



# BULLETIN

of the  
MAHONING  
COUNTY  
MEDICAL  
SOCIETY

JUNE • 1955  
Vol. XXV • No. 6  
Youngstown • Ohio

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Representative to the Associated Hospital Service  
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## *Our President Speaks*

Recently a special council meeting was held to discuss what at first glance appeared to be a routine matter. Perhaps at this time, you are acquainted with the subject related to industrial medicine which was under discussion. The problem caused so much controversy among the membership at large that it soon became evident that council would have to take some action to help decide the course of the Society. Hence the special meeting.

It is unfortunate that all the members, and particularly the younger ones, could not have been present to hear the remarks made by most of the council members. It was obvious a few minutes after the special committee report was read, what the sentiment of the council was. Nevertheless, it took over an hour for everyone to get in his opinion.

The council, and the individual members of the Society, are quite vigilant to any happening which could be inimical to the best interests of organized medicine. It was perhaps a coincidence that an article in the next evening's paper touched upon the efforts of the communists to infiltrate and eventually take over our government.

A columnist reported on the testimony before a Senate judiciary subcommittee of W. L. McGrath of Cincinnati, President of the Williamson Heater Company, who served as employer delegate to the International Labor Organization. This is part of the United Nations organization. The columnist reported that the I.L.O. would like to dictate to the United States certain policies of labor-management relationships. They would also like to socialize the medical profession in this country. According to Mr. McGrath's testimony, the I.L.O. would attempt to carry out, through treaties, that which cannot be accomplished by direct legislation. The reporter felt that the Bricker Amendment would safeguard the country against the possibility of such things happening contrary to the desires of the American people.

Perhaps with proper vigilance at the lower levels of organized medicine, and with some vigilance in government, the socialization of medicine in this country will be prevented, thereby forestalling this "foot in the door" effort of the communists.



*Ivan C. Smith, M.D.*

# BULLETIN of the Mahoning County Medical Society

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## EDITORIAL . . . "MIDSUMMER MAYHEM"

Soon the sun will pass the summer solstice and through our land the cry of vacation-time will ring out like a signal. Reasonable men will become transformed into speed demons, and the family implements of transportation will scream across the highways like saucers from outer space. And thus the causeway carnage will begin.

Last year 32,000 deaths and 1,250,000 injuries and a dollar loss exceeding \$4,000,000,000 resulted from motor car accidents. Yet in calling them accidents, we infer that we are unable to adopt a more flexible mental attitude which might lead to a solution to this appalling problem. We agree a solution must be found, but how?

There must be an ever increasing effort toward educating the driver to the rules of the road. Our National Safety Council and the local subdivisions has doggedly preached the fundamentals of safe driving and the sermon must be repeated again and again. It should utilize not only road signs and TV spots to remind the populace of the danger, but actually prepared lectures, sponsored by local civic and even church groups, intelligently presenting the principles of safe driving. I believe that the courts are much too lax in their treatment of persons remiss in their duty of observing specific traffic laws. And why should this be?

I think another method of reducing the unnecessary boulevard blood-letting is improving the safety design of the automobile. We know that certain measures have been taken by racing drivers to reduce the danger of injury in collision. Why not incorporate certain modifications into our modern cars with their fantastic horse-powers? This includes:

- 1.) Seats, fixed so firmly to the frame that they can withstand sudden stops equal to 40 times the pull of gravity.
- 2.) Retractable seat belts fixed to that kind of a seat. Until then, seat belts fixed to the car frame itself.
- 3.) Steering column which telescope downward under impact, to avoid their becoming a spear aimed at the heart of the driver.
- 4.) Doors, like airplane doors, that will not fly open.
- 5.) A crash panel of four-inch thick foam material replacing the instrument panel.
- 6.) Getting rid of all sharp projections of instruments or rear view mirrors.
- 7.) A nose, two and a half feet thick, made of something like aluminum foam which would crumple slowly, absorbing the shock of the crash.
- 8.) Light-weight plastic crash helmets which have saved the lives of so many plane pilots and race drivers.

Many of these suggestions have been made to the motor manufacturers as long as 10 or 20 years ago. These gentlemen will make no change unless the public demands it. It would seem to me that physicians and their patients must insist upon these developments if they hope to reduce the disgraceful toll of death, deformity and destruction that may await us on our holiday jaunts.

Robert L. Tornello, M.D. Editor

## GUEST EDITORIAL

## BRAIN WASHING—AMERICAN STYLE

Anyone who thinks brain washing is the patented or copyrighted exclusive product of those who operate behind the Iron and Bamboo Curtains had better take another look closer to home. He might be surprised to find that his erstwhile benefactors in the form of the ubiquitous Federal do-gooders and hand-outers have developed some subtle techniques of their own along these lines.

All the reason and logic in the world seem to lose their force when opposed by the cold cash of Federal give-away programs. The farmer who is paid to limit his acreage and to guarantee his profit, who gets cheap electricity at the expense of millions of taxpayers, including not only himself but thousands of others too, is not apt to be unalterably and unequivocally opposed to Socialism as it applies to benefits he receives. The financially harassed soldier's wife is softened up for socialized medicine when the government pays her doctor bill. The subsidized tenant living in government housing at taxpayers' expense is prone to forget that he is one of those taxpayers or, if he thinks of it, he gloats over the fact that while non-subsidized tenants help to pay his rent, he doesn't help pay theirs.

The medical student who is educated at government expense—to be paid back later five times over out of his own income tax—is so grateful for the solution to a present problem that he can't be bothered about a bigger one in the future, nor can he clearly see any evil in government subsidies for medical schools.

The voluntarily unemployed living on a government dole, that many times supplements other family income, can't understand why some people are stupid enough to work for a living. The old age pensioner and recipients of social security, that in many instances cost him little or nothing, are disinclined to be so lacking in gratitude as to let their minds dwell on such matters as inflation, taxes, actuarial procedures, graft or the menace of Socialism.

We can laugh at the stupid brain washed Russian who is proud of his country that houses him in a pig pen, works him long hours for phony pay of negligible purchasing power and at the same time we lustily complain about income tax and other taxes as though they bore no relation whatever to the multitude of handouts we have learned to demand.

The government giveth and the government taketh away and blessed is Mrs. Hobby.

There's no doubt about it—we're being brain washed every day.

But what of those few recalcitrants, those people of initiative and independence and determination, are they to be allowed to undermine the morale of the whole body politic? Why should we handle them with kid gloves? If they haven't the good sense and decency to yield to gentle philanthropic brain washing give 'em the water cure—drive a few bamboo splinters under their finger nails—turpentine their eyeballs, let's show 'em we know what's good for them and that we mean business.

Intemperate, you say? Intemperate, indeed! Fortunately we have cooler heads in our Welfare Dept. There will be no bamboo splinters—instead our State Welfare Department has sued the Harrison County Commissioners to force them to accept Federal funds that they claim they neither need nor want. Here we have the spectacle of the County Commissioners being forced to use public funds to hire lawyers to defend themselves against the demand that they accept a handout of Federal funds that was extracted from them

originally in the form of taxes. This demand is made by a public agency and prosecuted by the public employed Attorney General who, of course, is paid in part by the citizens of Harrison County.

The Federal government was holding as hostages 87 of our 88 counties and threatening to cut off their funds (in the best held-for ransom tradition) if Harrison County failed to accede to their demands. Shades of the Barbary Pirates. What would Mr. Hammarskjold say? Fortunately we'll be spared his intervention. The Supreme Court of Ohio has ridden to the rescue and Harrison County has been bested to the glory of the Welfare State.

But that's not all, a strange and depressing complacency seems to have settled like a brain washing fog over the minds and spirits of a large segment of our profession. Members formerly articulate and active in defense of their rights have become tongue tied, apathetic, and stingy. With Eisenhower in the White House, Malenkov in the dog house, and Wayne Morse back in the Democratic party, almost everyone seems to be convinced that we can now safely and with impunity take leave of our senses. And they may be right. Maybe we can take leave of our senses. Maybe this country no longer needs the services of the medical profession.

It is difficult to question the sincerity or integrity of the smiling, gracious man who has taken up the heavy burden of the Presidency but it becomes increasingly apparent that he is deceitfully and banefully advised by a clique of Fifth Columnists who have captured the Republican party from within, wearing no more disguise than a campaign button and having no more feeling for the principles of the Republican platform than a snake has for the hapless bird it is about to devour.

The simple inescapable truth is that far from reversing the leftward trend of the New Deal and the Fair Deal this administration has given it even greater impetus and a thin and transparent cloak of respectability besides.

The President favors Federal aid for Federal reinsurance, expansion of Social Security, a 50 billion dollar highway program, Federal aid to medical education, Federal funds for clinics, and almost limitless funds for foreign handouts. He says that he will continue to reject socialized medicine and then proceeds to demand legislation that must inevitably lead to that very end.

Call it what you will, dress it up in any kind of deceitful language that you like, socialism is socialism and Mr. Eisenhower has recommended legislation that will put the government into still more businesses, create still more bureaucracies, run up even bigger debts and carry us further leftward than we have ever been.

Mrs. Hobby, for her part, is on the make. With the Cabinet status that Oscar Ewing was never able to attain, this renegade Democrat is out to outdo Harry Hopkins in "spend and spend" and before she's finished the medical profession may be harboring a warm nostalgic feeling for her predecessor.

By the staff of Aesculapias my friends, we'd better throw off our lethargy, rejoin our allier, support our like-minded friends, and fight for our rights and the good of the country.

C. W. P.

*from Bulletin of Columbus Academy of Medicine, Columbus, Ohio*

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Men are peculiar, as women have long suspected. For instance, a man who hasn't kissed his wife for five years just shot a fellow who did.

## PROCEEDINGS OF COUNCIL

May 9, 1955

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

The following doctors were present: I. C. Smith, president, presiding; S. W. Ondash, W. M. Skipp, F. G. Schlecht, A. K. Phillips, V. L. Goodwin, C. A. Gustafson, A. Randell, J. D. Brown and R. L. Tornello, comprising the Council, also Dr. Henri Schmid, Mayor Kryzan and Police Chief P. H. Cress.

Mayor Kryzan and Chief Cress discussed parking and traffic problems, where the clergy and medical profession are concerned. They felt that parking and traffic courtesies were due both professions due to their type of work especially in cases of emergency calls. The different types of emblems were discussed and it was decided to use a sticker to be placed on the right of the rear windshield. The emblem will be numbered and assigned to our members by our central office who will keep a record of numbers assigned. Any of our members who do not appreciate the courtesy extended and violate traffic and parking rules will be notified by us that the privilege of using the sticker has been rescinded.

Dr. Schmid discussed Venerale Clinic problems. The Clinic has been at St. Elizabeth Hospital since 1946 and their expansion program does not include space for them after July or August 1955. Mayor Kryzan said the City of Youngstown has financial problems and any additional expense could not be met. However, he was hopeful that some arrangements could be made with Youngstown Hospital to enable them to carry on the Clinic which operates two days a week.

The Council voted to go on record as favoring the continuance of the Venerale Clinic in the interest of Public Health.

Council asked Dr. Schmid to contact the Youngstown Hospital and to report back to Council.

The numerous free medical clinics now in existence and the new ones proposed were discussed.

A motion was made, seconded and duly passed re-affirming the following resolution.

RESOLVED, That all patients treated at Hospital Clinics, must be referred by their family physician, as evidenced by written request bearing his signature.

RESOLVED, That inasmuch as the Mahoning County Welfare Department will not appropriate funds for clinical treatment of indigent patients, the hospitals will refer such patients to their family physician.

A medical health survey being conducted by a local corporation was discussed. The President appointed a committee to make a study of the plan, and others of like character and to report to Council.

The following applications were presented by the Censors:

### Junior Active

Dr. Joseph V. Newsome, 2722 Mahoning Ave., Youngstown, Ohio

Dr. John G. Guju, 249 Lincoln Ave., Youngstown, Ohio

### Interne

Dr. H. A. Brinks, St. Elizabeth Hospital, Youngstown, Ohio

Dr. Ben C. Berg, Youngstown Hospital Association, Youngstown, Ohio

A. A. Detesco, M.D.  
Secretary



**HIGHLIGHTS—O.S.M.A. MEETING**

The 1955 meeting of the Ohio State Medical Association was held in Cincinnati, Ohio, April 19-22. It was a banner meeting and State wide attendance was excellent.

Members of our County Society attending the meeting were: Doctors A. J. Fisher, C. A. Gustafson, W. M. Skipp, Craig Wales, James Brown, Gordon Nelson, W. M. Neidus, Francis G. Kravec, A. J. Bayuk, S. W. Ondash and W. H. Evans.

Dr. A. J. Fisher, Director of Anesthesia at the Youngstown Hospital Association was a member of a Panel Discussion on "Physiologic Disturbances Deliberately Induced During Operation."

Dr. S. W. Ondash served on the Committee of Tellers and Judges of Elections.

Dr. W. M. Skipp was a member and secretary of the Nomination Committee. Dr. Skipp presented Resolution B as submitted by our County Society, before the House of Delegates. The Resolution was concerned with the Social Security Act for physicians. Resolutions on the same subject matter were presented by two other Counties.

Dr. C. A. Gustafson was elected to serve a second term as Councilor of the Sixth District. It was a just reward for his outstanding effort during his first term.

Dr. W. M. Skipp continues as Delegate to the American Medical Association. Because of an increase in the number of Ohio physicians affiliating with the American Medical Association the Ohio State Medical Association was entitled to another American Medical Association Delegate for 1955 making the total Ohio representation, eight.

Doctors G. Nelson, W. M. Skipp, James Brown and S. W. Ondash, attended the meeting of the Ohio State Surgical Association held at the Hotel Sinton on April 20th. Doctors Skipp and Ondash concluded their second terms as members of the Board of Directors of that organization. Incoming President of the organization is Dr. Charles H. Leech of Lima, Ohio.

Dr. Francis Kravec attended the annual meeting of the Ohio Chapter of the American College of Chest Physicians. He is secretary of the Organization.

Members of our Women's Auxiliary who attended the annual meeting of the State Auxiliary were: Mrs. W. H. Evans, Mrs. Craig Wales, Mrs. W. Maine, Mrs. F. G. Kravec, Mrs. A. J. Bayuk, Mrs. C. A. Gustafson, Mrs. J. D. Brown and Mrs. W. M. Neidus.

Mrs. W. H. Evans was elected President-elect of the Women's Auxiliary to the Ohio State Medical Association. Mrs. Evans presented the Past President's Pin to Mrs. Paul Hancuff during the fourth business session of the Auxiliary held on April 21. She designed the pin and it was presented to a retiring president for the first time.

Dr. C. A. Gustafson and other members of the Advisory Committee to the State Auxiliary were honorees at a luncheon featuring "Doctors Day" on Thursday, April 21.

Mrs. Craig Wales is the 6th District Director for the State Auxiliary.  
Mrs. W. Maine was State Chairman for Radio and Visual Education.

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"Only presidents, editors and people with tapeworm have the right to use the editorial We."

—Mark Twain

### The Doctor's Portion of the Health Dollar

It is quite common for a patient after a serious illness or operation to go around and say "my doctor bill was X hundreds of dollars" naming some large sum. This is the kind of boastful statement which brings disrepute to the medical profession because it is untrue. It cannot be emphasized too often that the portion of the health dollar received by physicians for their medical or surgical care is not as great as the hospital bills which accompany that care.

The latest figures proving the point are those released by the Social Security Administration which made a study of voluntary health insurance in 1953. The statistics have just been received in December, 1954. In considering private medical costs, it was found the total health dollar was split as follows:

|                                  |       |
|----------------------------------|-------|
| Hospital bills .....             | 29 %  |
| Doctor bills .....               | 28.6% |
| Medicine and appliances .....    | 22 %  |
| Dental bills .....               | 9.6%  |
| Other professional service ..... | 5.7%  |
| Health insurance .....           | 4.9%  |

The years covered by the survey are from 1948-53. The total private health bills of the nation in the year 1953 were \$9,866,000,000. Of this amount voluntary health insurance repaid \$1,919,200,000.

The overall figure and the point that the Social Security Administration set out to prove is that about 20% of all health care costs are paid for by health plans. Expenditures for hospital service alone were covered to the extent of 41.4%. For the physicians services alone insurance covered 20.7%.

It is suggested that physicians use the above information in the distribution of the total "health" dollar in conversations with friends and patients to see that the facts receive wider distribution. *New York Medicine*

### Births and Marriages

The national birth total in the first four months of 1954 topped the same period of 1953 by about 30,000, according to vital statistics estimates released by the Public Health Service of the Department of Health, Education, and Welfare.

But marriages this year have continued to fall, after sinking in 1953 to 9.7 per thousand population, the lowest annual rate since 1933. Compared with the first four months of 1953, marriages in the same period this year dropped by 25,000. The marriage rate for the period fell by 7.2%.

The level of births for the first third of 1954 is running at a slightly higher annual rate than for the first third of last year. Total registered and unregistered births in 1953, estimated at 3,971,000, broke all previous records. This gave a rate of 25.1 births per thousand population, one of the highest in many years.

Relatively few young people have been reaching marriageable age in recent years because of the low birth rates of the 1930's. Moreover, the wave of marriages beginning in 1946, when an all-time peak of 2,291,000 marriages occurred, sharply reduced the number of single young people in the population.

Much of the increase in births this year and last year can probably be attributed to a continuing rise in the number of 3rd and 4th children. An increase in the number of first births is not expected, because of falling marriage rates since 1951.

*U. S. Public Health Service*

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**FROM THE BULLETIN****TWENTY YEARS AGO — JUNE, 1935**

The Public Health Committee under chairman Hathhorn was conducting an intensive campaign in preventive medicine using every publicity medium at their command. The preventable diseases accented were diphtheria, smallpox, typhoid and cancer. Plans were ready for the next six months using the Speaker's Bureau, newspapers, posters in drug stores, ads in the street cars (we had them then) and radio talks. The goal was to have every child immunized against diphtheria and smallpox, every vacationer protected against typhoid and every adult to have a periodic health examination.

They worked hard and accomplished a great deal. Diphtheria, typhoid and smallpox have disappeared in this community. Cancer is still a great problem and resists preventive measures. Poliomyelitis was not considered a serious problem locally at that time. Compared to today's campaign against polio our little campaign against diphtheria was a pretty quiet affair but it was persistent, it did the job and the public was never asked for a dime.

Dr. Arthur Hyde of the Massillon State Hospital addressed the Society on "Modern Treatment of Mental Diseases." A prominent psychiatrist wrote an article against the establishment of a local hospital for mental illness. A college course in pre-nursing was announced at Youngstown College to start in September.

Drs. Karl Allison and Dr. Frank Greer died. Prohibition was repealed. It looked like the Mahoning Canal was a sure thing at last.

**TEN YEARS AGO — JUNE, 1945**

Dr. Harold Cole of Cleveland spoke on the treatment of syphilis. He said that with present methods (arsenic and bismuth) early syphilis could be cured in a year. Penicillin was still experimental but was known to produce a rapid disappearance of spirochaeta from the lesions. A few days of therapy was not enough for cure. It must be given every three to four hours and relapses occurred after as much as 900,000 units. Very few reactions followed the injection of penicillin.

Prevention of rabies was being urged by quarantine and anti-rabic inoculations of dogs. There was some concern expressed over the appearance of cases of trichinosis from black market meat.

Dr. J. N. McCann was appointed to the State Board of Medical Licensure. Alcoholics Anonymous celebrated the fifth anniversary of its founding.

Captain L. S. Shensa and Major P. R. McConnell were home on leave. Captain Sam Tamarkin was promoted to major and Lt. Sam Schwebel to Lt. Commander. Capt. Larry Weller was sweating out the war in Texas and Major M. W. Neidus was at Camp Meade, near Washington. Brandmiller, Schellhase and DeCicco were heard from in the Philippines.

You could buy a rayon slack suit at McKelvey's for \$10.25 but couldn't find a white shirt anywhere.

J. L. F.

---

An old Irishman collapsed in the street and a crowd soon gathered, all trying to help and each making suggestions. One, Maggie Riley, kept shouting, "Give the poor man whiskey," but little attention was paid to her.

Then the agonized voice of the Irishman rose above the din "Will the lot of ye hold your tongues and let Maggie Riley speak?"

**KEEPING UP WITH A.M.A.**

*By Wm. M. Skipp, M.D.*

**DEMOCRATIC NATIONAL HEALTH BILLS.** The A.M.A. Board of Trustees is veering away from the Eisenhower program of reinsurance and medical care of military dependents while having a tendency to support Democratic-sponsored measures such as Aid for New Construction of Medical Schools and Hospitals, and setting up a Board on Mental illnesses. Both have been studied by A.M.A. before the Committee considered. The A.M.A., with other interested groups have a Committee on Mental Health.

The A.M.A. does not like Federal Aid to Nurses but is supporting actively the Bolton measures to set up a 12-member Commission to study the problem.

**ACTION OF BOARD OF TRUSTEES A.M.A. ON FEDERAL LEGISLATION DEALING WITH HEALTH NOW BEFORE CONGRESS.** Reinsurance mortgage co-insurance, grants in aid, practical nurses, National Health Insurance (the old Murray-Dingell setup for socialized medicine) and Aid for Voluntary health, medical education. All of these are being actively opposed because of socialistic leanings. Grants to states for mental health are getting active support.

**ARMED FORCES AND DEPENDENTS.** The following bills have the active opposition of A.M.A.:

Commissioning osteopaths, medical care for Coast Guard and dependents, establishing medical academy, medical care for dependents of Armed Forces, reactivating military hospital for dependent care, and Doctor Draft extension (no need shown for this).

**VETERANS MEDICAL CARE.** Active opposition to following bills: there are six (6) bills which would change the time of presumption of service-connected disabilities after discharge, making the government responsible when there is no service connection. Spanish War, construction of 16,000 more V. A. hospital beds, extending medical care to veterans permanently residing abroad (also same in Philippines).

**VOLUNTARY PENSION PLANS.** Active support of all bills (there are thirteen (13) now being considered which have been presented from over the entire U. S. The Jenkins-Keogh type is preferred. This plan permits the self-employed to deduct a percentage of gross income, tax free, to be placed in an annuity type plan for use as retirement income.

**SOCIAL SECURITY.** No opposition to voluntary coverage but active opposition to compulsory coverage of self-employed which includes physicians. Also permanent and total disability, free hospitalization for aged, extension of social security for sickness, permanent and total disability. Social security and disability for everybody payable out of a tax on gross income.

**TREATIES AND INTERNATIONAL AGREEMENTS.** There are ten (10) proposals which would amend the constitution of the U. S. relative to limiting the domestic effect of treaties and international agreements. All have the same effect as the Bricker amendment but stated in different ways. The reason for approval is that these bills would provide protection against the type of socialized medicine as proposed by the International Labor organization, which is a "back door" approach.

*H.R. 5031 Anfuso, D., N. Y.* **COMPULSORY COVERAGE FOR PHYSICIANS.** Would make it compulsory for all self-employed, exempting chiropractors, naturopaths, and Christian Science practitioners (just stop, look, and listen to this Bill).

*S. J. RES. 46 Hill, Ala., D. and others.* **MENTAL HEALTH STUDY.** This is one of the measures proposed by A.M.A. with several other national mental health organizations requesting a commission be set up (the A.M.A. has set up such a Commission with others) to study mental health throughout the various states. The A.M.A. testified before the Senate Health subcommittee. The House Interstate and Foreign Commerce reported H. J. Res. 256 out for passable which is similar to S. J. Res. 46.

**HOOVER FINDINGS REBUTTED.** Rep. Olin E. Teague, D., Tex., replied at length to Hoover Commission recommendations that 19 VA hospitals be closed, patients admitted for treatment of nonservice-connected conditions be obliged to assume indebtedness for such care, and others designed to reduce inpatient loads. He labeled some of the Commission's decisions unrealistic and expressed regret that its medical task force "did not include persons with specialized knowledge in the field of veterans' affairs."

**NEW LAW PASSED IN WASHINGTON STATE.** Gov. Arthur B. Langlie signed into law recently a bill which gives the profession, through a board, the legal right to "clean its own house." Provisions of the law apply only to the medical profession—and to no other healing groups. The state's old medical practice act provided that "a physician guilty of unprofessional conduct could be punished only by revocation of his license." This was a severe penalty and was rarely invoked. The newly-created board of physicians is selected on a congressional district basis and charges may be made against doctors by aggrieved individuals or by public officers, corporations, or other organizations such as county medical societies. The board also is empowered to instigate action of its own, in any instance where it believes a physician is guilty of unprofessional conduct. The new law provides full protection of the accused and for reinstatement of license when a doctor's permit is revoked.

**BRICKER RESOLUTION HEARINGS WERE OPENED ON APRRIL 27th.** Hearings on the proposed amendment to the Constitution limiting the treaty-making power of the President are being held by the Judiciary Subcommittee on Constitutional Amendments under the chairmanship of Senator Kefauver. The resolution, which has the strong support of the A.M.A., reads: "A treaty or other international agreement shall become effective as internal law in the U. S. only through legislation valid in the absence of international agreement." The A.M.A. is supporting this amendment because of the possibility of back door entrance of socialization of all descriptions, particularly of state medicine. It behooves all of us to inform ourselves on this subject. The International Labor Organization, which is a section of the United Nations, is proposing many laws which we will have to accept on socialization of the practice of medicine. We are the only country outside of Communistic States wherein this can be put over without our Congress passing same. The A.M.A. favors a change because under present law it would be possible to impose medical licensure laws, or even compulsory health insurance, through treaty alone, without enactment of domestic law.

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One out of eight of the physicians who died between 1940 and 1953 was in debt at the time of death.

### PERSONALITIES OF THE MONTH

For the June meeting of the Mahoning County Medical Society, we are pleased to present as our personalities of the month, members of the house staffs of both St. Elizabeth Hospital and the Youngstown Hospital Association.

Dr. Donald R. Bernat was born on December 1, 1917 in Youngstown, Ohio. He obtained his pre-medical education at Youngstown College and then became affiliated with the U. S. Army Engineer Corps from 1942 to 1946. After the war, he obtained his medical education at Creighton Medical School graduating in 1950. His internship was spent at Community General Hospital in Reading, Pa., and then his surgical residency training was started at St. Elizabeth Hospital in Youngstown in 1951. He has completed four years of surgical residency and is now Chief Surgical Resident. Dr. Bernat is to start the practice of surgery on July 1, 1955 with Dr. M. J. Kocialek at 266 Lincoln Avenue. Mrs. Bernat is the former Millicent Barbara Pugh of Bristol, England, and the children Arnold, Cheryl, Susan and Christine complete the family at 356 South Hazelwood. Dr. Bernat's subject will be "Ruptured Ectopic Ovarian Pregnancy."



Dr. Thomas A. Ferguson was born in Louisville, Kentucky on March 4, 1923. After graduating cum laude from the University of Louisville in 1945, he remained at the University of Louisville School of Medicine graduating in 1948 after having been elected to A.O.A. in 1947. His internship was taken at Cleveland City Hospital from 1948 to 1949 and then entered into general practice in Upper Sandusky, Ohio until 1951 when he started his surgical residency training at Youngstown Hospital Association. Dr. and Mrs. Ferguson, the former Emmeleine Evenden, were married in 1948. Both attended the University of Louisville, interned and were engaged in general practice together. She has completed her resi-

dency in anesthesiology at Youngstown Hospital Association in 1954. They have both a son and daughter. The future plans of the Ferguson family call for a move to the vicinity of Los Angeles, California to start a private practice of medicine in the specialty of surgery. The subject of Dr. Ferguson's paper will be "Aneurysm of the Hepatic Artery."

Dr. Albert J. Kazlauskas was born on November 17, 1922 in St. Clair, Pennsylvania. After receiving his pre-medical education at Pennsylvania State University, he attended Georgetown University, graduating from the School of Medicine. His internship was taken at St. Joseph's Hospital in Reading, Pa., and then came to Youngstown for his residency training in medicine. He is now Chief Medical Resident of St. Elizabeth Hospital. His subject will be "Our Ageing Population—An Increasing Challenge."



Dr. Jack Marks was born in Columbus, Ohio on February 1, 1926. He obtained his B.A. at Ohio State University in 1949 after spending from 1944 to 1946 in the medical department of the U. S. Army. He obtained his M.D. from Ohio State University in 1953 and spent his internship at the Youngstown Hospital Association until 1954 when he became junior resident in medicine. Mrs. Marks, the former Joan Kraus of Youngstown and son Robert Lawrence complete the Marks family. The subject of Dr. Marks paper is "Association of Auricular Fibrillation with Subarachnoid Hemorrhage."



The June meeting of the Mahoning County Medical Society will be completed by "Remarks on Civil Defense" by Dr. Fred Schellhase, Medical Director of Mahoning County Civil Defense Corps.

## MAHONING COUNTY MEDICAL SOCIETY

PRESENTS FOR THE

### JUNE MEETING

- 1.) MEMBERS OF HOUSE STAFFS of both St. Elizabeth Hospital and Youngstown Hospital Association in a presentation of original papers.
- 2.) DR. FRED SCHELLHASE—speaking on CIVIL DEFENSE.

**JUNE 21, 1955**

**ELKS CLUB — 8:30 P.M.**

### SIR ALEXANDER FLEMING

One day in 1928 the late bacteriologist Alexander Fleming observed that a culture plate contaminated by a stray mold had a different appearance from that of the culture plates which he had previously observed. In this instance a ring of dead bacteria surrounded the contamination. For many years students of bacteriology examining culture plates had been accustomed to discard those contaminated by molds. Fleming observed something different; this observation gave rise to the new era of antibiotics.

In 1946 Sir Alexander Fleming visited Chicago. I arranged a press interview for him at the Palmer House. One of the reporters asked him, "Mr. Fleming, what did you say when you discovered penicillin?" Fleming replied, "I don't know what you mean." "Well," questioned the reporter, "what did you say? Did you say, 'Excelsior,' or 'I have it,' or 'This is it' or just what did you say?" "Well," said Fleming, and there was a twinkle in his eye, "I noticed that this plate appeared different from the others and I took it over to the window and I looked at it and I said, 'Here's a rum go'."

Fleming had a wry humor. All the furor and the numerous honors flowed over him without exciting him or disturbing him greatly. After his notable discovery in 1928, he published the observations in the *British Journal of Experimental Pathology* under the title "On the antibacterial action of cultures of a *penicillium*, with special reference to their use in the isolation of *B. influenzae*." Describing his work, he said, "I made some investigation and the more I investigated it, the more interesting it became. I found that the mold made a powerful and nonpoisonous antiseptic which I christened penicillin. With the subsequent purification of penicillin I had nothing to do."

Ten years later during World War II, Sir Howard Florey and Dr. Ernst Chain at Oxford University, who shared the Nobel Prize with Fleming, took penicillin from the laboratory and brought it to the bedside. Fleming was prompt to give them full credit for their contribution. That contribution incidentally is an outstanding example of the international aspect of medical discovery. Alexander Fleming, the Scot, Howard Florey, the Australian, and Ernst Chain, refugee from central Europe, combined efforts to benefit mankind.

The story of Alexander Fleming is a typical poverty-to-riches or humbleness-to-exalted position record of a man. His father died when Alexander was only seven years old. The young Alexander went to the village school in Ayrshire and then Kilmarnock Academy. At 14 he went to London to live with an elderly brother who had already studied medicine at the University of Glasgow. In London he attended a polytechnic school and worked as a clerk in a shipping office. When he was 21 years old, with savings from his salary and a succession of scholarships, he entered St. Mary's Hospital Medical School; he went to that school because he loved to swim and St. Mary's had an active swimming club. In school he won additional scholarship honors. He qualified in medicine in 1906 and two years later took the degrees of M.D. and B.S. at the University of London where he won the University Gold Medal. His memory was phenomenal; he appears to have been able to learn from textbooks by a single reading. In 1906 he became associated with Sir Almroth Wright at St. Mary's where he worked for 40 years.

During World War I, he served with Almroth Wright in a research laboratory which was housed in the Casino at Boulogne. Here the saline pack to treat war wounds was developed. Before the discovery of penicillin, Fleming was chiefly distinguished for his research on lysozymes which he found in many fluids of the human body and especially in tears.



I had the pleasure of being with Dr. Fleming, shortly after his penicillin discovery, at a meeting in Geneva, Switzerland, and just a year or so ago at a meeting in Greece. He spoke always simply of his work and of its possibilities. He was also among the first to recognize the danger implicit in the possibility that bacterial organisms might become adapted to antibiotic drugs and thereby acquire a virulence for people who had developed serious infections simply because the germs in the second person would not be susceptible to control by the antibiotics.

Sir Alexander Fleming was a man of culture; his recreations included painting and literature; he loved rifle shooting, golf and swimming, and as he grew older, he did much work in his own garden. The first Lady Fleming died in 1949; in 1953, Dr. Fleming married Dr. Amalia Coutsouris, a Greek bacteriologist who had begun work in the Wright-Fleming Institute in 1947.

The discovery of penicillin has been called an accident, but such accidents happen only to prepared minds, working in an atmosphere of freedom. In an address near the end of his life, Fleming said to a group of students, 'It is for you to create the free atmosphere which will allow genius full play. . . . Much in the future of humanity depends on the freedom of the researcher to pursue his own line of thoughts.'

*Postgraduate Medicine*  
May, 1955

### STOP THAT THIEF!

*Going on vacation? Don't overlook any of these precautions against housebreakers*

*By Andrew G. Ross*

Whether your family is going away for a week-end or a month, you naturally lock up the house before taking off. But obviously you don't want the place to look unoccupied. The following reminders may save you from leaving behind you an unwitting invitation to thieves:

#### *For Short Absences*

1. Check all door and window locks. Better be sure outside doors have locks of the heavy cylinder type.
2. Leave a couple of lights on, perhaps in the front hall and in an upstairs bathroom.
3. Leave window blinds partly open. Uniformly closed blinds can be a tip-off that you're away.
4. Be sure garage doors are closed. This is frequently overlooked, police authorities say.
5. Arrange by phone, rather than by doorstep notes, for interruption of deliveries of milk, newspapers, etc.
6. Ask a neighbor to take a daily look at your house.

#### *For Longer Absences*

1. Besides following the above precautions, request the postman to hold or forward your mail. And ask your neighbor to pick up any circulars left at your door.
2. Remove valuables and narcotics to a safe place.
3. Notify the police that you're leaving; tell them how long you'll be gone and where you can be reached. In most areas, they'll keep a special watch on your house.
4. Don't tell the society editor you're leaving; if you want the news printed, better wait till your return.

*Medical Economics, July, 1954*

### How Do You Rate, Financially and Physically, Doctor?

A recent study made by the Hartford County (Conn.) Medical Society of 144 obituaries of local physicians and probate court cases involving their estates reveals some mighty illuminating—and startling—facts which should make any physician do a bit of checking on his own financial status and on just how fair he is being to his own health.

The study revealed the following, according to an article in the *Hartford Times* and abstracted by the New England Mutual Life Insurance Company's official bulletin, *The Pilot's Log*:

\* \* \*

Of the 144 doctor estates studied, one out of three . . . left net assets of less than \$10,000.

\* \* \*

The Hartford survey disclosed only one extremely wealthy doctor out of the 144 and that \$575,915 of his estate was consumed by estate taxes and other settlement expenses.

\* \* \*

Only one doctor in eight survived his wife!

\* \* \*

The doctors aged 40 to 50 died twice as fast as the general population and in the 60-70 age bracket the doctors' death rate was 50 per cent higher than the insurance table.

\* \* \*

Heart diseases and cerebral hemorrhage were the chief causes of death.

\* \* \*

Expenses of settlement of the estates studied ranged from a minimum of 13 per cent to as much as one third.

\* \* \*

The age at death of the physicians when compared with life insurance mortality tables showed that there were two vulnerable age periods for medical men—40 to 50 and 60 to 70.

\* \* \*

One out of three physicians left no will.

\* \* \*

As the *Hartford Times* pointed out: "Doctors, frequently envied for their incomes during the productive years, don't leave the huge estates many think they do."

Also, the facts should be of interest to those who think many doctors have a rocking-chair job and can't understand why a physician needs some rest and recreation like any other human being.

This data teaches a lesson which should not be ignored, Doctor.

*The Ohio State Medical Journal*

### Drugs Scarcely Affected by Atom Bomb Radiation

Atomic Energy Commission has just declassified an interesting report on drugs and the atomic bomb—what happens to former upon exposure to various levels of neutron and gamma radiation from explosion. Tests were conducted nearly two years ago in Nevada but results have been held confidential until now by AEC. Similar experiments are to be conducted this year with foodstuffs. Of 42 commonly prescribed drugs and antibiotics used in Nevada tests, only two of them—insulin and vitamin B-12—showed any loss of potency attributable to blast radiation.

### A Matter of Public Relations

Entirely too large a number of the American population consider doctors money-gleaning business men who are interested in nothing else than picking the public's pockets till the bare threads are visible.

To remedy this situation and create better public relations, physicians, with the help of articles sponsored by medical groups, would do well to explain to lay people how long it takes to become a doctor. Few patients realize that the average specialist is about thirty before he makes a penny. They fail to comprehend that this represents an investment of thousands of dollars in money and time. Even the average general practitioner is twenty-seven years old before he is entitled to practice. In order to earn his place in the community he has studied three more years than a lawyer and six more years than the average engineer or college graduate. Obviously the doctor, with such a big investment, should be entitled to make a little more money for his services.

But in reality this is not true. Broken down on the basis of a forty-hour, five-day week, most doctors net five dollars an hour while a specialist makes a little over six. Today, with far less education, a television repair man, plumber, carpenter, or electrician makes that amount of money. He, unlike the doctor, does not incur such a great responsibility, nor is his work performed with so much skill and precision. Furthermore, in the past ten to fifteen years his prices have more than doubled, whereas the majority of doctors charge the same fees as they did ten years ago.

It is imperative that these facts be brought to the attention of the public, not only by means of publicity but also through personal doctor-patient relationships. Otherwise the American people will continue to resent paying the doctor. They will continue to try and get free medical attention and some day, failing to appreciate the worth of modern day American medicine, they might go to the polls and vote in socialized medicine.

Leib J. Golub

*Philadelphia Med. Bull. Nov. 19, 1954*

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### The Concept of Accident Proneness

M. S. Schulzinger, M.D., Cincinnati, believes that, contrary to currently accepted theories, accident-prone individuals furnish only a small percentage of all accidents. The 3 to 5% of individuals who are injured year after year account for only 0.5% of all accidents.

A study of 35,000 consecutive accident cases over a twenty-year period reveals that the tendency to accidents is a phenomenon that passes with age, decreasing steadily after reaching a peak at 21 years of age. Most nonindustrial accidents occur in persons under 35. Men are twice as liable to sustain accidents as women. Nearly three-fourths of all accidents are relatively infrequent solitary experiences.

Unequal distribution of accidents is apparently a result, in part, of transient or prolonged states of physical, psychologic, or physiologic stress in a constantly shifting group of individuals.

*Accident proneness. Indust. Med. 23:151-152, 1954*

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It takes two to make a marriage — a single girl and an anxious mother.

## An Account of the Foxglove

The original account of the foxglove was printed by M. Swinney of Birmingham, and published by G. G. J. and J. Robinson, Paternoster Row, London, in 1785. The book consisted of 207 pages with a colored frontispiece of the purple foxglove with its flowers and leaves taken from the illustration in the *Flora Londinensis* of 1777. There were 390 original subscribers to this work which cost five shillings.

William Withering's book was "the first scientific treatise on the treatment of disease written in English. . . . Foxgloves still bloom in Edgebaston Hall garden, the descendants of the plants which William Withering placed there, and from whence he sent the seeds to America."

The history of the use of the foxglove prior to the appearance of Withering's book is very interesting. In 1775 Withering records only one case, and in 1776 only four cases. One of the four cases was important because he saw the woman, Mrs. Hill, in consultation with Erasmus Darwin. The patient had advanced heart failure and, because Darwin had never before seen digitalis given, Withering directed the use of the drug. She made a dramatic recovery.

For four years following the discovery of the foxglove he used it on only "the most hopeless and deplorable" cases that existed. He stated that "for some years whilst I was less expert in the management of the Digitalis, I seldom prescribed it, but when the failure of every other method compelled me to do it." He probably hesitated to use the drug because of the toxic effects, but as his experience gradually increased he resorted to the remedy more and more.

In February 1779 he heard that his friend, Doctor Jonathan Stokes, gave a report to the Medical Society of Edinburgh on the use of digitalis. The Edinburgh physicians also learned of the foxglove from Erasmus Darwin through his son Charles, who was a student under Andrew Duncan at the University. By 1779 digitalis was in general use in the Edinburgh Infirmary. Charles Darwin died at the age of nineteen, and his M.D. thesis issued posthumously by Erasmus in 1780 under the title *An account of the retrograde motion of the absorbent vessels of animal bodies in some diseases* contained an appendix of nine case histories on the use of digitalis. Supposedly they illustrated remarks made earlier in the text about the action of diuretics. In Fulton's description of the episode he states the assumption is that Erasmus Darwin added the case histories himself. At any rate they "represent the first published account of the therapeutic effect of digitalis on cardiac edema," and they include the case of Mrs. Hill.

"Erasmus again jumped into print prior to Withering in a paper dated 14 January 1785 (read 16 March 1785) under the title 'An account of the successful use of the foxglove in some dropsies and in the pulmonary consumption.' This paper was published in the *Medical Transactions of the College of Physicians*, London, for 1785. Withering does not mention this paper in his own account, although his preface carries the date of 1 July 1785.

Withering deserves the credit, however for recognizing the value of digitalis, for establishing correct usage of the drug during a period of observation of ten years, and for convincing his colleagues of the benefits to be derived from its use. In his own words, "The use of the Foxglove is getting abroad, and it is better the world should derive some instruction, however imperfect, from my experience, than that the lives of men should be hazarded by its unguarded exhibition, or that a medicine of so much efficacy should be condemned and rejected as dangerous and unmanageable."

A contemporary review of the book states that "We think the Public under great obligations to Doctor Withering for the labour he has bestowed on the subject of this book." Time has merely served to increase our obligations to Withering.

H. H. Fertig, M.D.

May Bulletin of Academy of Medicine of Cleveland

**WHAT YOUR PATIENTS READ AND HEAR**

Articles of medical interest in current popular magazines:

1. Interview with Dr. F. J. Stare: "The Facts About Your Weight"  
Reader's Digest, April, p. 23.
2. Edward and Ruth Brecher: "The Why of Aches and Pains"  
Reader's Digest, April, p. 73.
3. Gerold Nelson: "Candy That Makes You Thin"  
Coronet, April, p. 29.
4. John Pfeiffer: "Muscles Are Marvelous"  
Coronet, April, p. 175.
5. Henry B. Safford, M.D.: "Tell Me Doctor"  
Ladies Home Journal, April, p. 47.
6. Gladys Denny Shultz: "Women Need No Longer Die of Their No. 1 Cancer Foel"  
Ladies Home Journal, April, p. 60.
7. Benjamin Spock, M.D.: "Dr. Spock Talks With Mothers"  
Ladies Home Journal, April, p. 83.
8. Milton J. F. Senn, M.D.: "Report From the Polio Front"  
Woman's Home Companion, April, p. 16.
9. Mary Scott Welch: "When Baby Is Hurt"  
Woman's Home Companion, April, p. 57.
10. Ambrose B. Carter: "My Patient Just Died"  
Cosmopolitan, April, p. 128.
11. Steven M. Spencer: "The Medicine That Melts Anxiety"  
Saturday Evening Post, April 9, p. 26.
12. Albert Deutsch: "The Problem of Our Mental Hospitals"  
Collier's, April 15, p. 36.
13. Maxine Davis: "How to Live to Be 100"  
Good Housekeeping, April, p. 157.
14. L. Emmett Holt, Jr., M.D.: "The Treatment of Constipation"  
Good Housekeeping, April, p. 133.
15. Frederick J. Stare, M.D., and Julia A. Shea, M.S.: "Never Forget Your Vitamin C."  
McCalls, April, p. 120.
16. Allison Wythe: "A New Way to Remove Scars of Acne"  
McCalls, April, p. 152.

Radio and TV programs running currently:

- "The Medic," 9:00 p.m. each Monday but the fourth.  
"Interlude," 9:45 a.m. each Saturday.

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### Formula for Success

Thorough knowledge of our profession is absolutely essential, but if I am asked to give the best formula for success, I will answer unqualifiedly, "The knowledge of how to handle your patients." Unfortunately, this is not a science taught in medical schools now, although when I entered the College of Physicians and Surgeons in 1886, students could obtain credit if, before their graduation, they could bring in a certificate from their preceptor, a practicing physician, stating that the student had accompanied him on his rounds visiting private patients. I have known quite a few medical men who were walking medical libraries but who never could build up a practice because they lacked the knowhow of gaining a patient's confidence. It is a science that only experience and love of mankind can develop.

Joseph D. Nagel, M.D., "Memories of A G.P.'s 65 Years in New York City,"  
*New York State Journal of Medicine, January 15, 1954*

## **Prevention Best Way To Lick Malpractice Problem**

The best way to lick the problem of suits for malpractice or threats of suits is to prevent the situations which are the basis for suits and threats.

Some mighty fine advice to all physicians on this question was published recently in the Summit County Medical Society Bulletin entitled "Prevention of Malpractice." All physicians should read carefully the following, taken from the Summit County magazine, and heed the recommendations offered:

*Loose Talk—*

Make no adverse criticism of care or treatment a patient has received from another person.

*Cleanliness—*

Make cleanliness a routine technique in hospital, office and home.

*Consent—*

Obtain proper consent (preferably written) before you begin any surgical operation, treatment or autopsy.

*Morals—*

An office assistant or a nurse should be present or within hearing distance while examining a nude or semi-nude patient. Prohibit presence of laymen.

*Medical Progress—*

Keep abreast of new treatments and techniques; read approved medical publications; take refresher courses; attend scientific meetings, etc.

*Labeling—*

Be sure that all preparations are adequately labelled and preserved.

*Sponge Count—*

Keep an accurate count of sponges, clamps, retractors, etc., used in any operation in a body cavity.

*Guarantee—*

Never promise or guarantee a cure as a result of any special operation, medication or course of treatment.

*Abandonment—*

Never abandon or neglect a patient without good reason, and then only after timely notice has been given and a qualified substitute rendered. (Don't forget this when you go on vacation.)

*Diagnosis—*

A patient's complaints are often valuable diagnostic aids and should not be overlooked or ignored.

*Instruments—*

Use only sterile instruments in any operation.

*Equipment—*

Equipment in hospital and office must be maintained in perfect condition at all times.

*Examination—*

Make the most thorough and complete examination possible under the circumstances. Utilize available laboratory facilities.

*Consultants—*

Do not hesitate to call in specialists for consultation if you think that a specialist's knowledge and services are necessary.

*Fads and Hobbies—*

Do not use or recommend any fad or unproven method of treatment nor "ride a hobby."

*Records—*

Make sufficient clinical records of diagnosis and course of treatment both in hospital and office.

*Assistants—*

Give nurses, interns and other assistants detailed instruction as to "method and course of treatment."

*Insurance—*Carry professional liability insurance from a reliable company.

Obey the Golden Rule.

### Genetic Effects of Radiation

One effect of radiation that must be considered in evaluating the long-range possibilities of hazard from nuclear detonations is the possible genetic effect upon the germ cells which transmit inherited characteristics from one generation to another. At our present stage of genetic knowledge, there is a rather wide range of admissible opinion on this subject.

In general, the total amount of radiation received by residents of the United States from all nuclear detonations to date, *including the Russian and British tests* and all of our own tests in the United States and the Pacific, has been about one-tenth of one roentgen. This is only about 1/100th of the average radiation exposure inevitably received from natural causes by a person during his or her reproductive lifetime. It is about the same as the exposure received from one chest x-ray.

The medical and biological advisers of the Atomic Energy Commission believe that the small amount of additional exposure of the general population of the United States from our nuclear weapons testing program will not seriously affect the genetic constitution of human beings. Nevertheless, we are continuing our thorough study of the entire question and will continue to report our findings to the American people.

—Atomic Energy Commission Report

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### World's Richest Source of Vitamin C

A neglected backyard tree is about to give to the world its richest known source of vitamin C. After almost 10 years of efforts to interest the food industry in the potentialities of the fantastic acerola tree, the first commercial crop finally has been produced and is ready for the market.

The fruit is called Puerto Rican cherry, West Indian cherry or acerola. The tree grows in the Caribbean islands where, natives say, a tree in the backyard will "keep colds out of the front door."

A six-ounce glass contains 8650 milligrams of vitamin C — more than 85 times as much as a six ounce glass of fresh orange juice. It would take over 50 pounds of fresh raw cabbage to give the same amount of vitamin C as a glass of acerola juice.

The fruit is the size of an ordinary red cherry but is shaped like a crab apple.

The fruit's amazing vitamin value was first discovered in 1945 by Dr. Conrad F. Asenjo, while doing research on the vitamin content of Puerto Rican fruits. Tests showed him and his co-workers that "here was a fantastically rich, natural source of a health-promoting vitamin needed daily by everyone. It was available from a neglected, unappreciated backyard tree. Here—maybe—was a new and valuable cash crop for their little country, whose burden had ever been the worry of a one-crop economy, sugar cane."

Dr. Asenjo published his results. No one was interested until 1949 when Harvey Greenspan backed the planting of the first orchard, which produced its harvest this spring.

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When the patient in his annoyance and agitation exclaims, "Why did it happen to me? — I have never had such a condition before," one may quote:

"Everything happens to everybody sooner or later if there is time enough."

—George Bernard Shaw

### Triteness Can Be Deadly

The next time I see or hear "\$64 question," I'm going to scream. Once a meaningful and witty phrase, it has become shopworn from over-use and now is a defaced and shoddy conversational currency. So it is with many phrases found in medical manuscripts: "postmortem revealed . . ." or "high index of suspicion . . ."

It is easy to fall into the use of these trite phrases. It's easier to pick a commonplace expression out of the stockroom than to conjure up a fresh phrase. It's easy to write "The first step is to do a thorough physical examination." That takes no effort on the part of the author. But that word "thorough" in connection with "physical examination" is an outworn stereotype. Everybody tells everybody to do a thorough examination. Why not think a little and come out with a brighter adjective? A *meticulous* examination, for instance, or a *punctilious* one . . . anything except that knock-kneed, limping word "thorough." You put sparkle in your manuscript when you avoid cliches.

Readers are weary of officials who want to find the *grass-roots* sentiment by *keeping their ears to the ground*. Why must an autopsy always *disclose* a certain finding? Are you not tired of being told solemnly to *cultivate a high index of suspicion*?

Here are some more common-place phrases, spavined and limping: ways and means, venture an opinion, labor the point, it proved to be, suffice it to say, to all intents and purposes, all to the good, at the eleventh hour, last but not least. (I never came across a doctor-author who used the cliché "kill or cure" though). You have to fight to avoid these hackneyed phrases, because they come naturally to one's typewriter. So it is easy to slip into the overuse of stereotypes. But, to perpetrate one final cliché: *facilis descensus Avernii*.

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### Seneca on the Physician's Fee

You imagine that you owe the physician and teacher no more than his fee: but we love and honor both very highly. There are things that must be valued much higher than the sum of money that buys them. You buy from your physician something of inestimatable value: life and health. From your teacher you buy knowledge and noble mental culture.

These two professions are therefore paid for the trouble they take, and not for particular matters or cases. They have to put aside and neglect their own affairs in order to devote themselves to us.

Why do I consider that the payment of their fees does not absolve me from further debt? Both of them become my friends, and we do not value them because of their commercialized art, but because of their benevolent friendship. The physician's heart beats faster because of me and not because of personal fame in his art. It was not enough that he prescribed and even brought the necessary remedies to me in person. He sat anxiously by my bedside and came at once when any serious symptoms appeared. He did not refuse any service, even the most filthy and loathsome, and he listened to my sighs and complaints with true compassion.

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It is by the goodness of God that in our country we have those three unspeakable precious things: freedom of speech, freedom of conscience, and the prudence never to practice either.

—Mark Twain



### HAVE YOU HEARD . . . . .

- . . . . . that on May 9, Doctors Calvin and Schellhase took charge of the teaching program in medicine and surgery respectively at the Youngstown Hospital Association?
- . . . . . that Dr. W. J. Flynn was recently listed among 200 members of the Ewing Society which was founded in honor of Dr. Ewing for his outstanding work in the field of cancer?
- . . . . . that an article entitled "Community control of rheumatic fever" by Doctors William H. Bunn and Hugh N. Bennett appeared in J.A.M.A., March 19, 1955?
- . . . . . that an Article entitled "Gastric lipoma with Hemorrhage and myocardial ischemia simulating myocardial infarction" by Doctors Wayne L. Agey and J. L. Ponka appeared in the February issue of Gastroenterology?
- . . . . . that Dr. Frank Kravec attended the Ohio Chapter Meeting of the American Trudeau Society in Columbus on May 12th?
- . . . . . that Dr. Elmer Wenaas was invited to the Greenbrier at White Sulphur Springs on June 2 by the American Ophthalmological Society to discuss Dr. Wendell Hughes' paper on "Cataract and Iris Inclusion"?
- . . . . . that the Mahoning County Medical Society was well represented at the Annual Ohio State Medical Association Meeting by A. J. Bayuk, L. L. Bernstein, J. D. Brown, W. H. Evans, A. J. Fisher, C. A. Gustafson, R. J. Heaver, F. G. Kravec, H. P. MacGregor, M. W. Neidus, G. G. Nelson, S. W. Ondash, W. M. Skipp, O. A. Turner, C. C. Wales, W. P. Young, H. S. Zeve?
- . . . . . that Dr. Morris S. Rosenblum and Mr. James E. Mitchell won the doubles handball championship at the Y.M.C.A.?
- . . . . . that on June 2nd at 9:30 P.M., Dr. S. Gaylord addressed The Ladies Auxiliary of the Jewish War Veterans on the subject of EKG?

### INDOCTRINATION OF NEW SOCIETY MEMBERS

On May 17th, prior to the May meeting of the Mahoning County Medical Society, new members, Doctors L. O. Gregg, A. M. Rosenblum, L. F. Fagnano, S. V. Squicquero, Carol Craig, John Scully and Jack Marks were entertained at a dinner at the Elks Club where the indoctrination program was initiated.

Speakers of the evening were Doctors Ivan Smith, Vernon Goodwin, James D. Brown, Joseph Wasilko, William Skipp, C. A. Gustafson and Robert Fisher. The various subjects covered were The Constitution of the Mahoning County Medical Society; Ethics of Medicine; Insurance and Medicine; The Function of the A.M.A.; Patient-Physician Relationship; The Role of the State Medical Councilors and Physician-Hospital Staff Relationship.

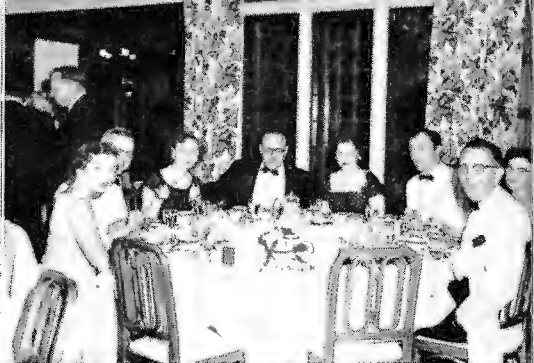
The evening was a most enjoyable and informative one and should successfully herald the initiation of the new indoctrination program for new members of the County Society.

To me the ideal physician would be a man endowed with profound knowledge of life and of the soul, intuitively divining any suffering or disorder of whatever kind, and restoring peace by his mere presence.

—Amiel's Journal



*Spring Dance of the*



*Mahoning County Medical Society*

### PROCEEDINGS—HOUSE OF DELEGATES—O.S.M.A.

The initial meeting of the House of Delegates was held on Tuesday, April 19, at the Netherland Plaza Hotel. The business session was followed by a complimentary dinner for Delegates, Councilors and Officers.

The meeting was called to order by the President of the Cincinnati Academy of Medicine who introduced Dr. Merle D. Prugh, State President. Reference Committees were appointed by Dr. Prugh and the election of the Committee on Nominations was made from the floor.

Resolutions were then introduced and referred to the Reference Committee on Resolutions, Dr. Edmond K. Yantes, Clinton County, Chairman.

Proposed amendments of the Constitution were submitted and passed as presented. Read your State Journal.

The final meeting of the House of Delegates was held after a complimentary breakfast for members of the House of Delegates at 8:00 a.m., Friday, April 22. Reports were made by Chairmen of the Reference Committees. The report of the Reference Committee on resolutions was passed. Briefly, resolution content and action were as follows:

#### RESOLUTION A.

This resolution called attention to certain features that can be detrimental to the public health and contradictory to sound scientific principles associated with projects such as vaccine trials. Problems and policies which can be anticipated involving the large national health organizations are:

- (1) Widespread promotion of a proposed health project before medical approval is secured and with such promotion or publicity the attendant pressure for medical approval making objective scientific appraisal virtually impossible;
- (2) Setting up of rigid rules for conducting a project without sufficient flexibility to meet local situations;
- (3) Promotion of "mass medicine" involving prevention, diagnosis or treatment of a single disease entity without regard to the "whole patient," a condition detrimental to the establishment of a sound patient-physician relationship;
- (4) Publicizing a single disease to an extent out of proportion to the importance of the disease and without regard to the individual's health as a whole, this problem becoming more acute as "single disease" agencies increase in number and size and in their competition channel funds away from less dramatic but more deserving health problems;

The resolution asked that the Ohio State Medical Association take the necessary steps to:

- (1) Counsel with the various national health agencies so that they will secure proper scientific evaluation and approval of projects and on procedures for conducting them prior to public promotion of the projects.

(a) Criteria for approval of procedures should include (1) sufficient flexibility of rules to meet local conditions, and (2) maintaining of patient-physician relationship as opposed to "mass medicine" technique.

- (2) Actively discourage over-emphasis on a single disease by national health agencies in their health education and in connection with their fund raising.
- (3) Encourage such agencies to join federated fund raising organizations as an earnest expression of their willingness to be a community member.
- (4) Assist such agencies in determining fund raising goals based on actual need for funds.
- (5) Have its delegates to the American Medical Association recommend the above four objectives on a national scale.

**ACTION:** This resolution was referred to the Council with instructions to work out policies and procedures, if possible, for carrying out the intent of the resolution.

**RESOLUTION B.**

Resolution B contains such matter as covered in Resolutions E and F. The Reference Committee felt that it was advisable to have the two subjects acted upon separately. The Resolution was concerned with the Social Security Act for physicians.

**ACTION:** Resolution B was tabled in favor of Resolutions E and F.

**RESOLUTION C.**

This Resolution advocated changes in Section 8, Chapter 1, of the Principles of Medical Ethics of the American Medical Association. It was concerned with the dispensing of drugs by physicians. It called for an elimination of Section 8, Chapter 1, Page 10, of the December, 1954, revision of the Principles of Medical Ethics of the American Medical Association reading,

"It is unethical for a physician to participate in the ownership of a drugstore in his medical practice area unless adequate drugstore facilities are otherwise unavailable. This inadequacy must be confirmed by his component medical society. The same principle applies to physicians who dispense drugs or appliances. In both instances, the practice is unethical if secrecy and coercion are employed or if financial interest is placed above the quality of medical care. On the other hand, sometimes it may be advisable and even necessary for physicians to provide certain appliances or remedies without profit which patients cannot procure from other sources." And that the following be substituted:

"It is unethical for a physician to suggest or request any person to have a prescription filled at a drugstore in which the physician has a financial interest or from which he may expect either directly or indirectly a pecuniary return. It is not unethical for a physician to dispense drugs or appliances except where the physician's financial interest in such dispensing is placed above the quality of medical care."

**ACTION:** The Resolution was adopted as presented and our Delegates were instructed to introduce and support this resolution to the American Medical Association, House of Delegates.

**RESOLUTION D.**

Resolution D was concerned with a contradiction to certain statements of insurance companies underwriting malpractice insurance that the recent increases in the premiums charged for malpractice insurance are due, in the opinion of these companies, to a substantial increase in either the number of malpractice suits, or in the number and amounts of judgments rendered against physicians in malpractice suits.

The Resolution called for the development of a plan for the obtaining and filing of periodic reports on the institution and disposition of malpractice suits hereafter filed in the Courts of Records in the State of Ohio.

**ACTION:** The Resolution was passed.

**RESOLUTION E.**

Resolution E pertains to the subject of retirement plans for self-employed persons, including physicians. It resolved that the Ohio State Medical Association go on record as supporting tax deferment bills of the Jenkins-Keogh-Ray type and that the members of the United States Senate and House of Representatives from the State of Ohio be informed of this resolution.

**ACTION:** The Resolution Committee recommended the addition of the following paragraph to the resolution, "Be it further resolved, that Ohio's Delegates to the American Medical Association be instructed to present a resolution to the House of Delegates of the A.M.A. at the June, 1955, session of the A.M.A., urging all other state medical societies to take similar action," and then recommended its passage. It was adopted.

**RESOLUTION F.**

Resolution F asks the Association to survey its members as to their attitude on Social Security coverage, and that the results of this survey be transmitted to the House of Delegates of the American Medical Association by the Delegates from the Ohio State Medical Association.

**ACTION:** The Resolution Committee recommended that this resolution be amended by the additional following paragraph, "Be it further resolved, that the Council of the Ohio State Medical Association suggest to other state medical societies that they conduct a similar survey and present the results to the House of Delegates of the American Medical Association," and that the resolution as amended be passed. It was adopted.

**RESOLUTION G.**

Called for the Council to press for definite action by the Industrial Commission in bringing about an equitable fee increase in the present schedule. This resolution was introduced because the Industrial Commission of Ohio has not made any general revision in its medical fee schedule under "Workman's Compensation Law" since 1946, and because the present fee schedule is inadequate and is lagging behind the adjusted fee schedules of other organizations. The Council of the Ohio State Medical Association had submitted proposed changes in the fee schedule to the Industrial Commission of Ohio in August, 1953, but repeated promises of action have not materialized.

**ACTION:** The Committee recommended adoption of the Resolution and asked that a copy of the resolution be sent to the Industrial Commission of Ohio. It was passed.

**RESOLUTION H.**

Asks, that in view of the continued increase in rates of hospitalization insurance, the fact that increased rates are becoming a financial burden to people in lower income brackets and since the insurance commission of the State of Ohio has supported "deductible" hospitalization plans as an actuarially sound alternative to increasingly costly "all inclusive" plans that the members of the Ohio State Medical Association go on record as favoring hospital insurance in some co-insurance form to reduce premium rates and make this type of insurance attractive to more people.

**ACTION:** The Resolution Committee recommended that the resolution be referred to the Council for study and whatever action the Council may deem feasible and advisable. The recommendation of the Committee was accepted.

**RESOLUTION I.**

The Resolution calls for the Ohio State Medical Association to reaffirm its support of the Essay Contest of the Association of American Physicians and Surgeons, and urge its County societies and Women's Auxiliaries to sponsor this contest in their respective communities.

**ACTION:** The Resolution was adopted.

**RESOLUTION J.**

The House of Delegates of the American Medical Association assembled in June, 1951, adopted a resolution supporting a recommendation that the use of radium and radioactive isotopes be under the supervision of one certified in Radiology or Therapeutic Radiology. Resolution J stated that no drug or agent that is useful or may become useful in the diagnosis or treatment of disease should be limited in its use to physicians with special interests or in limited fields or practice.

Resolution J asked that the House of Delegates of the Ohio State Medical Association instruct our Delegates to the American Medical Association to

introduce and work for the passage of a resolution to rescind the previous action of the American Medical Association House of Delegates (June, 1951) relative to supervision of use of Radium and radioactive isotopes by those certified in Radiology or Therapeutic Radiology.

**ACTION:** Since the resolution relates to a basic principle which is of extreme importance to all physicians the Committee recommended its adoption. It was adopted by the House of Delegates.

In the election of officers, Dr. Charles L. Hudson of Cleveland was made President-elect. Dr. Richard L. Meiling was re-elected as Treasurer for a three year period.

*Mahoning County Delegates.  
Neidus-Ondash-Skipp.*

### WOMEN'S AUXILIARY NEWS

Mrs. Craig C. Wales, newly elected president of the Woman's Auxiliary to the Mahoning County Medical Society, and Mrs. Paul J. Mahar, president-elect were installed with their associate officers at the annual dinner May 18, at Youngstown Country Club.

About fifty members attended. Dinner was served at a V-shaped table decorated with spring flowers and pink candles.

Mrs. Morris Rosenblum was the installing officer and she also presented a gavel to the retiring president, Mrs. Ivan Smith. Mrs. Smith also was honored with a surprise skit entitled "This is your life" after the manner of the Ralph Edwards famous T.V. program. Dr. Smith took part in the entertaining sketch staged by Jerry Knight of Station W.B.B.W. and Mrs. Robert L. Tornello who was chairman for the evening.

Chairman and co-chairman of the Social Committee were Mrs. A. E. Rappoport and Mrs. H. Bryan Hutt.

*—Blodwyn Rogers*

### MRS. EVANS TO HEAD OHIO DOCTORS' WIVES

Chosen as president-elect of the Woman's Auxiliary to the Ohio State Medical Society in Cincinnati was Mrs. W. H. Evans, 291 Park Ave. She succeeds Mrs. Karl F. Ritter of Lima, who in turn became president. Mrs. A. Paul Hancuff, Toledo, is the retiring president.

Installed with Mrs. Evans were Mrs. W. R. Gibson of Oak Harbor, vice president; Mrs. Herbert VanEpps of Dover, treasurer; Mrs. S. L. Meltzer of Portsmouth, recording secretary; Mrs. J. M. McBride of Lima, corresponding secretary.

Mrs. Evans is a member of the Gavel Club of the Woman's Auxiliary to the Mahoning County Medical Society and has served as chairman both of the nurses' loan and scholarship fund and program committee of the Ohio State Medical Auxiliary.

If you wish to travel far and fast, travel light. Take off all your envies, jealousies, unforgiveness, selfishness and fears.

*—Glenn Clark*

## THE COUNCILOR'S PAGE

I am often asked the question, "How does the A.M.A. know what kind of Social Security the physicians want or if they want any Social Security at all? We have never been consulted." How am I to answer this question?

This matter of Social Security was discussed by the Council of the Mazoning County Medical Society at the March meeting, and they voted to find out by ballot how the physicians of their county felt about Social Security for physicians. A ballot with four questions was sent out to the membership. Returns were as follows:

1. For compulsory Social Security for physicians..... 24
2. For voluntary Social Security for physicians.....119
3. Against all Social Security for physicians..... 23
4. Would like to know more before expressing an opinion.... 58

The fact that there were 224 returns out of the membership indicates the interest in this subject.

There was no question on how many favored the Jenkins-Keogh bill or the Ray bill. This question should have been included. However, since nearly one-fourth of the physicians wanted to know more about Social Security before expressing an opinion, we feel that all of these plans should be discussed at our medical meetings. There is at present too much apathy on the subject, and we need to know more about the various plans. I am sure the A.M.A. or the O.S.M.A. will send speakers to any county meeting or to a group of counties desiring to learn more about Social Security plans.

The Jenkins-Keogh bill would establish a voluntary pension system for the self-employed and the pensionless employed. The Ray bill is a revision and an extension of the Jenkins-Keogh bill. It offers some tax deferment to every tax payer, even small amounts to those covered by private pension plans.

The purpose of the Jenkins-Keogh and Ray bills is to encourage, but not compel, savings for retirement by the self-employed and by employed persons whose employers have not established pension and/or profit-sharing plans for them.

Neither the Jenkins-Keogh nor the Ray bill is before Congress at the present time, but both have been referred to the House Committee on Ways and Means. These bills will not come out of the Ways and Means Committee unless there is more interest expressed at the local level by physicians, lawyers, dentists, farmers, shop-keepers, and other self-employed people. This local sentiment must reach the ears of congressmen, particularly from the districts of the 25 members of the House Committee on Ways and Means.

Any version of these bills that is approved by the House Ways and Means Committee will pass both houses of Congress in short order because the subject of pensions is popular with our law-makers.

Every time you spend money, you are helping to pay for the Social Security system. If your annual income is about the average of all physicians, out of every dollar earned you pay 30 cents for your office expense, 35 cents as income tax, and have for your own bread and butter and savings for retirement 35 cents. In purchasing power that is not much. I am no economist, but from these figures it would seem to me that saving money for retirement is a rather difficult task for the average physician, especially if he has a family. Some, in fact, most physicians never retire. They like to work. When they do retire, the income stops. A man in business can take from his income, tax-free money, and expand his business, so that it will bring him an income after he has ceased to be active in its management.

It seems to me that the physicians and the self-employed professional people should study these various proposed plans, decide which plan is best, and then see that Congress gives us what we want.

C. A. Gustafson, M.D.



## 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 . . .*

---

NABOTHIAN CYSTS?

---

NAEGELE PELVIS?

---

NEGRI BODIES?

---

NEISSERIAN INFECTION?

---

NESSLER'S REAGENT?

---

NEUFELD'S QUELLUNG REACTION?

---

NIEMANN-PICK DISEASE?

---

OPPENHEIM REFLEX?

---

OSGOOD-SCHLATTER DISEASE?

---

OSLER-VAQUEZ DISEASE?

---

(Answers on next page)

## ANSWERS TO EPONYMS

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**NABOTHIAN CYSTS:** Cysts of the small mucous glands in the cervix uteri, named after Martin Naboth, who lived two hundred and fifty years ago.

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**NAEGELE PELVIS:** A rare type of obliquely contracted pelvis described by Franz Karl Naegele in 1839. It is caused by a developmental defect of one sacral wing.

---

**NEGRI BODIES:** In 1903, Adelchi Negri, of Italy, described certain inclusion bodies in nerve cells which are diagnostic of rabies.

---

**NEISSERIAN INFECTION:** A euphemism for gonorrhoea. The German physician Albert L. S. Neisser discovered the *Gonococcus* in 1879.

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**NESSLER'S REAGENT:** A solution of KI, KOH, and HgCl<sub>2</sub> used in a test for ammonia and named after a nineteenth-century German chemist.

---

**NEUFELD'S QUELLUNG REACTION:** The swelling of the capsule of a pneumococcus when in contact with immune serum of the same type, reported by Fred Neufeld in 1910.

---

**NIEMANN-PICK DISEASE:** The names of two German pediatricians, Albert Niemann and Ludwig Pick, are attached to this rare infantile disturbance of phospholipid metabolism.

---

**OPPENHEIM REFLEX:** Hermann Oppenheim (1858-1919) found that stroking downward along the medial aspect of the tibia produced dorsal extension of the great toe in pyramidal tract lesions.

---

**OSGOOD-SCHLATTER DISEASE:** An eponym for osteochondritis of the tibial tuberosity, named after Robert B. Osgood, of Boston, and Carl Schlatter, of Zurich.

---

**OSLER-VAQUEZ DISEASE:** Sir William Osler and Louis Henri Vaquez independently differentiated polycythemia vera.

---

### Dr. Peters At It Again!

The name of Dr. John P. Peters is circulating through the mails again amid such terms as "loyalty investigations," "welfare of our nation," "civil liberties of physicians," "abrogation of constitutional guarantees," "security of our country," and "restraints upon liberty."

Dr. Peters, who is senior professor of medicine at Yale University, is probably best known for his work as secretary-treasurer of the Committee of Physicians for the Improvement of Medical Care, Inc., which fought the American Medical Association for years on the issue of compulsory health insurance.

He is the central figure in a petition being circulated to many hospitals and physicians throughout the country, asking the President to change the existing procedures in the Federal Employee Security Program.

A letter accompanying the printed petition to the President says that Dr. Peters had been employed for several years in the Public Health Service of the Federal Security Agency and that during a period of three years he was subjected to three loyalty investigations. "The first two resulted in clearance," the letter said, adding: "After the third investigation, the loyalty review board found a 'reasonable doubt' as to his loyalty and he was dismissed as a consultant to the Surgeon General."

The petition states that "some of the derogatory allegations on which Dr. Peters was dismissed were not disclosed to him. Nor were the identities of the persons who supplied information ever made known to him. He was not permitted to confront these persons nor to cross-examine them."

"It is our view," the petition states, "the present program is ill-advised because it fails adequately to differentiate between cases like Dr. Peters' and cases truly relating to security matters. The standards of judgment in the two types should not be the same. It is clearly consistent with the interests of national security that the irreplaceable services of men like Dr. Peters should continue to be devoted to solving our country's health problems."

—Secretary's Letter

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### Smoking and Asthma

No patient who has asthma should smoke. Smoke of any type is irritating, not soothing, to mucous membranes. Smoking induces cough, bronchitis and bronchospasm, which are nature's warning to avoid or to expel the irritating effects of smoke. Likewise, any temporary benefit that patients derive from smoking so-called asthma cigarettes or burning powders which contain stramonium or nitrates, is nullified by the deleterious effect of the smoke itself, which aggravates the patients' bronchitis. All patients with asthma have some degree of bronchitis. Most asthmatic people have considerable bronchitis, as evidenced by inflamed, red, swollen, mucous membranes, covered with protecting mucus, and associated with some degree of bronchospasm. Such inflamed membranes are extremely sensitive to such irritants as dust, smoke, fumes, cold air, and strong odors.

Smoking is one of the most common sources of bronchial irritation, and invariably increases cough and asthma when continued any length of time. No patient with asthma should irritate his inflamed membranes with smoke, any more than a patient with conjunctivitis should blow smoke in his eyes. . . . If a patient has asthma, it is not enough to reduce smoking; it must be completely stopped.

G. A. Peters, L. E. Prickman, G. A. Koelsche, and H. M. Carryer  
*Proc. Staff Meet. Mayo Clinic 27: 329, 1952*

### The Physician and the Patient's Welfare

In the days of the "horse and buggy doctor" there was an intimate physician-patient relationship. The family doctor was a friend of everyone in the community; he was admired, loved, and respected. He would spend hours on the road, only to find that his patient was a hysterical, lovesick girl whose boyfriend had married someone else. Instead of berating her for her foolishness, he would convince her how fortunate she was not to have married such a fellow—and then make no charge because he gave her no medical treatment. The physician of our grandfather's time saw more hopeless cases than we do, for he had no means by which many seriously ill patients could be saved. But he gave them hope of a future life, where the sorrows and tragedies of this world would be forever forgotten; he comforted members of the family who were left, and gave them the hope of seeing their loved ones in a better land.

There is much discussion today about preserving the personal physician-patient relationship. The regimentation of physicians and of patients into an organization for providing medical care tends to disrupt the personal contact and to inhibit the trust which every patient should have in his physician. Even in these circumstances, however, there can and should be a personal responsibility assumed by each physician for the welfare of his patient. When a physician recognizes and accepts this responsibility, he will instill into his patients that confidence which is so essential to successful treatment.

Roger W. Barnes, M.D.

*California Medicine, March 1954*

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### Observation and Reading

Every physician will make, and ought to make observations from his own experience; but he will be able to make a better judgment and juster observations, by comparing what he reads and what he sees together. It is neither an affront to any man's understanding, nor a cramp to his genius, to say, that both the one and the other may be usefully employ'd, and happily improv'd in searching and examining into the opinions and methods of those, who lived before him, especially considering that no one is tied up from judging for himself, or obliged to give into the notions of any author, any further than he finds them agreeable to reason, and reducible to practice. No one therefore need fear, that his natural sagacity, whatever it is, should be perplexed or misled by reading. For there is as large and fruitful a field for sagacity and good judgment to display themselves in, by distinguishing between one author and another, and sometimes between the several parts and passages in the same author, as is to be found in the greatest extent, and variety of Practice. . . .

A man may practice, . . . all the days of his life, and yet be never the wiser for his experience, if he neglects to make the proper observations, which that experience might suggest to him; . . . whereas the searcher of authors has the benefit of other men's experience together with his own; and it is from the joint-concurrence of these, that we can hope for any considerable advancement in knowledge.

*From The History of Physick . . . in a discourse written to Dr. Mead by*

*J. Freind, M.D., Part I., London, 1725*

### Eight Steps To Take After An Auto Accident

The doctor had to get to the hospital fast. He tried to make it across an intersection before the traffic light turned red. Somebody else had the same idea—and the two cars collided.

Nobody seemed hurt, and the cars were only slightly damaged. So the physician—still in a hurry—made a quick verbal promise to “call my insurance man” and went on his way.

It was a rash thing to do. The other driver later claimed that he'd sustained injuries, and the doctor found himself involved in a damage suit. What's more, he was reprimanded by the state motor vehicle bureau for not immediately reporting the accident. And he *could* have lost his driver's license.

With ordinary care, he'd have averted all those troubles. There are certain steps that a careful driver always takes when he has even a trivial accident. First of all, obviously, he stops the car. Then—just as obviously, if he's a doctor—he gives aid to anyone who's been hurt.

After that, what should be done can be wrapped up in eight points. When you've read them, why not tear out the facing page and keep it in your glove compartment? You may find it a handy reference—just in case.

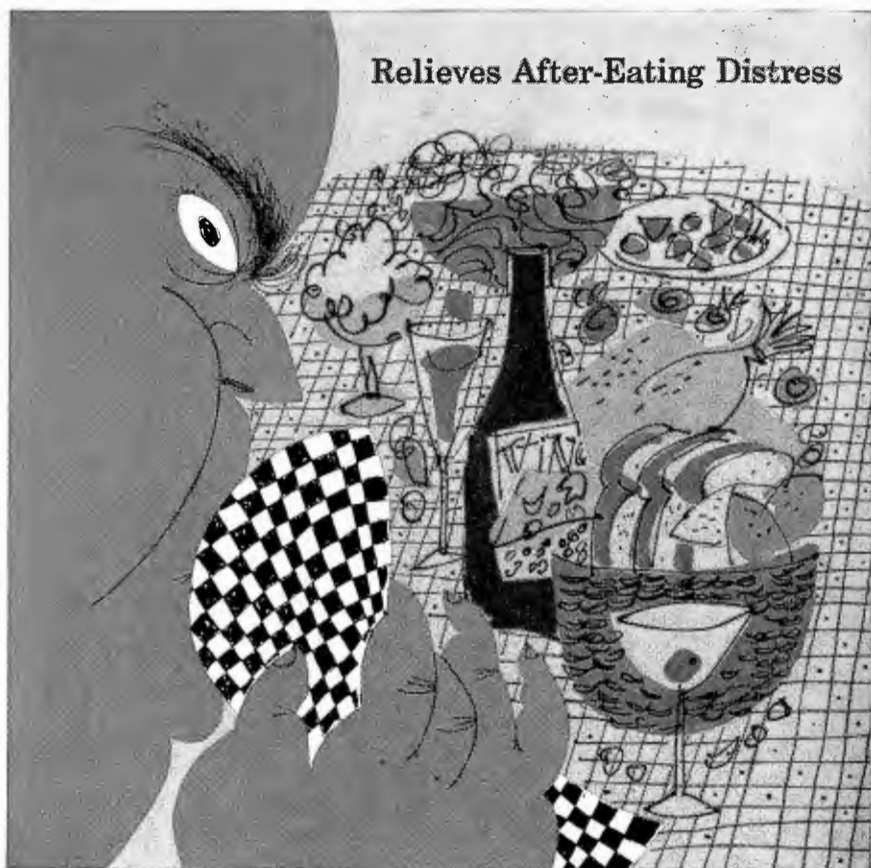
1. EXCHANGE INFORMATION (name, address, phone number, license number, and registration number) with the other driver.
2. WARN OTHERS if you're blocking the road—especially at night. A flashlight or other signal will do the trick. Don't let your accident cause another.
3. QUESTION WITNESSES to get their names, addresses, and phone numbers. If they're evasive, try to remember what they look like. You'll want to recognize a false witness if one turns up in court.
4. ADMIT NOTHING, SIGN NOTHING. Questions about payment of costs should be referred to your insurance company. It's not responsible for anything you agree to at the scene of an accident.
5. MAKE A DIAGRAM of the accident. Show point of impact. Measure how far the cars skidded, how far they were moved to unblock the road, etc. If you have a camera handy, take pictures; they may show who's responsible for the accident.
6. NOTIFY THE POLICE by phoning them if you're in town, or by hailing a passing car and asking the driver to do it if you're on the road. Help the police in any way you can when they arrive.
7. REPORT THE ACCIDENT to your insurance company and to the licensing authorities in your state. Do this promptly!
8. CONSULT YOUR LAWYER if the smash-up looks serious. Don't discuss—much less make—any settlement without his advice.

*Medical Economic, September, 1953*

### Did You Know

In the “average” copy of the A.M.A. Journal you can find:

- Abstracts of all current medical literature.
- Reviews (and procurement addresses) of new medical films.
- Letters to the Editor (and replies).
- Special articles on legal medicine (currently on Income Tax).
- Reports on activities of various councils.
- Foreign letters (medical news, reports, and correspondence).
- Announcements of medical meetings (state, national and foreign).
- Announcements of Boards and Licensure.
- Report on “medical” items in the popular magazines, and what is appearing on TV and radio stations.
- Medical and organizational news.
- Last and not least, the original articles.



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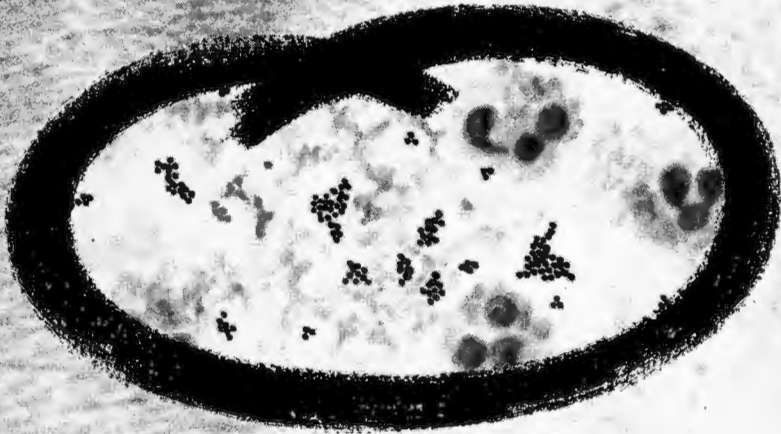
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The bacteriostatic and fungistatic action of STEROSAN is not hampered by heavy bacterial concentration, pus or organic debris. Sensitization to STEROSAN has not been observed, and primary irritation has been seen only in rare instances.

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\*Fromstein, A. J. J. Invest. Dermat. 13:119, 1949.



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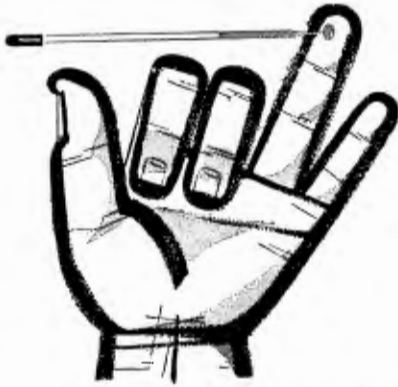
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It's easy enough to be pleasant,  
 With a lass and a glass and a song;  
 But the man worth while  
 Is the guy who can smile  
 When he has the old woman along!

At a certain age some people's minds close up, they live on their intellectual fat.

Do you know what a pessimist is? A man who thinks everybody as nasty as himself, and hates them for it.



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PERIHEMIN, master builder of red cells and hemoglobin, contains *all* the known hemopoietic essentials indicated for the majority of your anemic patients.

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from an editorial in the J.A.M.A.  
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**antibacterial therapy  
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Supply: Bottles of 12 and 100.

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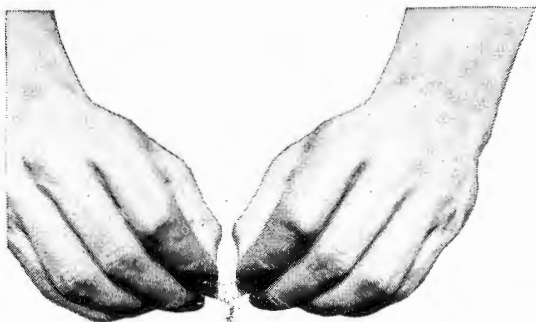
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| <p>In most cases—<br/>                 Rapid onset — 15-20 minutes<br/>                 Lasts 4-8 hours<br/>                 No hangover</p> | <p>Dosage :<br/>                 0.25 to 0.5 Gm.<br/>                 before bedtime.<br/>                 Scored 0.25- and 0.5-Gm.<br/>                 tablets.</p> |
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TETRACYCLINE

in Lederle's EXCLUSIVE,  
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**Each capsule contains:**

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| ACHROMYCIN Tetracycline Lederle | 250 mg.   |
| Ascorbic Acid                   | 75 mg.    |
| Thiamine Mononitrate            | 2.5 mg.   |
| Riboflavin                      | 2.5 mg.   |
| Niacinamide                     | 25 mg.    |
| Pyridoxine HCl                  | 0.5 mg.   |
| Calcium Pantothenate            | 5 mg.     |
| Vitamin B12                     | 1 mcgm.   |
| Folic Acid                      | 0.375 mg. |
| Vitamin K (Menadione)           | 0.5 mg.   |

Also available: ACHROMYCIN SF  
Oral Suspension

New ACHROMYCIN SF combines today's foremost broad-spectrum antibiotic with the stress vitamin formula suggested by the National Research Council. It provides, in a single dose, potent anti-infective action plus nutritional supplementation to hasten recovery and convalescence.

**MORE EFFECTIVE**

Recently completed clinical trials show that powder-filled ACHROMYCIN SF Capsules are more rapidly and completely absorbed. They contain no oils or paste.

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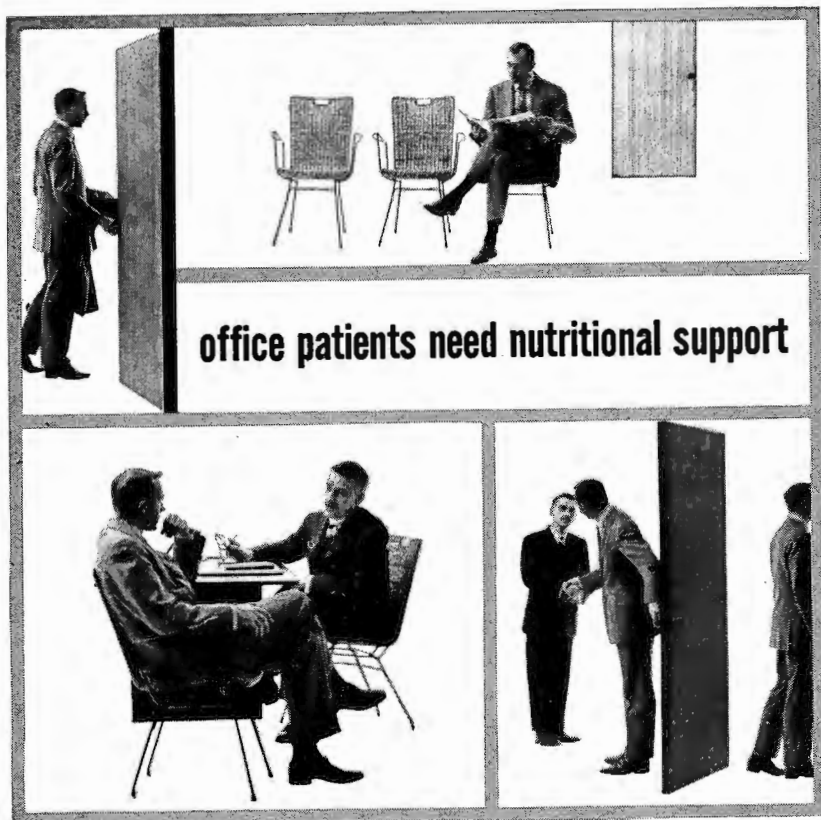
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Each Theragran Capsule supplies:

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| Vitamin A ....           | 25,000 U.S.P. Units |
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| Vitamin D ....           | 1,000 U.S.P. Units  |
| Thiamine Mononitrate.... | 10 mg.              |
| Riboflavin .....         | 10 mg.              |
| Niacinamide .....        | 150 mg.             |
| Ascorbic Acid .....      | 150 mg.             |

1 or more capsules daily  
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Syrup (strawberry-flavored), 0.25 Gm. per 4-ml. teaspoonful.

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totally new nonbarbiturate hypnotic-sedative

In most cases—  
Rapid onset — 15-20 minutes  
Lasts 4-8 hours  
No hangover

Dosage :  
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| Each capsule contains:   | Powdered Stomach.....           | 200 mg. |
| Vitamin B <sub>12</sub> with Factor Intrinsic Concentrate..... | Ferrous Sulfate Exsiccated..... | 400 mg. |
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| Thiamine mononitrate             | 10 mg.  |
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| Niacinamide                      | 100 mg. |
| Pyridoxine hydrochloride         | 20 mg.  |
| Calcium pantothenate             | 20 mg.  |
| Vitamin B <sub>12</sub> activity | 4 mcg.  |
| Folic acid                       | 1.5 mg. |
| Menadione<br>(vitamin K analog)  | 2 mg.   |

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