to usurp an important part of religion. Therefore, some clarification of guilt in psychiatric theory and therapy is necessary.

Psychiatrists do not believe that good mental health depends on not feeling guilty. Guilt in psychiatry refers to a subjectively perceived feeling of guilt — either exaggerated and distorted or unconscious. Successful psychotherapy aims to better the patient's relationships with other people, it traces out the motivating forces and meaning of the patient's behavior, it makes the patient aware of the pathological distribution of his emotions, and it reorients this distribution. Where there are specific problems of ethics and moral conduct combined with a desire to be forgiven, scientific advice that is neutral with regard to values is not enough to remove the pressures of this kind of guilt.

Successful psychiatric treatment does not mean or imply the loss of religious belief. It may imply a change in the way that the patient tried to use religion to meet or support his sick needs. Psychotherapy does not aim to give the patient freedom of his instincts without regard to any law.

Sincere religious convictions are a powerful aid in the preservation of mental health but they do not constitute an infallible prevention or cure of all emotional distress. The idea that God will help overcome adversity contributes a tremendous force to give people a sense of trust, strength, and (when necessary) resignation. But, religious people can and do become emotionally ill. When a person develops emotional illness, religious exhortations alone will not cure him. The skills of psychiatry can often help.

An important part of psychotherapy is helping the patient discover or re-discover his own constructive potentialities, ideals, and hopes that will make his life worth living. Among these values, the patient will often find those of religion. But, psychiatry cannot give God to a patient.

Just as psychiatry is not a substitute for religion, religion is not a substitute for psychiatry. The spiritual adviser has many useful functions — many of them are similar or related to those of the psychiatrist, many are different from those of the psychiatrist. The clergyman must be concerned with the individual problems and special needs of his people. In this role, he gives comfort to people in distress, he listens and gives support while people talk about their problems, he helps people to see themselves in re-

lation to others, he can and does help people regain their judgment and objectivity. Psychiatrists welcome and encourage these functions of the clergyman.

Troubled people go to both psychiatrists and spiritual advisers. There is no fixed rule by which to determine whether a troubled person should see either a clergyman or a psychiatrist. The spiritual adviser is an instrument through whom certain transcendent religious values can be offered for healing. The psychiatrist performs his medical function not by rejecting religion but by using his different training and methodology. The psychiatrist tries to relieve symptoms and change a disease process, he tries to help the patient get some understanding of himself as a person and the mental mechanisms involved, he tries to get each patient to live a more full and happy life within the limits of the equipment he possesses and the real situations in which he must exist.

Religion and psychiatry agree both on the value and dignity of the individual and on the value of human understanding and kindly relations. Psychiatrists realize that they do not have a monopoly on understanding people — some poets, writers, theologians, and philosophers have contributed great knowledge.

The fact that increasingly larger numbers of people are turning to religion and psychiatry for help does not mean that these two services are contradictory or competing with each other. It does mean that they are mutually compatible. Clergymen of all faiths refer large numbers of people to psychiatrists. Psychiatrists do not try to play the role of God, they respect each patient's religious beliefs, and they do send people to their spiritual advisers who invariably know far more about religious problems than psychiatrists do.

Frank Gelbman, M.D.

It is amusing to read and hear of the passing of the family physician. There never was a time in our history in which he was so much in evidence, in which he was so prosperous, in which his prospects were so good or his power in the community so potent. The public has even begun to get sentimental over him! He still does the work; the consultants and the specialists do the talking and the writing; and take the fees! By the work, I mean that great mass of routine practice which brings the doctor into every household in the land and makes him, not alone the adviser, but the valued friend. He is the standard by which we are measured. What he is, we are; and the estimate of the profession in the eyes of the public is their estimate of him. A well-trained, sensible doctor is one of the most valuable assets of a community, worth to-day, as in Homer's time, many another man. To make him efficient is our highest ambition as teachers, to save him from evil should be our constant care as a guild.

—Sir William Osler, 1902

Research has been called good business, a necessity, a gamble, a game. It is none of these—it's a state of mind . . .

Equipment discovers nothing . . .

Research is the name given the crystal formed when the night's worry is added to the day's sweat. *—Martin H. Fischer*

KEEPING UP WITH A.M.A.

By Wm. M. Skipp, M.D.

A.M.A. AND VETERANS GROUPS CRITICIZE HOOVER REPORT. Veterans' organizations and A.M.A. rose up fast and mightily against Hoover Commission recommendations on medical care of veterans. Former said they were too harsh and the latter too generous. Amercian Legion expressed "shock and disappointment," Veterans of Foreign Wars deplored this sign of "growing contempt" and A.M.A.'s warned that Commission's plan would "skyrocket the cost of veterans' medical care."

The Legion says "there are many vicious, unwarranted and unjustified attacks on the sick and disabled veterans of America." It hurled the charge "socialized medicine" at Commission's proposal that non-service-connected cases accepted for Federal treatment assume liability to make payment for services at a later date . . . no justification for closing 20 veterans hospitals . . . and charged that the report implies that sick and disabled veterans perjure themselves to gain hospital admittance.

Hoover Commission junked the major recommendations of its own 16-member Medical Task Force. It substituted instead proposals which will expand instead of curtail government medical care for veterans with non-service-connected disabilities.

The Medical Task Force recommended that veterans with non-service-connected disabilities receive hospital care if the need for such disability is established within three years following discharge from active duty. This would reduce cost from 17.5 million to about 3 million. The commission recommended that this service be reduced through a closer financial screening of applicants. This has already been tried and proved ineffective.

In eliminating the 3-yr. eligibility clause, it chose to retain the provision of out-patient service, which in the past has been available only to veterans with service-connected disability. This out-patient provision would actually skyrocket the cost of veterans medical care.

To remove the three year limit and, at the same time, furnish the non-service-disabled veteran out-patient care in veterans hospitals is certainly not in keeping with the commission's objective of trying to eliminate wasteful government spending and the unnecessary intrusion of the federal government into private affairs.

MRS. HOBBY OUTLINES PROGRAM, DEFENDS REINSURANCE PLAN. Her belief is that A.M.A. witnesses this year won't regard reinsurance as "an opening wedge" for socialized medicine: 1. First year's cost of the total program would be $71,750,000. 2. One of the objectives of reinsurance is to learn whether more low-income families can't be induced to carry health insurance. 3. The role of the federal government in the health fields should be "research, information, services and leadership to stimulate states and local communities to keep up on what we know are their responsibilities." 4. Her selection (under protest) as important sections of the health bill are reinsurance and guarantee of mortgages for health facilities.

"I thought that old socialized medicine ghost was dead," the Secretary said with restrained impatience. "Reinsurance is just an attempt to help men and their families to help themselves. I don't believe people want socialized medicine but they do want a way to pay medical bills. We must find a way by which they can pay those bills. If we don't do it by a voluntary plan, then it must be done by subsidy or by compulsory health insurance."

A.M.A. COMMITTEE GIVES IT VIEWS ON MILITARY TRAINING. A.M.A. on a new trainee-reserve program (H.R. 2967). The association's objectives were to comment on the medical aspects involved; rather than to support or oppose the program.

1. Deferments from induction for military training should continue through the medical student's professional training, and not end with his graduation; classification of medical students as deferred specialists should occur at or before the age of induction; schools should continue to select their own students and to control the educational programs.

2. Because the trainees would not be in combat or assigned overseas their medical care should be furnished by civilian contract physicians. Induction and periodical medical examination of reserves should be conducted by contract civilian physicians or reserves.

3. The association would be unalterably opposed to the federal government furnishing medical care to veterans of the trainee program for non-service-connected conditions.

A.M.A. TESTIFIES ON TWO MENTAL HEALTH BILLS. Before the Health and Science Subcommittee of the House appeared Dr. David B. Allman, trustee and chairman of the Committee on Legislation and Dr. Leo H. Bartemeier, chairman of the Council on Mental Health:

The following is a listing of what the Committee feels are matters in which they should take an active part: 1. A study of the influences of psychiatry in medical education . . . 2. The consideration of the responsibilities and training of adjunct personnel . . . 3. The need for psychiatric units in general hospitals . . . 4. The amendment of laws on committment of the mentally ill . . . 5. The need for laws on specific groups — such as sex offenders and criminals. 6. The development of mental health clinics. 7. Public education in mental health through radio, TV, magazines and newspapers. 8. The establishment of cooperative relationships with other national groups in mental health. 9. The development of a firmly coordinated relationship and cooperative planning between the A.M.A., Committee and mental health committees of state and county medical societies.

Dr. Bartemeier, Director of the Seton Institute: appearing in support of H.R. 3458 and H.R. 3720, and House Joint Resolution 230.

To authorize a 5 yr. program of grants to states for mental health services . . . of special project grants for the development of improved methods of care, treatment and rehabilitation of the mentally ill.

H.J. Res. 230 would promote an intensive survey in the field of mental health over a 3-yr. period and upon the recommendation of the National Institute of Mental Health. These grants to assist in financing a thorough, professional, and impartial study of all aspects of the mental health problem, including methods and practices in diagnosing, treating and rehabilitating the mentally ill. Mental illness is intrinsically a medical problem.

We have mistakenly sought solutions to our problems by the construction and maintenance, at tremendous public cost, of institutions for custodial care of the mentally ill. In many instances these institutions are nothing more than mental "pesthouses" where patients are confined indefinitely with slight hope of cure.

In this report is a great deal of legislation that is coming before Congress and about which every member of the profession should be informed.

S. 1323 (Hill, D-Ala. and 12 other Senators) *Federal Aid to Medical Education:*

This is a very important piece of legislation and should be watched very closely as it may be doing the very thing we do not want, wherein the federal government dictates (because of aid) policy in teaching, investigation, etc. Let's look before we leap and socialize ourselves through our schools. Let's try to keep them free. GIVE TO THE AMERICAN MEDICAL EDUCATION FOUNDATION.

A 5-yr. program of federal aid for construction, expansion and maintainence of medical schools. New schools would get 2/3 of construction costs. Existing schools, if they increased freshman enrollment by 5% would receive 2/3, otherwise the federal share could not exceed 50%. A school could receive up to $3 million for construction during the 5 yrs., exclusive of $25,000 for planning. The bill states that 20% of any new construction grant, "may, at the discretion of the applicant, be allocated to permanent endowment for the cost of maintainence of the new facility." Cost of construction would not include cost of acquisition of land. The Public Health Service would administer the Act.

S. 723 FOR A FEDERAL MENTAL HEALTH COMMISSION. The A.M.A. gave its wholehearted support to the non-government survey of mental health.

H.R. 855 (Van Zandt, R-Pa.) and H.R. 4574 (King, D-Calif.) SOCIAL SECURITY Lawyers. Similar bills that would amend the Social Security Act to make coverage compulsory for lawyers. Along with physicians and others, lawyers were exempt from compulsory coverage by the 83rd Congress.

H.R. 2168 (Ostertag, R-N. Y.) and H.R. 3006 (Yates, D-Ill.) REMOVING LIMITATION ON OUTSIDE INCOME . . . SOCIAL SECURITY. Some of these measures would become effective immediately, others after 1955. All would allow the self-employed physician (if placed under social security) to continue active practice between ages 65-72 without loss of OASI benefits.

H.R. 3890 (Curtis, R-Mo.) BENEFIT PLANS IN LIEU OF SOCIAL SECURITY. Would authorize a waiver of OASI payroll taxes for an individual participating in a private insurance benefit and/or retirement plan. The cash surrender value of the private plan would have to equal the payroll taxes that would have been paid to OASI. If the individual ceased to participate in the private plan, the insurer would have to pay into the OASI fund the tax that would have been paid had the individual not been in the private plan.

Congress members continue to receive letters and petitions urging extension of social security coverage of doctors. H.R. 4957 by Rep. Henry S. Reuss (D-Wisc.) It authorized coverage of self-employed physicians and dentists on a voluntary basis. A.M.A. is on record against compulsory inclusion.

Appendicitis in Infants

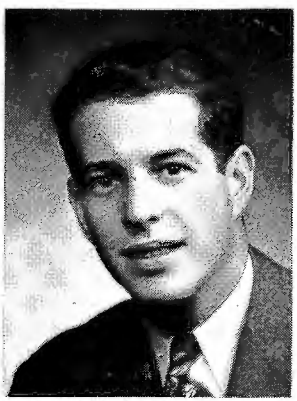
The diagnosis of appendicitis in infants and young children is often difficult because the clinical picture is atypical. Error or delay in diagnosis is, however, more serious in these patients than in the adolescent or adult, because the younger patients tend to perforate much sooner. The reason: In young children, the omentum is thin and filamentous. It is therefore ineffective in its efforts to surround and delay the inflammatory process. For the same reason, the peritonitis following perforation in young patients tends to be more severe.

Notes Worth Noting, Tufts M. J., November 1953

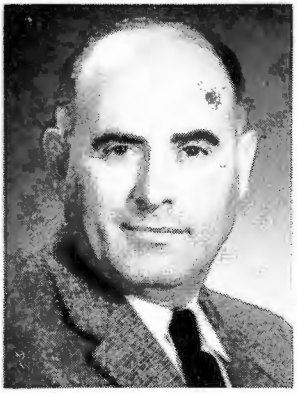
HAVE YOU MET . . . . . .

Dr. Leonard Francis Fagnano who is now a Junior Active Member of the Mahoning County Medical Society? Born in Youngstown in 1920, he obtained his premedical education at Youngstown College and then attended Northwestern University Medical School where he received his M.D. in 1949. He stayed on in Chicago for a year of internship at Cook County Hospital. Dr. Fagnano returned to serve as resident in General Surgery at the Youngstown Hospital Association from 1950 to 1954. His office is located at 3718 Market Street where his practice is limited to general surgery. Dr. and Mrs. Fagnano, the former Angela Pozzuto of Wampum, Pa., reside at 204 Indianola Road.

Dr. Lester O. Gregg who is now an Active Member of the Mahoning County Medical Society? A native of Winder, Penna., born on November 6, 1915, he received his B.S. from the University of Pittsburgh and then attended Hahnaman Medical College in Philadelphia where he obtained his M.D. Dr. Gregg served his internship at Shadyside Hospital in Pittsburgh and then went on in his specialty training in ENT at BelleVue and Long Island Hospital in New York. He spent three years in the U. S. Army Medical Corps. His office is located in the Dollar Bank Building where his practice is limited to ENT. Dr. and Mrs. Gregg reside at 291 Park Ave.



Dr. Alex M. Rosenblum who is now an Active Member of the Mahoning County Medical Society? A native Youngstowner, born on June 5, 1920, he received his undergraduate training at Swarthmore College and then went on to the University of Pennsylvania to obtain his M.D. Dr. Rosenblum returned to Youngstown to serve his internship at St. Elizabeth Hospital and then went on to complete his graduate training at Cook County Hospital in Chicago, Illinois. He served in the U. S. Army Medical Corps. His offices are located at 318 Fifth Avenue where his practice is limited to internal medicine. Dr. and Mrs. Rosenblum, the former Margie Lott, reside at 2365 Coronado Avenue where son Lee and daughter Sue Ann complete the Rosenblum family.



Dr. Louis H. Scharf who has recently become a Junior Active Member of the Mahoning County Medical Society? A native of Berehy, Czechoslovakia, born on January 5, 1906, he received his medical education at Medical College of the University of Prague. Dr. Scharf served a year of internship at the New York Hospital and then four years in psychiatry at the Hudson River State Hospital in New York. His office is at Woodside Receiving Hospital where he serves on the staff. In 1946, Elisabeth Rosenbaum became Mrs. Scharf in Prague, and now with son, Robert, and the Doctor, the Scharf residence is at 2607 Homestead Avenue.

Dr. Salvatore V. Squicquero who is a new Junior Active Member of the Mahoning County Medical Society? Dr. Squicquero was born in Ellwood City, Penna., on November 26, 1921 and attended Stritch School of Medicine, Loyola University in Chicago, Illinois for his medical study. His internship was served at St. Elizabeth Hospital right here in Youngstown and he had one year of pathology at the North Side Unit, Youngstown Hospital Association. 1946-1947 found him in the Air Force and again in 1953-1954. He is in general practice in the Home Savings and Loan Bldg., and with his wife, Elsie Berna Squicquero and children David, Mark Rita, and Margaret, he resides at 50 Tod Lane.

PHYSICIANS WORKING FOR CHARITY. It has been generally known for a long time that physicians spend many an hour in clinics and hospitals and on calls for which they receive no payment and expect none. While doctors deserve no medal for this, these unpaid bills and freely-given hours add up to lost income. The New Hampshire Medical Society came up with the best study yet on the subject of free medical care.

In a survey conducted among GP's and specialists they found that somebody, somewhere in New Hampshire gets $4 worth of free medical care and treatment every minute. The annual value of this free medical care is $2,096,640. Or to put it another way, the value of this free medical care is $40,230 per week, or $5,760 every day. "Just about every practicing physician does some charity work." The average doctor in the state is providing $3,245 worth of free medical care a year — slightly more than $65 weekly. For surgeons and specialists the free care . . . measured in terms of dollars and cents . . . would be substantially greater. Free surgery . . . that is surgery for which the physician-surgeon received no payment or performs the work at a reduced rate . . . may amount to $1,000 or more a month.

The Mahoning County Medical Society

presents for the

MAY MEETING

CHARLES A. DOAN, M.D.

Professor of Medicine
Director of Medical Research
Dean of Ohio State University College of Medicine

Subject: "New Horizons in the Approach to Therapy of Lymphomata and Acute Leukemia"

May 17, 1955

Elks Club — 8:30 P. M.

PERSONALITY OF THE MONTH

May brings as our personality of the month, Dr. Charles A. Doan, one of the nation's outstanding authorities in research on blood diseases and dean of the Ohio State University College of Medicine. He is our scheduled speaker for the May meeting of the Mahoning County Medical Society which will be held at 8:30 p.m. at the Elks Club on May 17, 1955.

A native of Nelsonville, Ohio, Dr. Doan graduated with his B.S. from Hiram College in 1918 and then received his M.D. from Johns Hopkins University in 1923. Staying on as a resident house officer at Johns Hopkins Hospital in 1923, he then followed with a year as an assistant in the department of anatomy in the same institution. The next year found Dr. Doan in Boston, the city of Back Bay and Beans where he served as an assistant in the Harvard department of medicine, assistant physician at Boston City Hospital and assistant at the Thorndike Memorial Laboratory.

From 1925 to 1930, he worked as an associate of the Rockefeller Institute for Medical Research in New York City and in 1930 came to Ohio State as professor of medicine and director of the department of medical and surgical research. He served in these Ohio State posts until 1936 when he became chairman of the University's department of medicine, physician-in-chief at Starling-Loving (University) Hospital and St. Francis Hospital and director of medical research. In 1944, Dr. Doan became a director of University Hospital, professor of medicine, director of medical research and Dean of the Ohio State University College of Medicine.

Dr. Doan is currently a member of the Committee on Policies and Procedures of the National Blood Program of the American National Red Cross; chairman of the Hematology Study Section of the National Institute of Health, USPHS; a fellow of the American Public Health Assn.; director of the Columbus Cancer Clinic; and expert consultant to the Surgeon General.

His membership includes the Assn. of American Physicians; the New York Academy of Medicine; the American Assn. for the Advancement of Science; the A.M.A.; the American College of Physicians of which he is governor for Ohio and Member of the Board of Regents; the American Assn. of Anatomists; the American Society for Experimental Pathology; the American Society for Clinical Investigation; the Society of Experimental Biology and Medicine; the Harvard Society; the American Society for Clinical Pathology; the Phi Beta Kappa, Sigma Xi, and Alpha Omega Alpha.

In 1941, Dr. Doan received the gold medal of the American Society of Clinical Pathologists. He is the author of more than 150 scientific contributions to the literature in the field of hematology.

We look forward with great anticipation to the visit of Dr. Charles A. Doan, our guest speaker for the month of May who will speak on "New Horizons in the Approach to Therapy of Lymphomata and Acute Leukemia" at the Elks Club at 8:30 p.m. on May 17, 1955.

THE COUNCILOR'S PAGE

Until fairly recently the doctor devoted himself solely to his patient. But times have changed. Our generation of physicians has been forced into many new activities which would be incomprehensible to our predecessors. These new activities are not merely something forced on us by our new environment, but are, in fact, part and parcel of our duty to our patients. Some doctors, failing to realize that fact, look down on such activities and refuse to take any part of them. Such men are wrong, for what we are trying to do today is for the welfare of the public, our patients, because these activities are part of the plan by which we hope to keep our profession free of government control.

If we cannot keep medicine free, the ultimate sufferer will be the patient. It is therefore our duty as physicians to fight off the Welfare State Socialists who see control of medical care as the way to total domination of our world. Only in freedom can we "use treatment to help the sick according to our ability and judgment."

In Washington, at the last session of Congress, 60% more "health" bills were introduced than in any previous session. 38% of the Senators and 96% of the House of Representatives introduced bills dealing with health measures. In all, 407 health bills were introduced. At this session probably an even greater number will be introduced.

In our Ohio Legislature at the current session more than 50 bills involving health have been put into the hopper. Some we favor; some we are against.

You may well ask: "What does our Ohio State Medical Association do for the enactment of good health legislation, locally and nationally?"

Each election year, a few weeks prior to the November election, every candidate for office, state or national, is interviewed by a doctor on his attitudes concerning health legislation. His answers are recorded and a copy sent to O.S.M.A. headquarters in Columbus. Here they are kept on file for use by our state secretary and his staff, and the state legislative committee.

In each of the eleven Councilor Districts of the State of Ohio pre-election conferences are held. These are attended by our state secretary or his assistant, by the councilor of the district, and by members of the legislative committee of each district. Here the candidates and their views on health legislation are discussed, and decisions are made on who should be supported. Partisan politics do not enter. Information about candidates is then compiled and sent to every doctor in the district. He is not told how to vote, or how we wish he would vote, but is given the information on the candidates' views. An effort is thus made to elect legislators who have what we think are the right views on medical legislation.

When these legislators are elected and begin presenting bills, we have two teams who go into action. Bills presented in Washington are studied by the council of the A.M.A., and those presented in our state legislature are studied by our state council. We had a state council meeting in Columbus at the beginning of this session of the legislature. We spent the entire day going over legislative proposals and anticipated measures. We carefully analyzed and expressed our views on approximately fifty bills which are in the Ohio General Assembly or will, in all probability, be introduced during the session. All of these bills have some medical or health aspect. Our

adopted policies and expressed views on these measures are available for the guidance of the county medical societies, the state committee on legislation, and members of the Columbus office staff. These recommendations express the concensus of opinion of the members of council after honest consideration and thorough discussion.

The purpose of these studies and expression of policies is to enable you to know what is going on in Columbus and what decisions your lawmakers will be called upon to make.

You should be personally acquainted with your legislators and discuss with them your ideas on these legislative matters. If you are unable to talk to them either personally or by phone, a letter, brief and to the point, will let them know that you are aware of the decisions they are asked to make, and that you think that you can help them enact good legislation.

Each county society has a legislative chairman and committee. The chairman gets a legislative bulletin or phone call from headquarters every week. Our secretary in Columbus is in constant touch with what is going on in the legislature. He is acquainted with all the legislators. From the information sent him from county committees, he knows also how they feel on medical matters. He discusses these medical problems with the lawmakers. Often they come to him for advice. There is a very friendly spirit between the legislators and our headquarters. Difference of opinion, a situation which occurs at times, does not necessarily mean animosity.

Now, when a "hot potato" is pending before a committee, our machinery goes into high gear. Our secretary, knowing the attitude of council on the measure, sends the information to each legislative chairman of the 88 counties of the state. These physicians then contact the proper legislators at once, have a talk with them, putting forth our views on the measure. No legislator can read and decide on 1339 bills. He must depend, to a great extent, on what someone he trusts will tell him about the bill.

C. A. Gustafson, M.D.
Councilor, Sixth District

WOMAN'S AUXILIARY NEWS

A business meeting was held on Tuesday, April 12, at the Woman's City Club by the Woman's Auxiliary to the Mahoning County Medical Society. The program followed a delightful spring luncheon served for thirty members. The table was gay with tulips, snap dragons, daisies, and bells of Ireland.

Mrs. Morris Rosenblum gave the invocation and the committee chairmen submitted their annual reports. Mrs. Lawrence Weller, chairman for the day, introduced the speaker, Mr. Calvin Hinds, who showed a movie and talked on Civil Defense.

The following officers were elected for the coming year:

President	Mrs. Craig Wales
President-elect	Mrs. Paul Mahar
Vice President	Mrs. John J. Wasilko
Treasurer	Mrs. Ben Brown
Recording Secretary	Mrs. John C. Renner
Corresponding Secretary	Mrs. Fred C. Coombs

The officers will be installed at the annual dinner May 18, at the Youngstown Country Club.

Bladwyn Rogers

KNOW THYSELF

Perhaps the greatest single criticism of our present day, high-speed mode of life is that we permit the withering of the inner man.

We have so diversified our activities and have so occupied ourselves with inconsequentials that we have lost the ability and the desire to reflection and to personal assessment. In an age of ever increasing complexity we have become merged with our machines and have been caught up on our own production lines.

Where is the man, in these troubled days who can calmly view himself and ask "why?", "whither?", and "wherefore?".

It may be that the calm and calculated art of detached thinking has become so foreign to our present day that we have lost our sense of direction. Certainly it is not indefensible to say that man is still subject to the same actions and desires as always before. But how many of us now take time to consider them? Our thinking is done as we run. *But where are we running?*

As physicians we are affected with the same malignant infiltration of our minds. In a science which has grown so fantastically complicated that we must stand in awe of what we know not, what is our approach?

We have tried to compensate by frantically splitting ourselves into groups and sub-groups with early, late, large and small meetings. Of course, it is commendable that physicians feel a compulsion to learn, but we question whether the learning process is best served by exposing ourselves to an overwhelming schedule which tires not only physically but mentally also. Also, all our time cannot be spent on medicine for there are responsibilities to family, to community and to ourselves.

It is time to recognize the need of quiet thought. It is time to realize the truth of the proverb, "There is greater wisdom in a minute of silence than in a year of shouting." It is time to wonder if the desire for slowing the pace, that comes with advancing years, is not more a product of maturity than of exhaustion.

—*Greene County Medical Society Bulletin*

Contraindications to Blood Transfusions

1. *Malignant hypertension*—the added transfusion load may precipitate cardiac decompensation or cerebral accident.

2. *Congestive heart failure*—blood is frequently withdrawn from the patient with acute congestive heart failure.

3. *Leukemia without bleeding*—the heart muscle is so weakened by the infiltration of immature leukemic cells that a transfusion overload may produce heart failure.

4. *Severe dehydration*—there is usually hemoconcentration in severe dehydration. Fluids or plasma are indicated.

5. *War-gas poisoning*—here also dehydration is present.

6. *General carcinomatosis,* unless surgery is to be done—there is no real value in giving a transfusion, for it may increase the pressure in the diseased vessel.

7. *Congenital hemolytic anemia*—the regenerative power is from 50 to 70%, as seen in the reticulocyte count. The increase is so rapid that transfusion is not necessary. Also it was found that cells added simply increased the hemolysis and jaundice.

—*From Surgical Technique and Principles of Operative Surgery*
A. V. Partipilo, M.D., Lea Febiger, Philadelphia, 1953

WHAT YOUR PATIENTS READ AND HEAR

Articles of medical interest in current popular magazines:

1. Albert Q. Maisel: "They Call Him 'Dr. Live Again'"
   Readers Digest, March, p. 51.
2. Allan Keller: "The Man Who Didn't Look Hurt"
   Readers Digest, March, p. 73.
3. Nina Wilcox Putnam: "I Had a Cataract Removed"
   Readers Digest, March, p. 125.
4. Caro W. Lippman, M.D., and Margaret Lippman: "Ever Had Migraine?"
   Coronet, March, p.162.
5. Lucille Britt: "Let's Close Our Backyard Clinics"
   Coronet, March, p. 31.
6. Mrs. W. B. Finnerty: "Is There a Doctor in the House?"
   Good Housekeeping, March, p. 60.
7. Maxine Davis: "Medical 'Manhattan District'"
   Good Housekeeping, March, p. 138.
8. Maurice Zolotow: "What You Should Know About Psychiatry"
   Cosmopolitan, March, p. 64.
9. A. E. Hotchner: "Your City Can Save More Lives!"
   Redbook, March, p. 24.
10. J. D. Ratcliff: "Are These the Most Loved Children?"
    Woman's Home Companion, March, p. 47.
11. Benjamin Spock and Miriam Lowenberg: "Dr. Spock's Baby and Child Care Cookbook"
    Woman's Home Companion, March, p. 113.
12. Iago Galdston, M. D.: "Let's Assume You're Normal"
    McCall's, March, p. 30.
13. Henry B. Safford, M.D.: "Tell Me Doctor"
    Ladies Home Journal, March, p. 53.
14. Benjamin Spock, M.D.: "Dr. Spock Talks With Mothers"
    Ladies Home Journal, March, p. 203.

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.
"Interlude" — 9:45 a.m., each Saturday.

The Legal Mind

Several years ago, a young doctor of my acquaintance sat as a key witness in a widely-publicized homicide trial. When he took the stand, the opposing counsel, well aided by medical experts, put him through a grueling cross-examination. The attorney then propounded a long and involved hypothetical question.

The doctor listened with steadily rising temper, then turned to the judge.

"Your Honor," he said, "I'm just a country practitioner and this is the first time I've testified in a homicide case. Any of the authorities at that table"—he nodded toward the counsel's corner—"undoubtedly can tell you much better than I how the deceased *might* have died, *could* have died, or *should* have died.

"I can only tell you how he actually *did* die. I can do that because I was there. Do I get any chance to talk about that?"

He did.

—*M. W. Warren*

THE NEW BIGOTRY

Practically everybody considers himself a "liberal" and practically every liberal condemns bigotry and prejudice. This phrase, "bigotry and prejudice," one must assume, refers to a general condemnation of an entire class based on a preconviction that the group is inherently evil. And no liberal would be caught entertaining any such "prejudgments." Not against any ethnic or religious group that is. But there is one field where the liberal may be prejudiced to his heart's content. That is in distrusting physicians. Here he may accept as an article of faith, the thesis that physicans are inherently greedy and that all their opinions and actions are based on self-interest in the most unenlightened sense of that term. Indeed, it is even "smart" for the liberal to cling to such notions. Typically, he will reject the possibility that physicians, individually or in groups, are motivated by any honest dedication to public welfare.

If the doctor for himself or as spokesman for a medical society — if the doctor says that compulsory health insurance leads to second rate medical care, the prejudged answer snaps back: the doctor says that because he is prosperous under this system and doesn't want to reduce his income. If it is pointed out that the destruction of free choice removes something fine (and something therapeutically useful), the answer is that this is a myth dreamed up by physicians to protect their own interest. Indeed, the "liberal" in such a context will not even concede that the physician might be honestly mistaken in his attitude. He will have it that the doctor takes his position out of greed, and deny that any physician who opposes expanding health insurance could possibly be honorably motivated. If you point out that physicians are forever doing things against their own interests, you get laughed at. If you dare mention the vast amount of gratis work done by every M.D., you are told that this is being patronizing, or that this is simply the result of a bad conscience. If you repeat stories of personal devotion, hours of unremitting and unrewarded vigil, or of personal exposure, you are told that this is pure corn.

No example of heroism, sacrifice, or selfless dedication to patients, will make any difference. For the critic has already made up his mind. He has judged—indeed he has prejudged. And in the purest sense of the word, this is "prejudice." But it is the new prejudice, the permitted prejudice, even perhaps the fashionable prejudice. It is, furthermore, the safe prejudice, for the critics can be sure that no matter how hostile their tone, how unfair their condemnation, there can be no retaliation. For medicine's indispensable benefits are for friend and foe alike.

IN MEMORIAM

Dr. Samuel J. Klatman who died on Thursday, April 28, 1955 at the age of 50, of a heart ailment. A graduate of the College of Medicine of Ohio State University in 1930, Dr. Klatman served as a surgeon for many years on the staff of the South Unit of the Youngstown Hospital Association, suspending his practice three years ago to become assistant medical director for the Youngstown Hospital Association.

One of the first Youngstown physicians to volunteer for service after the Japanese attack on Pearl Harbor, Dr. Klatman spent almost four years aboard a transport ship which carried wounded and sick servicemen between the Aleutians and the United States.

It is with sincere regret, warm remembrance and great affection that the members of the Mahoning County Medical Society acknowledge the untimely passing of our friend, Dr. "Sam" Klatman.

"To live in hearts we leave behind is not to die."

—*Thomas Campbell*

AN EPITOME OF

EPONYMS

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 . . .

PFANNENSTIEL INCISION?

PIRQUET'S REACTION?

PLUMMER-VINSON SYNDROME?

POTT'S FRACTURE?

POUPART'S LIGAMENT?

PRAUSNITZ-KUSTNER REACTION?

PROETZ POSITION?

PURKINJE FIBERS?

QUECKENSTEDT'S TEST?

QUINCKE'S PULSE?

(Answers on next page)

ANSWERS TO EPONYMS

PFANNENSTIEL INCISION: In 1900, Hermann Johann Pfannenstiel, of Germany, devised a horizontal incision for surgery of the lower abdomen. It curved over the mons pubis and hence produced a less noticeable scar. Other advantages were also claimed for it. The linea alba was incised longitudinally.

PIRQUET'S REACTION: Clemens P. von Pirquet, an Austrian physician, described the local inflammatory skin reaction after tuberculin inoculation.

PLUMMER-VINSON SYNDROME: The contemporary American physicians Henry S. Plummer and Porter P. Vinson described a syndrome of dysphagia (due to localized thickening of the esophageal mucosa) and glossitis associated with idiopathic hypochromic anemia. Like the anemia, the mucosal lesions are relieved by administration of iron.

POTT'S FRACTURE: Fracture of the distal end of the fibula, named after Percivall Pott, an eighteenth-century English surgeon, whose name is also attached to kyphosis due to tuberculosis (Pott's disease).

POUPART'S LIGAMENT: Francois Poupart, a seventeenth-century French anatomist, described the ligament between the anterior superior iliac spine and the pubis; i.e., the inguinal ligament.

PRAUSNITZ-KUSTNER REACTION: In 1921, Carl W. Prausnitz and Heinz Kustner, of Germany, showed the production of local hypersensitivity by the intradermal injection of serum from an allergic person.

PROETZ POSITION: Hyperextension of the neck in the supine position, used for intranasal instillation and described by the contemporary American surgeon Arthur W. Proetz.

PURKINJE FIBERS: The name of Johannes E. Purkinje, a Bohemian physiologist, is attached to the specialized myocardial fibers that carry impulses from the bundle of His to the ventricular muscle.

QUECKENSTEDT'S TEST: Normally, compression of the jugular vein raises the cerebrospinal-fluid pressure promptly throughout the subarachnoid space. Hans Queckenstedt noted that there is no rise distal to a subarachnoid block.

QUINCKE'S PULSE: Another name for the prominent pulsations noted after light pressure on nail beds in instances of high pulse pressure, after Heinrich I. Quincke (1842-1922).

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.

MISCELLANEOUS

H.R. 2685 (Vinson, D.-Ga.) ARMED FORCES DEPENDENTS MEDICAL CARE PROVISIONS:

1. Uniform practices for all Armed Services.

2. Medical care to be diagnosis, care for acute medical and surgical conditions, treatment of contagious conditions, immunization and maternity and infant care.

3. Excluded: domiciliary care and chronic diseases, nervous and mental disorders (except for diagnosis), elective medical and surgical treatment; unnecessary ambulance service and home calls.

4. Excluded: Prosthetic devices, hearing aids, orthopedic footwear and spectacles, except where adequate civilian facilities are not available, in which cases devices would be furnished at government cost if available from military stocks.

5. Military medical facilities to be used subject to availability of space, facilities and capabilities of medical staff.

6. Dependent medical care will be provided from duly licensed civilian physicians and surgeons and accredited civilian hospitals and treatment facilities whenever military facilities are unavailable or incapable of providing authorized treatment required, or when the situation is of an emergency nature.

7. Dependents in civilian facilities would contribute the first $10 of the total cost except no charge in maternity cases.

8. Dental treatment limited to emergency care to relieve pain or suffering or as necessary adjunct to medical or surgical treatment.

9. Applicable to wife (or husband), child, parents and parents-in-law, if in fact dependent on member of Armed Forces for more than half their support.

10. Widows and dependent children of deceased servicemen in service at time of death. This privilege expires on remarriage.

11. Secretary of Defense is granted authority to contract for dependent medical care under private insurance plan if he deems it more economical.

MORE SURPLUS PROPERTY SOUGHT FOR HEALTH AND EDUCATION. Chairman John W. McCormack (D.-Mass.) is directing a House Government Operations Subcommittee on an investigation of charges that a new Defense Department regulation is preventing distribution of surplus property to health and educational institutions. The regulation requires that certain salable surplus items in the military services be placed in a "capital account," to be sold at prices said to average less than 5% o ftheir acquisition cost. A bill before the subcommittee (H.R. 3322) would amend the present law to:

1. Require all departments to release surpluses if the states and other non-profit agencies want them. 2. Remove after one year any restrictions on resale or disposal of surplus property previously acquired, and permit immediate passage of title in future acquisitions. 3. Allow for unrestricted transfer of surplus property ownership among federal and state agencies.

CONSTITUTIONAL AMENDMENT RELATIVE TO SUPREME COURT DECISIONS. H.J. Res. 223 (Whitten, D.-Miss.) Would amend the U. S. Constitution to provide "there shall be no interference with or limitation upon the power of any state to regulate health, moarls, education, marriage, and good order in the state; and exclusive jurisdiction thereof is reserved to the states."

DISCUSSES INTERNATIONAL SOCIAL SECURITY. World Medical Association discusses at some length a subject of vital interest to American doctors: the term social security in Europe differs from that in the U. S. In Europe it includes compulsory government and hospital insurance.

"The Committee of Experts, composed of representatives of 17 nations of Europe, Asia, and America, recognizing the need for cooperation with the doctors for public health and social progress, demanded of the medical profession that it accept the principles of social security in order to adopt its work to the needs of modern society. Collaboration is possible only if the medical profession *adopts as its own,* the principles on which social security is based. These general principles which must be accepted by doctors *must be laid down by legislation.*"

HOSPITAL QUESTIONNAIRE TURNS UP INTERESTING FACTS. Evanston (Illinois) Hospital recently conducted a public opinion survey in Chicago's North Shore area mainly to learn whether the institution should be enlarged and modernized to meet the steadily increasing demand for more and better service. The answer, overwhelmingly, was "yes." 86% of those who replied said they favor voluntary hospital care insurance rather than a compulsory plan.

One-third of those who replied held to the misconception that doctors on the hospital's medical staff receive either full or reduced fees for treating "service" patients in the free and part-pay clinics and wards. The doctors, of course, receive nothing for the care given such patients. Their services, like those of the board members, are given freely for the benefit of the community.

HOOVER COMMISSION OPPOSES SPECIAL JOB PRIVILEGES FOR VETERANS. This act of 1944 . . . . obviously the granting of special employment privileges to any group runs counter to the basic principle of the federal merit system, namely, open competition and equal treatment for all on the basis of their ability to serve the public as employees . . . We are just as firm in believing that able-bodied veterans do not need or want special employment privileges after a reasonable period of readjustment . . . With over 50% of federal employees entitled to veterans privileges.

NEW REGULATIONS RECOMMENDED FOR ASPIRIN AND SALICYLATES. A special advisory panel to the Food and Drug has made a number of recommendations for tightening up on the packaging and distribution of salicylate-containing preparations, mainly to safeguard children.

1. Labels of all bottles and packages of salicylate-containing preparations should carry the following minimum statement in bold-face type: WARNING: Keep out of the reach of children. 2. Unless the labeling contains specific dosage recommendations for children under three, this warning should be carried: "For children under three, consult your physician." 3. Dose forms of several strengths of children's aspirin are undesirable and manufacturers, wherever possible, should concentrate on a standard strength of children's aspirin of 1¼ gr. per dosage unit. 4. Manufacturers should not increase their present maximum amounts of children's flavored aspirin per package unit, and development of a safety closure and container should be encouraged. 5. Wider and more effective educational means should be used to inform physicians, pharmacists, and consumers of the hazards involved in accidental ingestion of salicylate-containing preparations.

Aspirin and other salicylates are capable of causing injury and even death when consumed in excessive quantities. In 1952 there were 113 fatal salicylate poisonings, including 86 children under 5 years of age. 65 involved aspirin, sodium salicylate or a salicylate not further identified.

New Drug Bottle Sets Dangerous Precedent

An eastern bottle company is marketing something new: a clown prescription bottle to be used by druggists in packaging medicine intended for children.

But a pharmaceutical manufacturer wrote to me about it this week and termed the whole idea "a silly merchandising promotion."

"If it is so psychologically attractive to the child because of the bottle being clown-shaped, then will it not tempt the child to take more of the medication than the doctor prescribed?" he asked, adding: "This temptation, especially when parent or guardian is not around, creates an 'overdose situation' which can be very serious indeed."

He urged someone to "kill the idea" because, as he said, "medicine is not a toy!"

A story about the clown prescription bottle appeared in a recent issue of the American Druggist at the same time that another drug magazine carried a story, emanating from the U. S. Food and Drug Administration, that "parents must keep modern medicines out of their children's reach to avoid tragic consequences." The federal agency presently is concerned with the problem of protecting children against deceptive looking medicines and has issued a call for a national conference of drug experts to study the matter.

Medicine is a science of uncertainty and an art of probability.
—William Osler