



BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

MARCH • 1956
Vol. XXVI • No. 3
Youngstown • Ohio

ACHROMYCIN | now in handy, liquid pediatric drops | plastic dropper-bottle

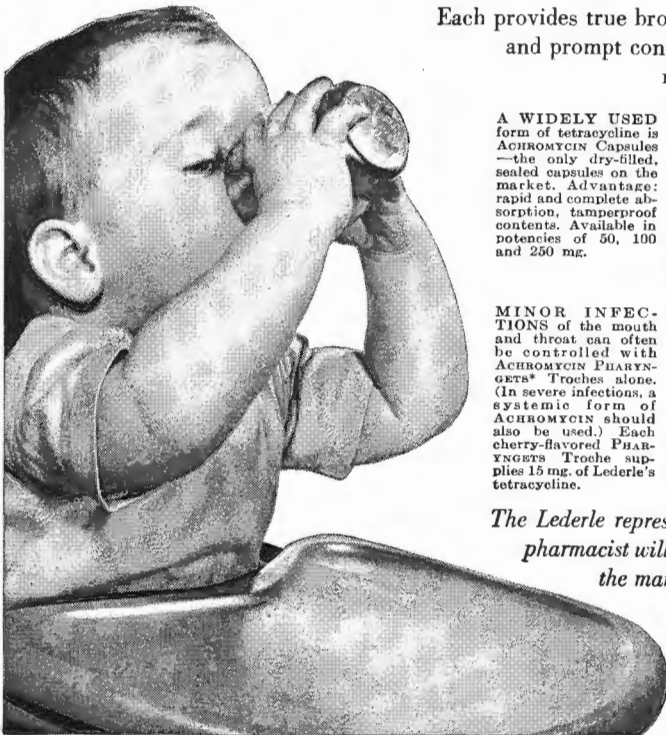
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MARCH

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Our President Speaks

As president of the Mahoning County Medical Society I find it my duty to attend many meetings of civic organizations as your representative. Last month it was my privilege to attend the annual meeting of the Youngstown Safety Council. Mr. Frank Kreml, Director of the Transportation Center at Northwestern University presented a thought provoking paper on "Traffic Safety".



Medicine is steadily making gains in disease prevention. Small pox, diphtheria, typhoid and many other diseases are now rare. In contrast, home and traffic accidents are taking an ever increasing toll. Only industry is making gains in the prevention of accidents. Needlessly many lives are lost and many people are seriously injured because of carelessness.

In 1955, 92,000 persons lost their lives in accidents; 9,200,000 were injured. Traffic accidents accounted for 38,300 deaths and 1,350,000 injuries. In the United States last year, one person out of eighteen had a disability injury!

Many times during our daily activities we see many accidents just waiting to happen—articles on stairways, tables on stair landings and drugs left in places easily accessible to children. Prevention of accidents is often easier accomplished than prevention of many diseases.

Many dangerous household remedies do not even carry a "POISON" label. Oil of Wintergreen is a notorious example. One teaspoonful can be fatal to a small child. Since it is a flavoring agent and smells good children are easily tempted.

Many persons have physical disabilities that make them unfit drivers. Our present system of renewal of drivers licenses is inadequate.

During the next 15 minutes three people will probably die and 300 will be disabled as the result of avoidable accidents. SAFETY IS NO ACCIDENT!

G. E. DeCicco, M.D.

BULLETIN of the Mahoning County Medical Society

Published Monthly at Youngstown, Ohio

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**VOLUME 26****MARCH, 1956****NUMBER 3****Bulletin Staff for 1956**

AGEY, WAYNE L. New Members and Receiving Hospital	ALLEN, HERMAN L. Society Program and Youngstown Hospital News	BLOOMBERG, L. What's New — T.B. San. Special Assignments
FISHER, JAS. L. 10 and 20 Years Ago	GUSTAFSON, C. A. 6th District News	RESCH, FREDK. A. G.P. News and Activities
RUTH, PAUL E. St. Elizabeth Hospital News	SCHLECHT, FRED AMA News Editor	SKIPP, WM. M. Your AMA and Keeping Up with Legislation
STEINBERG, M. H. 50 Year Members and Special Assignments	TORNELLO, R. L. Editor Emeritus	WALTER, CLYDE K. Special Assignments
	MRS. L. W. WELLER Women's Aux. News	

SURGICAL BENEFITS FOR DOCTORS

The January issue of Medical Economics reports that "more and more Doctors are weary of giving bottles of Scotch and objects d'art in recognition of major medical services from their colleagues. They feel that the whole concept of professional courtesy is awkward for both the giver and the recipient". The article explains the Mercer County Medical Society of New Jersey's feeling on this, where 216 of the 302 members of the Society have Society sponsored coverage.

This idea apparently is in contrast to our code of ethics. Section I of Chapter IV of The AMA Code of Ethics is being amended, but any way you read it, it still means the same. The final sentence states "A physician should cheerfully give his professional services to other physicians and their dependents."

Accordingly $\frac{2}{3}$ of the Mercer County, New Jersey physicians are out of line. In Mahoning County, 42% or 127 of 302 Doctors have Blue Cross coverage, which of course, only applies to hospitalization. Of this 127, 23 or 18% have Blue Shield in addition. So, are some of us unknowingly in error also?

Sometimes it's cheaper to be in error than erred upon. I can recall several instances where physician's families, when confronted with an emergency away from home, were billed in full by the attending physician. Also I understand that physicians themselves are not given professional discount in some of the well known "Clinics". Certainly in these instances our pos-

(Continued on Page 101)

COUNCILOR'S PAGE

The annual conference of county medical officers and committee chairman, sponsored by the Ohio State Medical Association, was held on Sunday, February 12, at the Neil House, Columbus. Those invited to attend were the President, President-elect, Secretary-Treasurer, O.S.M.A. delegates, chairman of Legislative Committee and chairman of the Public Relations Committee of each county medical society. The program was designed to give your officers material, which they can put to use in your own medical society. The really vital problems confronting the medical profession were discussed. Those officers attending learned how they can be of greater service to their members. This was our year's most important conference and I feel, the best of its kind that we have ever had.

The papers that were read and discussed at this meeting will appear in the Journal of the Ohio State Medical Association. You will also want to know what your representative learned at this meeting.

Dr. Charles L. Hudson, president of the Ohio State Medical Association, opened the day's program by stating the purpose of our gathering together, and indicating the vital role that county medical societies play in the programs of O.S.M.A. and the A.M.A.

Following this address, R. G. Van Buskirk, Executive Secretary, Committee on Legislation, A.M.A., discussed the status of medical health bills pending in Congress, with special emphasis on compulsory disability insurance measures, H.R. 7225, and what the physicians can and should be doing about these bills. These bills have been discussed on this page in previous issues.

Dr. George Sudimack of Warren, discussed the problem of attendance at county society meetings. Be sure to read his many practical suggestions.

Hart Page, Assistant Director, Department of Public Relations, O.S.M.A., told us of the available exhibits, literature, and movies that can be obtained from the O.S.M.A. and A.M.A. I have felt for a long time that we are not taking advantage of the available material. These organizations spend many thousands of dollars to make this material available. This money is wasted if we don't avail ourselves of the opportunity to use it. How much literature from the state and national organization have you made use of in the last year?

R. Gordon Moore, Assistant Managing Editor of the Ohio State Medical Journal, discussed our State Journal, where, how and when it gets "news" and deadlines for publication.

George H. Saville, Director of the Department of Public Relations, O.S.M.A. discussed our role in this, an election year.

C. Joseph Stitler, Director of the Legal Department of the A.M.A. discussed the malpractice problem. I briefly mentioned this problem last month on this page. Following conferences by councilor districts, there was a complimentary dinner at noon.

In the afternoon, Dr. Ralph A. Dwork, director of Ohio Department of Health, discussed Ohio's Public Health Program and our joint responsibility. This was followed by a panel on Medico-Legal problems in which Charles S. Nelson, Executive Secretary of the O.S.M.A. was moderator.

The last number on the program was a free-for-all question period with Dr. Hudson as moderator. There were questions on the subjects discussed on the conference program and questions pertinent to county medical societies and their activities.

(Continued on Page 115)

continuing benefits

METICORTELONE*

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in corticosteroid therapy
with fewer interrupting side effects

- minimizes edema due to sodium retention
- up to 5 times as potent as hydrocortisone
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pain, swelling, tenderness

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cough; increases vital capacity

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convenient, individualized dosage
and now available in capsules: 2.5 mg. and 5 mg.

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FROM THE BULLETIN

TWENTY YEARS AGO — MARCH 1936

1 Dr. Soma Weiss of Harvard University addressed the Society that month on "Cardiac Asthma."

2 The Medical Economics Committee under Dr. E. J. Reilly completed an agreement with the Mahoning County Commissioners regarding treatment of the indigent sick. The agreement divorced the city and county health commissioners from the medical relief office and gave complete charge of medical relief to the Committee. The Commissioners agreed to make no attempt to set up clinics for the treatment of any type of disease. The Committee assumed responsibility for the conduct of the doctors and promised that they would render "adequate and honest service to the indigent" for the fees agreed (amounts not mentioned). There was to be no pro-rating of fees because of lack of funds and it was agreed that "red tape and clerical work be abolished and bills be paid 30 days after receipt of statement."

3 George Madtes took the doctors to task for going to extremes in economic affairs. They had closed the dispensaries and were opposing all free immunizations. They were viewing with suspicion and distrust any lay movement to improve the public health. He said "Some type of medical work can be done efficiently only by mass effort and there are public health problems which must be done efficiently. They include diphtheria immunization, vaccination, tubercular testing, venereal disease handling. Public health matters cannot be handled properly in private practice."

4 The Editor announced the deadline for copy to be the 25th so that the Bulletin could reach the members by the first of the following month.

5 Dr. S. R. Prondfit died. Many of us can remember him and his office at Warren and Oak Hill. He practiced in the horse and buggy days and was a good sensible family doctor of the rugged type with no frills nor furbelows.

6 St. Elizabeth's Hospital remodeled the operating room on the fifth floor and installed a high speed elevator in "A" Unit. Maternity rooms at the North Side Unit were refitted to accommodate two beds to relieve the load of maternity patients at the South Side Unit.

7 Dr. J. B. Kupec became a member of the Society. *suit*

8 You could buy a double breasted "Duke of York" at McKelvey's for \$25.00. Babies were getting Oleum Percomorphum instead of Polyvisol and it was Karicin for fecal putrefaction those days.

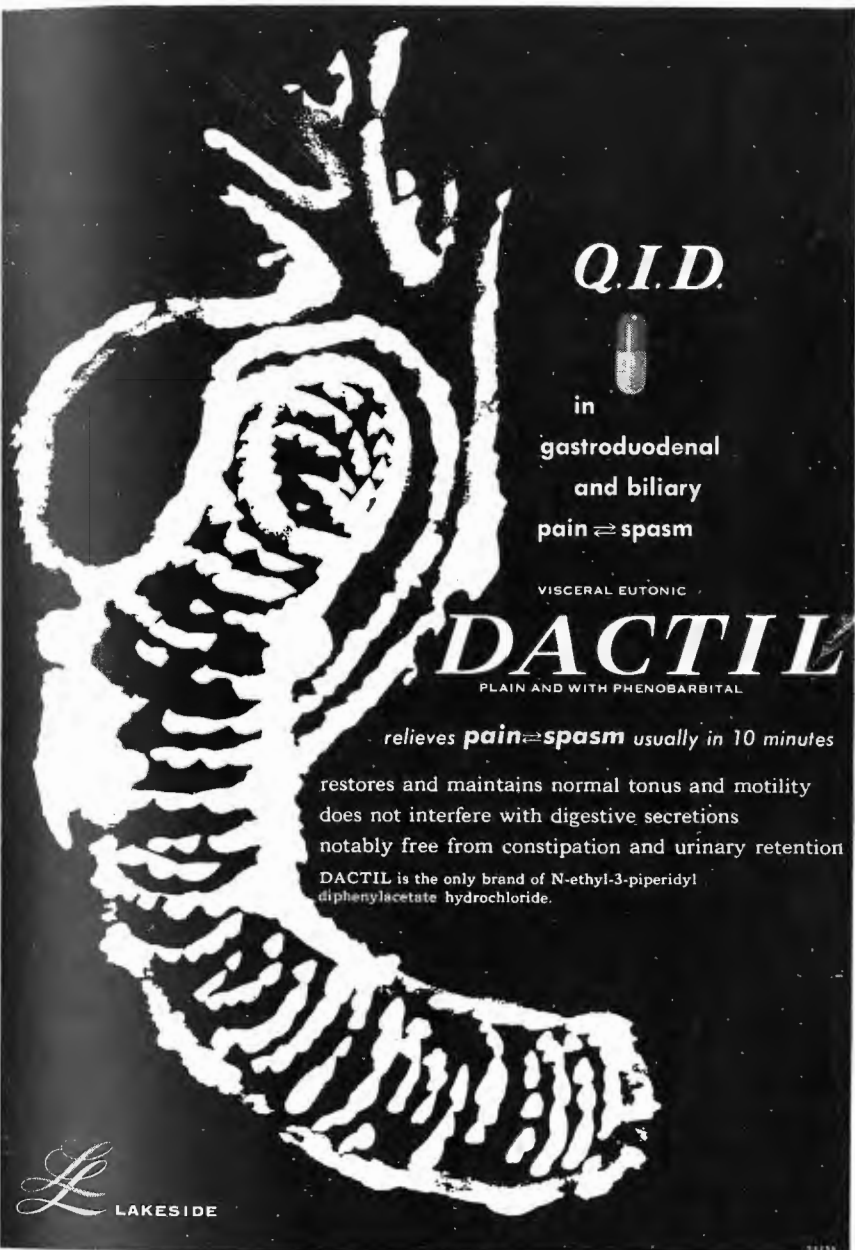
TEN YEARS AGO — MARCH 1946

1 Dr. Richard Hugh Lyons of the University of Michigan addressed the Society that month. His subject was not announced and his publicity was overshadowed by that of the group from Johns Hopkins which was coming for Post-Graduate Day in April.

2 Major Fred Coombs had a leading article on "Therapeutic and Toxic Effects of Salicylates." He described a maniacal delirium called the "Salicylate jag" and warned of the increase in prothrombin time accompanying full doses of salicylates.

3 Comdr. O. M. Lawton was back home and addressed the staff of the Youngstown Receiving Hospital on "The Neuroses." Martin Conti, the first medic to join the services in 1939 was still out on an island in the Pacific. The service records of Lt. Col. H. E. Hathhorn, Major Barclay Brandmiller and Capt. Lewis S. Shensa were published. Brandmiller made four combat landings, he has a bronze arrowhead and five campaign stars. Gordon Nelson was named a member of the state committee on medical care of veterans.

4 It was the season for tonics and reconstructives. Recontone was adver-



Q.I.D.



in
gastroduodenal
and biliary
pain \rightleftharpoons spasm

VISCERAL EUTONIC

DACTIL

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relieves **pain \rightleftharpoons spasm** usually in 10 minutes

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does not interfere with digestive secretions
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L LAKESIDE

tised by Lyons Physicians Supply. Pitman-Moore Co. claimed that Jeco-B-Co was the thing for convalescence from debilitating disease and Ciba recommended Coramine Liquid for chronic coronary disease and cases of cardiac decompensation with dyspnea. Ten years have brought new names and methods but needs have not changed much.

J. L. F.

KEEPING UP WITH A.M.A.

By William M. Skipp, M.D.

Delegate From Ohio

A.F.L. President George Meany talked at a dedication in Washington recently. What he says sounds deeply significant, not only for labor but for any organization interested in national legislation . . . In pursuing the objectives of the joint AFL-CIO organization coming into being, Mr. Meany says "We expect to use every method legally available to us as citizens. This without question will include political action, not only to defend our movement against legislation designed to destroy us, but also to raise even higher the American standard of life. The scene of battle is no longer the company plant or the picket line. It has moved into the legislative halls of Congress."

H.E.W. OFFICIALS CITE SHORTAGES OF PUBLIC HEALTH PERSONNEL.

Shortages of trained public health personnel and what to do about them were a dominant theme of Dept. of Health, Education, and Welfare officials. Suggested solutions: 1. Health officers to make more training available to those already on the job. 2. Federal responsibility in this field, including pending bills in Congress for traineeships in public health and more training of nurses.

DR. SCHEELE SEES "SUBSTANTIAL PROTECTION" IN ONE SALK SHOT.

Declared: "The results of the use of the (Salk) vaccine in 1955 thus far give strong evidence that children who received even one dose were substantially protected against paralytic polio." Paralytic attacks rates in vaccinated children were shown to be 67 to 90 percent lower than in unvaccinated children of the same age.

ARCHBISHOP ASSAILS U.S. SOCIAL AID.

Archbishop Patrick A. O'Boyle of Washington, D.C., followed in the footsteps of the medical profession recently when he lashed out against any further extension of government social services.

Stated: The American way of life has provided the opportunity for persons of all religious beliefs to establish and maintain organizations of charity for the service and care of those in need. But he noted that in the last two decades there had been a multiplication and development of the social services under governmental auspices.

"It will be a sad day for free men, it will be a catastrophic event blasting America's foundation of freedom, it will be an eventuality traitorous to America's very substantial tradition of a glorious panoply of social services under religious and private auspices if either the present network or the future extension of governmental social services causing in any manner the gradual smothering or ultimate suppression of the works of Christian charity."

DEFENSE DEPARTMENT ORDERS JOINT USAGE OF HOSPITALS.

Under a new Dept. of Defense directive, Army, Navy and Air Force will be required to make joint usage of all U.S. military facilities where such procedure is "economical and efficient." The order makes the three secretaries responsible for carrying out its provisions.

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Relax
the nervous,
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emotionally unstable:

Reserpoid (Pure crystalline alkaloid)

TRADEMARK FOR THE UPJOHN BRAND OF RESERPINE

Each tablet contains:

Reserpine 0.1 mg.
 or 0.25 mg.
 or 1.0 mg.
 or 4.0 mg.

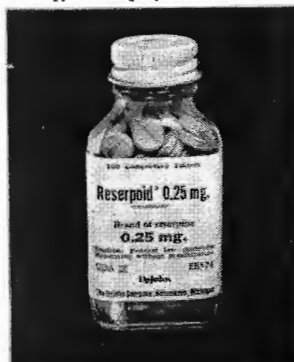
The elixir contains:

Reserpine 0.25 mg.
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Supplied:

Scored tablets
0.1 and 0.25 mg. in bottles of
100 and 500
1.0 and 4.0 mg. in bottles of 100
Elixir in pint bottles

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helps re-establish normal bowel function

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with thiamine which stimulates peristalsis
physiologically, **SIBLIN** promotes the formation of
stools of normal consistency for easy passage.

in a variety of clinical conditions

SIBLIN helps to restore and to maintain normal bowel
function in pregnancy and during lactation,
in anorectal disorders and following surgical
operations involving the bowel, in chronic
constipation, and in diarrhea.

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lubricant bulk with thiamine

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SIBLIN (in granular form), 4-ounce and 16-ounce packages.

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BALTIMORE PAPER SPEAKS OUT ON SOCIAL SECURITY.

"Social Security, as originally envisioned, is a great humanitarian advance. But citizens, for their own protection, should let their delegations in Congress know they do not want its future imperiled to serve short-term political ends."

The A.M.A. is presently alerting physicians to the implications of H.R. 7225, which would graft a cash disability benefit system onto Social Security in an election year.

SECRETARY GEORGE F. LULL:

Is urging that all members of county medical societies read the "Guides for Grievance or Mediation Committees", more particularly the members of such Committees. The report of the action of the House of Delegates at the Boston Meeting will be found in the Dec. 24, 1955 issue of the A.M.A. Journal, pages 1654, 1655, 1656.

Recommendations on this matter were;

An appendix to the brochure.

There should be no equivocation concerning the naming of such committees, and a uniform policy should be adopted in which they be called frankly "Grievance Committees".

Legal counsel should be sought at the local level.

MENTAL HEALTH ADMISSIONS CONTINUE TO OUTNUMBER DISCHARGES

Latest information from the National Institute of Mental Health shows that first admissions outnumber discharges from public mental hospitals by more than two to one. The average daily patient load, (epileptics as well as mental cases) was 136,595, with 109,931 identified as mental defectives.

SUBCOMMITTEE URGES NEW PENALTIES FOR NARCOTICS VIOLATIONS.

Addiction is responsible for 50 percent of all crimes in large cities; illicit traffic has trebled in the United States since World War II, because of weak or faulty criminal laws and procedures, prosecution is not effective, although U. S. officials have done "all within their power". The subcommittee proposes increased penalties (including capital punishment under certain conditions). President Elmer Hess, AMA, recommends this drastic measure.

Red China, Turkey, Lebanon and Mexico are the primary sources of heroin reaching the U.S.; this country is the target of most international narcotics smuggling; subversion through drug addiction "is an established aim of Red China."

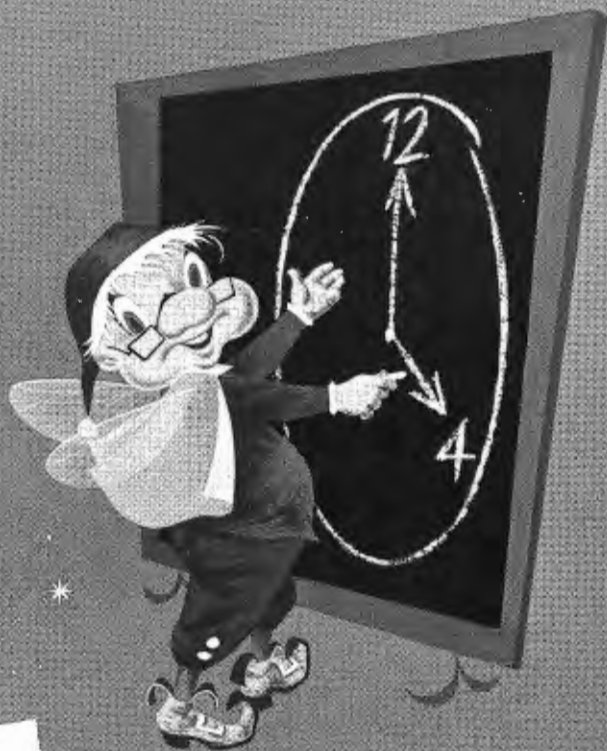
AND EVEN WITHOUT HR 7225!

The November-December issue of Medical Research has a lengthy symposium on "The Supply of Cadavers: Is There a Problem?" Already there are eight medical schools wherein the ratio of eight students to one cadaver is no longer possible.

The article discusses how some states do not have adequate anatomical laws, etc., to provide for their schools. One anatomy professor, however, had a different view. In his opinion the securing of cadavers is becoming a national problem for all medical schools because it is becoming profitable for under-takers to intern the prospective cadavers due to the money made available to them through Social Security and other welfare agencies.

C.W.S.

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DOSAGE: Prescribe 1 or 2 tablets (usually 1 suffices) to be taken about twenty minutes before bedtime.

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MARCH

PROCEEDINGS OF COUNCIL

The regular monthly meeting of the Council of the Mahoning County Medical Society was held at the offices of Dr. M. W. Neidus, 318 Fifth Avenue, Youngstown, Ohio on Monday, February 13, 1956.

The following doctors were present: G. E. DeCicco, President, presiding, S. W. Ondash, I. C. Smith, M. W. Neidus, A. K. Phillips, W. M. Skipp, A. A. Detesco, C. W. Stertzbach, F. G. Schlecht, V. L. Goodwin, and H. N. Bennett, comprising the Council, also S. Franklin, L. S. Shensa, and F. Gellman.

Meeting was called to order at 9:00 P.M.

Dr. Shensa outlined his television and radio programming for the year. He commended the Auxiliary for the excellent cooperation they have afforded him, in assisting in the arrangements and planning. He suggested the Society sponsor a public speaking class at Youngstown University. Council heartily approved the proposal.

Dr. Gellman stated that Mental Health Day was to be February 16th, and a program has been arranged. Council approved his participation in the event as an official delegate of the Society.

Dr. Franklin presented his final draft of the Statements and Principles for the Standards of Practice governing lawyers and doctors as approved by both his committee and that of the Mahoning Bar Association. Council accepted Dr. Franklin's report and ordered it filed, with one correction noted.

Council discussed the lack of Salk Vaccine available for local members in their inoculations program.

Council approved Pfizer Company sponsoring a golf meet tentatively scheduled for May 24, 1956.

The following applications were presented by the Censors:

Active Membership

W. L. Agey, 6960 Market Street, Youngstown, Ohio
 R. V. Bruchs, 413 Dollar Bank Building, Youngstown, Ohio
 P. A. Dobson, 402 Oak Hill Avenue, Youngstown, Ohio
 P. J. Fuzy, Jr., 510 Gypsy Lane, Youngstown, Ohio
 S. F. Gaylord, 318 Fifth Avenue, Youngstown, Ohio

Junior Active

E. Bellaire, T.B. Sanitorium, Youngstown, Ohio

Interne Membership

R. Handy, Jr., Youngstown Hospital Association, Youngstown, Ohio

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

A. A. Detesco, M.D.
 Secretary

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REMINISCENCES OF THE PRACTICE OF MEDICINE IN THESE CHANGING TIMES

At the time of my graduation in medicine in 1905 the practice of medicine was just changing from the horse and buggy stage to the automobile. Dirt roads were still plentiful, especially in the outskirts of the city and certainly in the country.

As a young practitioner, I adopted the horse and buggy so as to get the medical calls where the older physician with his rather unreliable automobile was not willing to or could not go. About two years later I also acquired an automobile but still used the horse and buggy for several years in winter and spring when many of the streets and country roads were impassible by automobile. Gradually more streets and roads were paved, and the horse was discarded for the auto.



John Heberding, M.D.

In medical practice itself great changes were also taking place. About this time the Spirochaeta pallida was discovered and about a year or two later the Wasserman Test came into general use and with the discovery and use of Salvarsan and its subsequent improvement, medicine was well on its way to conquer Syphilis.

From 1905 to 1908 there was still a vast amount of typhoid fever in this area. In South Side Hospital there was a men's ward and a women's ward always filled with typhoid fever patients. There were also others scattered in private rooms in the hospital and many were treated at home. Hemorrhage and bowel perforation were the two great dangers in all these patients.

With the building and installation of the filtering plant for city water about 1908, typhoid fever almost completely disappeared except for a few scattered cases contracted from surface wells.

Pneumonia was another disease which as now was very prevalent in the winter and spring. The treatment was chiefly supportive and symptomatic and physician and patient waited patiently for the crisis to take place. Later serum was used in certain type cases but not with too much success. The treatment was really never on any effective basis till the sulfa drugs and antibiotics came into use.

The great influenza epidemic of 1918 with its many fatal pneumonias is remembered by all of the older population. Several of the public schools were turned into hospitals. Good nursing care and supportive treatment and administration of oxygen was about all that could be done for these patients. Convalescent serum did not prove of much value.

Obstetrics was done almost entirely in the home and what a time the physician had both mentally and physically. It was almost impossible to persuade a patient to go to the hospital unless they were convinced they would die if they stayed at home.

X-ray work was just in its beginning in 1905-1907. Glass plates only were in use for making radiographs at that time. Films did not come into

because your allergic patients need a lift . . .

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Plimasin®

(tripelennamine hydrochloride and methyl-phenidylacetate CIBA)

mild stimulant and antihistamine

boost their spirits . . .

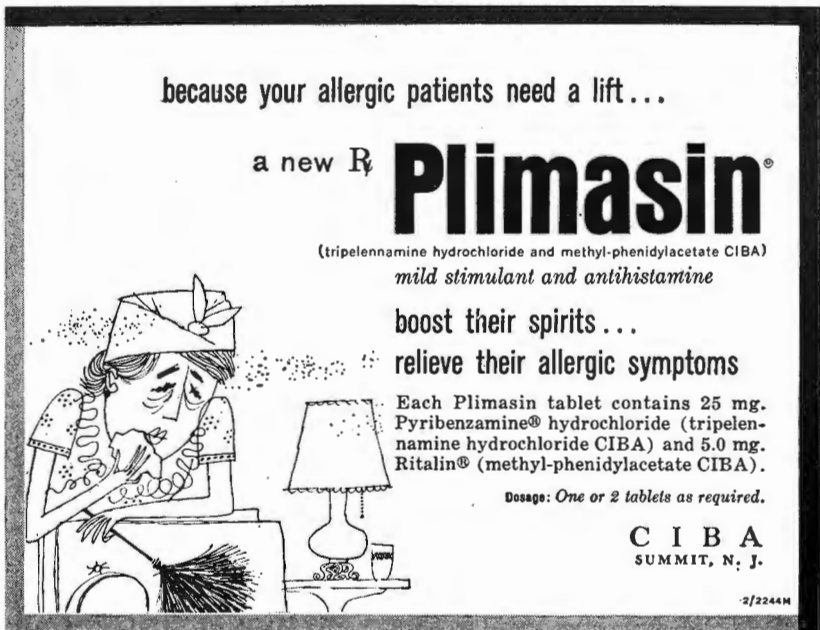
relieve their allergic symptoms

Each Plimasin tablet contains 25 mg. Pyribenzamine® hydrochloride (tripelennamine hydrochloride CIBA) and 5.0 mg. Ritalin® (methyl-phenidylacetate CIBA).

Dosage: One or 2 tablets as required.

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SUMMIT, N. J.

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PERIHEMIN

HEMATINIC



*REG. U.S. PAT. OFF.

MARCH

use until 1922. Safety films did not come into use on account of poor quality ^{until} after the Cleveland Clinic disaster of 1927. After this their quality was rapidly improved by the manufacturers and they were soon in general use.

Only a few of the more difficult fractures had any X-ray work done in the early days. Very little other X-ray work was done. However, with a growing realization of its value and with the gradual improvement in X-ray tubes and generators the amount and type of X-ray work done increased very rapidly.

However the work could not be done nearly as thoroughly or completely as at the present time.

With the ever increasing medical research we hope that future progress in medicine will come even faster in the future than it has in the past.

ACADEMY OF GENERAL PRACTICE

Post Graduate Course in Gastro-enterology being given by a group from the Ohio State University College of Medicine. The meeting will start promptly at 8.00 P.M. at the South Side Hospital Auditorium on Tuesday April 10th.

Subject matter:

1. Emotional Aspects of Gastro-intestinal Disease
Samuel W. Robinson—Assistant Professor of Medicine.
2. Radiology and Gastro-intestinal Disease
Sidney Nelson—Professor and Chairman Department of Radiology.
3. Ulcerative Colitis
David Brown—Youngstown, Ohio
4. Diseases of the Esophagus
Samuel Robinson

F. A. Resch, M.D.

UNIVERSITY OF MICHIGAN MEDICAL SCHOOL

Postgraduate Program

Metabolism and Endocrinology	March 26-30
Diseases of Blood and Blood-Forming Organs	April 2-6
Diseases of Gastro-Intestinal Tract	April 9-13
Recent Advances in Therapeutics	April 23-27
Ophthalmology	April 23-24-25
Otolaryngology	April 19-20-21
Radiology, Diagnostic	April 2-6

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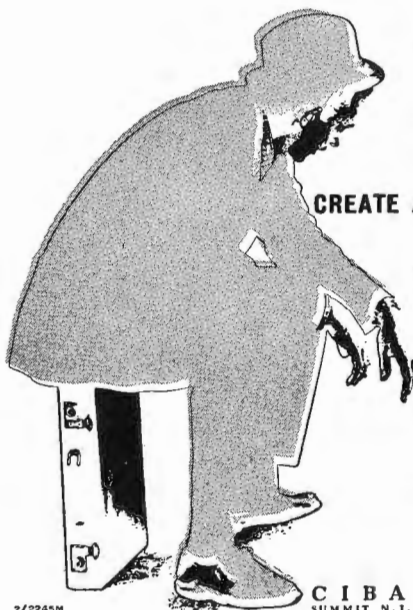
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SUMMIT, N. J.

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(Continued from Page 85)

gessing insurance including surgical benefits and our use thereof, should not be frowned upon. Even on the local level I see no harm in a physician possessing a policy with surgical benefits for himself and his family, except that it contradicts our code of medical ethics and its proposed amendment.

I wonder if the A.M.A. Judicial Council shouldn't weigh this matter further? If the insurance companies and our own Blue Shield see fit to issue policies of this nature to physicians, why should it be unethical for us to use this simple method to meet our obligations to those physicians we call upon to render major service to ourselves and our families?

C. W. Stertzbach

The foregoing statement of our Editor is correct and I believe the Judicial Council of the AMA has already given this consideration in stating in our Code of Ethics that it is unethical for another physician to charge a fellow practitioner for medical services to himself or his family unless the physician consulted or treating the physician and family is called at some distance, then his expenses and an honorarium should be presented to the consulting physician by the receiving physician. Thus the physician doing the service is not making a charge and the physician receiving the services makes a donation in cash or some other form.

If the physician being treated carries insurance to cover this service, the physician being treated should not ask for a bill but should present the insurance check to the attending physician as a donation.

In talking to some of the members of the Judicial Council they do not feel that a donation of cash or an insurance check presented to an attending physician is having the physician make a charge, but when offered he can accept or reject the donation as he sees fit, and in doing so, neither physician is doing an unethical act.

Please read the Judicial Council Summary in your February *Bulletin* on this subject and read the full report in the Oct. 29, 1955 and Dec. 31, 1955 issues of the *AMA Journal*.

W. M. Skipp, M.D.

PLACES TO GO

- American Association of Physicians and Surgeons, Columbus, Ohio
April 5th and 6th, 1956.
- Ohio State Heart Association, Annual Meeting. Hotel Statler, Cleveland,
Ohio. April 9, 1956.
- Ohio State Medical Association, Hotel Statler, Cleveland, Ohio, April 9-11,
1956.
- American Medical Association, Chicago, Ill., June 11-15, 1956.

MARCH MEETING

COMBINED DINNER MEETING
MAHONING COUNTY MEDICAL SOCIETY
MAHONING COUNTY BAR ASSOCIATION

Thursday, March 22, 1956

Guest Speaker

S. R. GERBER, M.D., CORONOR of CUYAHOGA COUNTY

Topic

"IN THE CORONOR'S OFFICE, THINGS ARE NOT WHAT
THEY SEEM"

YOUNGSTOWN COUNTRY CLUB

DINNER 6:30 P.M.

RESERVATIONS MUST BE IN BY MARCH 17

APRIL MEETING

YOUNGSTOWN UNIVERSITY

TUESDAY, APRIL 17, 8:30 P.M.

MEDICAL-LEGAL SYMPOSIUM

Hypothetical Post-traumatic Cases to be Discussed

"Case of an Injured Spine"

also

"Case of a Steering Wheel Injury"

ANNUAL MEDICO-LEGAL DINNER

The members of the Mahoning County Medical Society are proud to be the hosts this year to the members of the Mahoning County Bar Association for the annual combined dinner meeting. This annual meeting of the members of the medical and legal professions was renewed last year with great enthusiasm. The daily professional activities of physicians and attorneys bring the members of each group together, and it is felt that an evening of relaxation enjoyed by the members of both groups affords a further opportunity for the members to get to know each other better.

Our guest speaker for the evening will be Dr. S. R. Gerber, Coronor of Cuyahoga County. We are particularly fortunate to have Dr. Gerber as our guest speaker for the combined meeting, as his long experience as Coronor of Cuyahoga County has given him a wealth of background material of interest to both the medical and legal professions. In addition, Dr. Gerber holds medical and law degrees. He has served as Coronor of Cuyahoga County since January 4, 1937. He is a member of the Cleveland Academy of Medicine, Ohio State Medical Association, American Medical Association, Academy of Forensic Science, Cuyahoga Bar Association and the Ohio State Bar Association. Dr. Gerber has chosen as his topic of discussion "IN THE CORONOR'S OFFICE, THINGS ARE NOT WHAT THEY SEEM".

H. Allen, M.D.

DINNER DANCE

(Formal)

MAHONING COUNTY MEDICAL SOCIETY

and

CORYDON PALMER DENTAL SOCIETY

Saturday, May 5, 1956

Youngstown Country Club

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

Music by Bill Fountos and His Orchestra

Dinner 7:00 P.M.

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March 6, 1956

Dr. G. F. DeCicco, President
Mahoning County Medical Association
1008 Market St.
Youngstown, Ohio

Dear Dr. DeCicco:—

We would like to confirm the result of our meeting of Thursday, March 1, 1956 with reference to the matter of distribution of Salk Vaccine to indigent people.

As advised your group at this meeting, there are no specific and definite instructions from our State Department regarding this service excepting that the Vaccine is made available to the individual Health Departments for use for indigent people. There are no specific regulations that are provided for by the State Department of Welfare.

The only stipulation that the Chief of the Division of Social Administration made to the Mahoning County Director on the telephone was that the State Department will look with disfavor on making the Vaccine available to indigents on an unrestricted basis if non-indigent people are restricted as to its use. In other words, if the pregnant women group is taken as an example, our State Department desires that the availability of Vaccine to pregnant women who are on the relief rolls shall only be in the same proportion as the availability to pregnant women who are not on relief. The Department desires to be extremely cautious that indigent people shall not receive preferential and special treatment over and above what others are receiving.

Our course of action in Mahoning County will be as follows:

1. The Vaccine inoculations, the same as other medical services, is the responsibility of the recipient's own doctor. He has to request the Vaccine from the Health Department and he has to request the authorization for his own service from the Welfare Department.
2. The Vaccine, of course, is made available without cost to the doctor. The inoculation service fee which will be paid by the Welfare Department in the usual manner will be \$3.00 per inoculation.

Yours very truly,

I. L. Feuer, Director

MAHONING COUNTY WELFARE DEPARTMENT

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1956

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This is the first of two articles dealing with Social Security which Mr. Scherer has written for our bulletin. In this article he describes it from the economical standpoint and in next months article from the socialistic side. Please reserve your opinion until you become familiar with both.

SOCIAL SECURITY FOR ALL TAXPAYERS

By Paul M. Scherer, C.L.U.

Equitable Life of Iowa

The dollar benefits to a taxpayer and to his dependents as set out by today's law are the best arguments in favor of Social Security for all taxpayers. Many persons not now eligible for Social Security may have several good reasons for their being excluded from the benefits and, of course, excuse themselves from the self-employment tax for old age and survivor insurance. But the dollar benefits for the relatively small tax imposed offers a strong debate against all of the reasons for being excluded from Social Security. Let us take a few typical illustrations assuming that, in these examples, Social Security coverage is extended to all taxpayers. And in our examples we shall apply the Social Security tax for the self-employed which is 1½ times the rate for an employee.

Dr. A, aged 40, is an established physician with a wife the same age and three children. He is self-employed. His maximum annual Social Security tax on his 1955 income is \$126. This rate prevails until 1960 when it is increased to \$157.50. In 1965, the rate is increased to \$189; and 1970, the rate is increased to \$220.50. Then, in 1975, the rate stays level at \$252 annually until the taxpayer is age 65. Our Dr. A will pay from age 40 to age 65 a maximum of \$4,825. Here are his benefits.

At retirement, he will be eligible for the maximum benefit of \$108.50 per month; and his wife being aged 65, is eligible for \$54.30 per month. This total of \$162.80 per month is guaranteed as long as both live. If Doctor survives his wife, his income drops back to \$108.50; but if he dies before his wife, her income will be \$81.40 as long as she lives. If both are living, they have an annual income of \$1,953.60. And with the maximum of only \$4,825 paid in taxes, both Doctor and his wife need to live only about 2½ years after age 65 to withdraw as much as they have paid in taxes.

Now, suppose Dr. A dies before retirement. Let us figure the survivorship benefit and assume that he dies in 1958 when he is certain to be fully insured, even if Social Security coverage began as late as July 1, 1956. A widow with two or more children under age 18 is eligible for a family benefit of \$200 per month. A widow with but one child under age 18 is eligible for \$162.80 per month. If his three children are now 2, 4, and 6, they will be 4, 6, and 8 in 1958. The family would receive \$200 per month for 12 years, then \$162.80 per month for two more years. This is a grand total of \$32,707.20. There would also be a lump sum benefit paid at the time Doctor dies of \$255. There would be no income to the family from the time the youngest child is age 18 until the widow is 65 at which time she will receive \$81.40 per month for life. This is just short of \$1,000 per year for life. It is obvious that there is very much protection for Dr. A's family as well as a good retirement guarantee for the annual Social Security tax demand.



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Youngstown, Ohio

Dr. B is 55 year old with a wife the same age. His children are grown and he is self-employed. If he pays a maximum Social Security tax from 1956 to 1966 at prevailing rates his total maximum payments would be \$1,480.50.

Now, if Dr. B dies before 65 he would pay less than the above \$1,480.50. And his widow would receive \$255 at his death, plus an income for life beginning at her age 65 of \$81.40 monthly, almost \$1,000 a year. His widow need live approximately one year past 65 to re-claim all of the Social Security tax paid; and she still has a guarantee of almost \$1,000 per year as long as she lives.

If Dr. B lives to age 65 and paid the \$1,480.50, he and his wife will receive \$162.80 monthly as long as they both live. If he survives his wife, his income will be \$108.50 per month; and if she survives him, her income will be \$81.40 per month. With both Dr. B and his wife alive at age 65, it would take but nine months to re-claim all of the Social Security tax paid during the previous ten years.

Dr. C is only 30. His expenses are high and his income—though exceeding the \$4,200 Social Security maximum taxable amount—is low as compared to that of an established physician. His total tax over 35 years would be greater than in our other examples. But he would pay a maximum of \$7,371 if he lived at age 65. His total protection would probably be greater than that of Dr. A and B as he is quite likely to have a wife and family qualifying for survivorship benefits. For example: Dr. C's death could qualify his widow and children (two or more) for as much as \$42,978 in income payments prior to his youngest child's age 18. And his wife would still be eligible for \$81.40 per month for her lifetime beginning at her age 65.

In Dr. C's retirement it would take about 3¼ years to re-claim all of the Social Security payments if he and his wife live beyond age 65.

From a dollar point of view there is little doubt that Social Security is a bargain at today's rates. Any man who ever drew one card to fill a flush, a full house, or a straight, certainly took a greater risk from a percentage standpoint than today's taxpayer covered by Social Security.

We almost all agree that National Service Life Insurance is a bargain. Those who held their Government insurance are glad that they did. National Service Life Insurance is a bargain because the Government—you and I—are paying the difference between the actual cost and the premium payments. The same can be said for Social Security. There is a great likelihood that the benefits will cost much more than the present tax imposed. The Government—you and I—will make up the difference. All taxpayers, therefore, might just as well be included under Social Security if it is so obvious that all taxpayers are going to have to participate in the payment of the claims.

Professor: "Study hard, pupils. The examination papers are already in the hands of the printers. Now, are there any questions?"

Voice from rear: "Yeah, who's the printer?"

—o—

Prison Chaplain: "You say they put you here just because of your belief?"

Convict: "That's exactly it. I believed the policeman had gone off duty."

HAVE YOU MET



DR. DONALD R. BERNAT, who practices general and minor surgery, and is associated with Dr. Kocialek at 23 Lincoln Ave? A native of Youngstown, Dr. Bernat attended Wood Street school, Rayen High School, and obtained his pre-medical education at Youngstown University. After his affiliation with the U. S. Army Engineering Corps, from 1942 to 1946, he attended Creighton Medical School in Omaha, Nebraska, graduating in 1950. Dr. Bernat interned at Community General Hospital in Reading, Pennsylvania, and completed four years of surgical residency at St. Elizabeth's Hospital in June 1955. Mrs. Bernat, the former Millicent Pugh, of Bristol, England, and five children, Arnold, Cherl, Susan, Christine, and Donald complete the family. They reside at 356 South Hazelwood Avenue.

DR. W. G. TOBIN who has recently become a new member of the Mahoning County Medical Society? Born in Toronto, Canada, in 1918, Dr. Tobin became a full U.S. citizen in January of 1954. His initial schooling included seven years at Upper Canada College, Toronto. Pre-medical and medical education was obtained at Toronto University graduating in 1948. He spent a year rotating internship at the Toronto General Hospital and then spent a year in medicine at Sunnybrook Military Hospital in Toronto. The first year and a half of residency training in psychiatry was spent at Johns Hopkins Hospital, Baltimore, from 1950 to 1951 and the second year and a half at the Norristown State Hospital, Norristown, Pennsylvania. After completing his residency training, Dr. Tobin served two years on active duty with the USAF. Upon discharge from the service, he commenced part time (3½ day weekly) as Director-Psychiatrist of the Youngstown Child Guidance Center and 2½ days weekly at the University of Pittsburgh as a Teaching Fellow in Child Psychiatry. Certification by the American Board of Psychiatry and Neurology in Psychiatry was obtained in March, 1955. Married with four youngsters, and living on a small farm at North Jackson, Dr. Tobin's interests include golf, tennis, and skiing.



Male Customer: "I want to see some ladies' fur coats."

Sales Girl: "For your wife, sir? Or would you like something better?"

HAVE YOU MET



DR. JAMES H. GROVE, who is now a junior active member of the Mahoning County Medical Society? Dr. Grove, a native of Upper Sandusky, Ohio, graduated from Kenyon College in 1942, and Western Reserve University in 1945. After interning a year at Mt. Sinai Hospital in Cleveland, he joined the U.S. Army Medical Corps, and was discharged with the rank of Captain in 1949. On his return to Cleveland he took a three year residency in Radiology at Mt. Sinai and University Hospitals in Cleveland, and now is an assistant Radiologist at North Side Hospital. While in Medical School he met and married the former Dorothy Card, who was then taking her graduate nurse's training at the Francis Payne

Bolton School of Nursing, having previously graduated from Dennison University. Jim says he has no hobbies, but is raising four daughters, Carolyn, Patricia, Virginia and Jennifer.



DR. ANICETO DiDOMENICO, whose office for general practice is located at 1109 Central Tower Building, Youngstown? Having been born and raised in Italy, Dr. DiDomenico received his preliminary and secondary education there and gained his B.S. Degree at Sulmona, Italy in 1943. He graduated from the University of Bologna Medical School in 1950, interned for one year at Poly-Clinic Rome University, where he then took a year's residency in Internal Medicine. His medical training continued in the United States with one year's internship with the Youngstown Hospital Association, a year's residency in Internal Medicine at St. Elizabeth's Hospital, also one year at Trumbull Memorial Hospital, Warren, Ohio. Dr. and Mrs. DiDomenico, the former Patricia Joyce, a graduate nurse, reside at 257 Dennick Avenue, Youngstown.



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"Is that so? What did he leave?"

"Twelve children."

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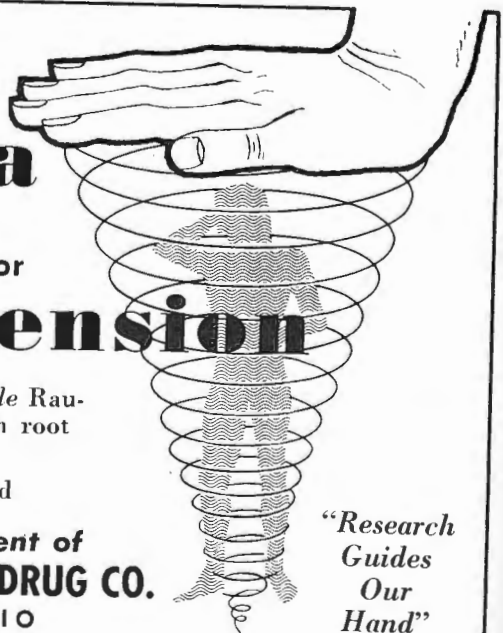
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LAWYER URGES M.D.s TO KEEP DETAILED RECORDS AS PROTECTION AGAINST MALPRACTICE JUDGMENTS

Oradell, N. J. — "Failure to keep adequate, detailed records" is costing some doctors a pretty penny in adverse malpractice judgments. So warns the New York State medical society's chief legal counsel in the January issue of *MEDICAL ECONOMICS*.

So serious is the failure, William F. Martin asserts, that while "only one in eight malpractice suits reveals actual negligence on the doctor's part . . . the doctor loses one case in four." If physicians want to change these figures, he emphasizes, they must have "carefully-kept (files) of legible, logical and complete medical records."

Just what does he consider adequate record-keeping?

1. "It pays to record every basic fact in every case, with particular attention to names and dates. No jury believes that a busy physician can possibly remember the history, examination, and treatment of all his patients," says Martin. So a doctor should keep "written records of the patient's complaint, the physical findings, and the treatment prescribed, plus copies of laboratory, X-ray, and consultants' reports."

2. "It pays to write out complicated instructions, or any instructions to balky patients." Doctors should remember, says the legal counsel, "that oral evidence alone has led juries to some wild conclusions."

3. "It sometimes pays to make clear to the patient in writing that you're not guaranteeing the result . . . Without something in writing", Martin avers, "alleged-guarantee cases are hard to defend."

4. "It sometimes pays to keep records permanently." Statutes of limitations, for instance, don't protect defendants "in cases involving concealment, fraud, or a minor." Therefore, Martin concludes, "it's best to retain case records of active patients indefinitely."

MODERN BALANCED ANESTHESIA

The practice of anesthesiology today is based on the philosophy of Modern Balanced Anesthesia. The concept of balanced anesthesia, as a safer and improved method, is not new, having had its origin from the theory of anoci-association, propounded by the late George Crile, Sr., in 1911. At that early time Dr. Crile recognized the fact that, for better results, the surgeon needed a patient who was asleep, relaxed, not responding to reflex stimulation and maintained in a homeostatic state. He pointed out that all of these requisites could be obtained by the use of one agent—such as chloroform or ether—but that the cost to the patient in terms of deranged metabolism and mortality would be too great to be feasible. He then proposed the use of multiple agents, each for a specific function, rather than having to take all patients near to death's door with very deep "one agent anesthesia."

Most physicians, by virtue of the test of time and the markedly improved results in surgery, agree to the efficacy of balanced anesthesia. There is still a small group of detractors remaining, who may be classified as "Pharmacological Purists and Technical Simplists," who base their opposition

(Continued on page 122)



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(Continued from Page 86)

At this conference there were representatives from all six counties of the Sixth Councilor District. From Columbiana: Dr. J. Deith Rugh of East Liverpool; from Mahoning: Dr. G. E. DeCicco of Youngstown; from Portage County: Drs. D. S. Palmstrom and R. E. Roy of Ravenna; from Stark County: Drs. M. U. Scott and R. E. Tschantz of Canton, Dr. G. M. Wilcoxin of Alliance and E. M. Sprunger, Executive Secretary of the Stark County Medical Society; from Summit County: Drs. A. F. Dorner and C. C. Nohe of Akron; and from Trumbull County: Drs. S. Shapiro, George A. Sudimack and William E. Browning of Warren.

The total registration at the meeting was about 160 or 170, which, considering the rain and icy roads, was a very fine attendance.

C. A. Gustafson, M.D.

P.S.—O.S.M.A. Annual Meeting, Cleveland, April 10, 11, 12.

WOMAN'S AUXILIARY NEWS

On Feb. 21st the Auxiliary had its prospective nurses tea at St. Elizabeth's Hospital. Mrs. C. S. Lowendorf assisted by Mrs. John Noll was in charge of the program, the speaker being Miss Ethel M. Hopkins, Director of Nursing Education at St. Elizabeth's Hospital. In charge of the social program was Mrs. Sidney Davidow assisted by Mrs. Sam Zlotnick. Tea was served to seniors from the various high schools of Mahoning county and the Auxiliary members.

Mrs. E. M. Thomas, the radio and T.V. chairman reports the radio and T.V. programs are progressing nicely. The radio program on W.F.M.J. is a transcribed series obtained from the A.M.A. in Chicago. This program is on Tuesday at 4:15 P.M. The television program is on WFMJ-TV 9 A.M. to 10 A.M. on the Adelaide Snyder show with a member of the Medical Society speaking on a current subject. Mrs. Thomas appeared Feb. 9th discussing the Auxiliary Scholarship.

Mrs. Craig Wales, the Auxiliary president attended the Gardenia Ball as the district director representative. Mrs. Wales also attended the regular Summit County Auxiliary meeting in Akron, Feb. 7. Dr. George James, the new health director of Akron was the speaker.

Mrs. W. H. Evans, president elect of the Ohio State Woman's Auxiliary has been in Cleveland several days completing arrangements for the State Convention working with Mrs. Karl Ritter the State Auxiliary President. The convention is to be held at the Hotel Statler, April 10-11-12. All Auxiliary members are urged to attend. Mrs. Evans was a guest of Mrs. Maxwell Thomas of Dallas, Texas to the Dallas County Medical Auxiliary meeting held Wed. Feb. 1st. Mrs. Joseph H. McCracken Jr. was the speaker who is President of the Woman's Auxiliary to the Texas State Association.

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NEW PROFESSIONAL OFFICE BUILDING OPENS

By the time this bulletin appears several members of our society will be in new quarters in the Bel-Park Professional Building being completed near St. Elizabeth's Hospital at the corner of Belmont and Park Avenues. Some of the modern features of this building include air conditioning with electric filters, acoustical treatment, and a self-operated fast speed elevator with electronic doors. There are facilities for parking 150 cars at the building and in a lot at the corner of Belmont and Park diagonally across the street. Lester's Pharmacy will have a store on the first floor and there is space for a coffee shop and other commercial establishments.

The following members of our society have rented office space: J. McDonough, C. E. Pichette, A. K. Phillips, F. Gelbman, J. Scarnecchia, H. L. Shorr, T. K. Golden, and L. S. Shensa. In addition there will be H. E. Greenbaum, D.S.C., two dentists, two attorneys and the architect who designed the building, Mr. D'Orazio. There is space for a few more professional people.
Clyde Walter, M.D.

PEARLS AT RANDOM

(L. Bloomberg)

I would like to make a plea for the use of nitroglycerine in smaller doses than the usual 1|100th grain tablet. Often 1|200th or 1|300th grain is as effective as the larger dose and is less likely to produce headache. If the smaller tablets are not available, diluted spirits of nitroglycerine can be used.

Herman H. Ipp, M.D.

Physicians and the public are barraged by new drugs that are alleged to relieve man of his anxiety, depression, fears, insecurities, and frustrations. These drugs are undoubtedly of some value and probably will improve as research workers continue their efforts.

New and fascinating theories of personality development and function will be advanced. It is apparent that psychiatric theory and therapy do not have all the answers.

The doctor-patient relationship, in all its ramifications, will remain the essential core of the proper practice of medicine. The relationship between the patient and his physician will, as always, determine the final result of every therapy in medicine.

Frank Gelbman, M.D.

During the last war one of the outstanding developments in the field of Plastic Surgery has been the use of abrasives in the operating theatre. Abrasives were first used in the treatment of scars and war wounds about the face, the area being first abraded and then the scar removed. The theory is that the new epithelium which regenerates grows out over the new scar tissue obliterating it or at least making it less visible. Since that time abrasive techniques have been used in the obliteration of wrinkles, in obliterating exotic skin pigmentations, in treating acne scarring, and in making old skin grafts blend into the rest of the physiognomy.

R. D. Murray, M.D.

I have had little or no success using Diamox as an oral diuretic or as a preventive of premenstrual tension. I understand that others are using the drug with a measure of success in the treatment of Glaucoma. Diamox may be helpful as an adjunct in cortisosteroid therapy since it increases, among other things, sodium excretion.

Herman H. Ipp, M.D.

The latest antimalarial drug to be used in the treatment of Lupus Erythematosus is amodioquin (Parke-Davis). Chemically, like chloroquin, it is a derivative of 7-chloro-4-aminoquinoline. In contrast to quinocrine (atabrine) it does not produce discoloration or fluorescence of the skin. The drug has shown best results with acute inflammatory discoid lesions.

Edwin R. Brody, M.D.

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HOW FAR DOES A FLY FLY?

April 7, 1956 has been proclaimed World Health Day by the World Health Organization. The exact part played by insects in the dissemination of certain diseases is still obscure, and use of radio-isotopes provides a means of clarifying some of these relationships. By tagging insects and disease organisms with some of the new radio-active-isotopes man is gaining new and important knowledge to him in his fight against the diseases that insects carry.

Dale W. Jenkins of the National Research Council, USA and one of the U.S. delegates to the Geneva Conference on the Peaceful Uses of Atomic Energy in 1955 has been one of the the pioneers in this branch of medical entomology. In his work he labelled ten species of mosquitoes, tropical and arctic by growing the larvae in radio-active solutions of phosphorus, strontium and thorium, and releasing the radio-active "marked" adults in large numbers. By this method he, as well as others found that the dispersal range varied from 1.2 km. to 35.4 km.

With older marking techniques houseflies showed a dispersal range of less than two kilometers but by using radio-active phosphorus effective dispersal ranges were found to be 1.6 to 13.6 km with maximum dispersal up to 32 km.

Along this same line the tagging of parasites is quite simple since the creature on which they live can be made radio-active as desired. P32 has been used to find out just how much blood fleas and mosquitoes take up at a "meal".

World Health Organization

At this writing we have no report on the "woodchuck".

NEWS NOTES

Dr. and Mrs. L. O. Gregg are the parents of a girl, Patricia Ann, born on January 31, 1956.

Dr. William Sovik attended the ophthalmological section meeting of the American College of Surgeons in Philadelphia, February 15-16, 1956.

Dr. W. H. Evans was the author of a paper entitled, "The Management of Nosebleed" which appeared in the December 1955 issue of the Ohio State Medical Journal. Dr. Evans also attended the section meeting of the American Laryngological, Rhinological and Otological Society held in Dallas, Texas in January, 1956.

Drs. Cook, Foster and Lowendorf attended the American Academy of Orthopedic Surgeons meeting in Chicago last month, which was held at the Palmer House.

Drs. F. W. McNamara and J. N. McCann were also in the "Windy City" to attend the Annual Congress on Medical Education and Licensure.

Dr. Frances Miller attended the American College of Radiology meeting at the Drake Hotel in Chicago early in February. She was formally accepted into the Academy at this time.

Still more Chicago, our own Mary Herald officially represented our society at the Medical Society Executives Conference which convened at the Drake Hotel.

Dr. and Mrs. Joseph Newsome are the parents of son, Edward John, born February 13, 1956.

Dr. John Benko was elected President of the Mahoning County Saddle and Bridle Club and Mrs. A. J. Brandt, Secretary.

Dr. Frank Inui gave an interesting illustrated lecture and review on the work of doctors in the Korean War, before the Mahoning Valley Chapter of the Cleveland General and St. Lukes Nurses Alumnae get-together Tuesday, February 14, 1956.

Dr. H. P. McGregor begins his second year as president of the Tri- "T" Baseball Association. This consists of six Little League and four Pony League teams located in Beaver, Springfield and Poland townships. A fifth Pony League team from Lowellville has been invited to join. Greenberg hasn't contacted "Mac" for a first baseman but we look for it any day now.

Dr. John McDonough as Program Chairman for the Grippers Club arraigned the big affair honoring Youngstown's City Engineer Mr. James Ryan. This is the third such affair this club has undertaken, having previously honored former Police Chief Edward Allen and the late Tom Pemberton, for their outstanding service to Youngstown. John has handled all of these in superb fashion and in so doing has won the acclaim of many of our citizens.

Dr. Fred Schlecht has been appointed Sec.-Treas. for the Youngstown Hospital Association. This completes the roster of officers with Dr. E. C. Baker, President and Dr. John Noll, Vice-President.

Dr. and Mrs. James Brown are the proud grandparents of their second grandchild, and first grand-son, Paul Burton Campbell, Jr., born at North Side Hospital, Sunday, February 12th, 1956.

Just heard that Dr. Richard Clifford was on the mend after a rather prolonged period of convalescence. Hope we see you around soon, Dick. Along this same line we hear that Dr. J. Clair Vance is about ready to dust off his desk out in that thriving little community we know as "Gods Gift to the Country", Poland, Ohio.

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AMERICAN ASSOCIATION OF PHYSICIANS AND SURGEONS MEET

On April 5th and 6th, at The Deshler-Hilton Hotel in Columbus, the Association of American Physicians and Surgeons will present a panel of speakers on the various routes to socialism upon which our country is now embarked. The subjects are:

To Socialism (and Socialized Medicine) by way of:

1. Universal Military Conscription—Gen. Bonner Fellers
2. Advanced Education—Prof. E. Merrel Root
3. Compulsory Unionism—Thurman Sensing
4. Federal Aid to Education—Frank Chodorov
5. Complacency of Physicians—Edward R. Annis, M.D.
6. Tax Exempt Foundations—Honorable Carrol Reece

At the annual banquet, Friday evening, April 6th, Dean Clarence A. Manion will point the way out of this distressing situation.

All Ohio physicians, whether or not members of A.A.P.S., are urged to attend these sessions and bring their wives as guests of the Association. We cannot wage a successful fight against onrushing socialism unless we know our enemy.

Charles W. Pavey
Pres. Elect A.A.P.S.

OHIO STATE HEART ASSOCIATION MEETING

The Scientific Session of the Annual Meeting of the Ohio Heart Association will be held the afternoon of Monday, April 9, 1956 at the Hotel Statler in Cleveland. In a program designed for the general practitioner as well as the surgeon, internist, and cardiologist, Dr. Geza de Takats, Clinical Professor of Surgery, University of Illinois College of Medicine, will moderate a panel on "Vascular Disease in the Modern Medical World." On the panel will be Dr. Alfred W. Humphries discussing "Treatment of Vascular Occlusions." Dr. Keith Sheldon will discuss "Management of Acute Cerebral Accidents."

Dr. Clarence W. Lillehei, Associate Professor of Surgery, University of Minnesota Medical School will talk on "Direct Intercardiac Surgery" as well as show a colored motion picture in conjunction therewith.

There are no charges or registration fees.

Dr. J. Lester Kobacker, Toledo
Program Chairman OSHA

(Continued from page 113)

on the thesis that balanced anesthesia requires the use of several drugs and a variety of techniques. Both of these facts are true, but the proposition that they are logical objections to the employment of modern balanced anesthesia is not valid.

The pharmacologic purists object to balanced anesthesia on the basis that it represents a modern version of the old-time shotgun therapy, and therein lies the fallacy of their argument. The old-time shotgun prescription threw in a pinch of most of the then existing pharmacopoeia, in the hope that some agent in the concoction would do something to halt the progress of some disease not diagnosed. The use of many agents in balanced anesthesia is not employed on the basis of shotgun therapy, but each agent, whose pharmacology and toxicology are well known to the specialist, are administered in specific amounts for a specific effect. It is non-medical to expect that any one agent can perform all the tasks demanded by modern surgery and anesthesia, any more than one drug in any other branch of medicine can perform all the therapy for different patho-physiologic states.

The arguments by the detractors of balanced anesthesia are true if anesthesia were left in the hands of the inexperienced and untrained, but it is scarcely an argument against the concept of balanced anesthesia. However, it is an argument, and a good one, against the inexperienced and the untrained administering anesthesia in any form.

Herman L. Allen, M.D.

Dept. of Anesthesiology

Youngstown Hospital Association

- * Modern Balanced Anesthesia, Little and Stephen, Anesthesiology, May, 1954.

SIDELIGHTS

Crude mortality in the United States dropped from 17.2 deaths per 1,000 population in 1900 to an estimated 9.2 in 1954—a decrease of about 46 percent.

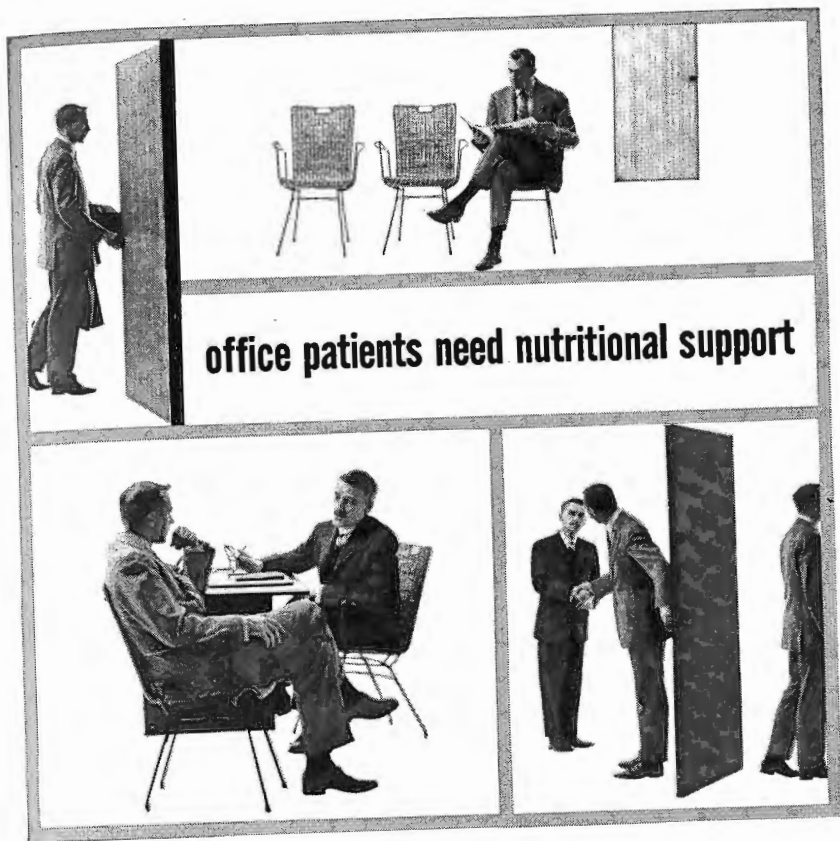
From 1900-1950 there was an 80% decline in deaths per thousand infants less than one year old—most of the decrease occurring in recent decades.

Had 1900 mortality rates prevailed in 1950, the nation would have experienced slightly more than twice the number of deaths than occurred that year.

Future declines in mortality will depend largely on progress in the diagnosis and treatment of the two leading causes of death—heart disease and cancer.

The dramatic benefits to the public of declining crude mortality is illustrated by the influenza epidemic of 1918. An increase in crude mortality from 14 to 18 per thousand created understandable hysteria and fear, yet only 40 years previously a rate of 18 was common and accepted.

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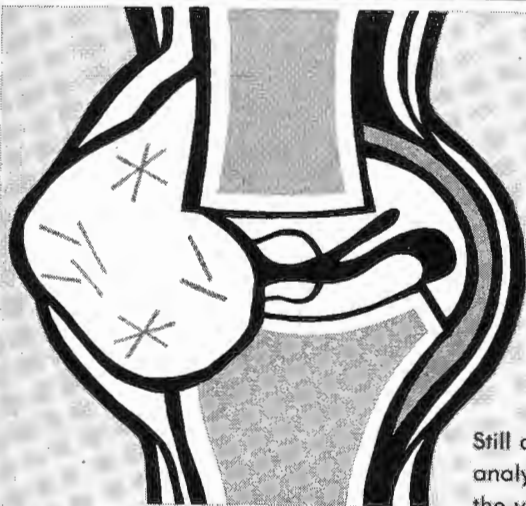
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BUTAZOLIDIN being a potent therapeutic agent, physicians unfamiliar with its use are urged to send for detailed literature before prescribing it.

1. Denko, C. W.; Ruml, D., and Bergenstal, D. M.: Am. Pract. & Digest Treat. 6:1865, 1955.

2. Holbrook, W. P.: M. Clin. North America 39:405, 1955.

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