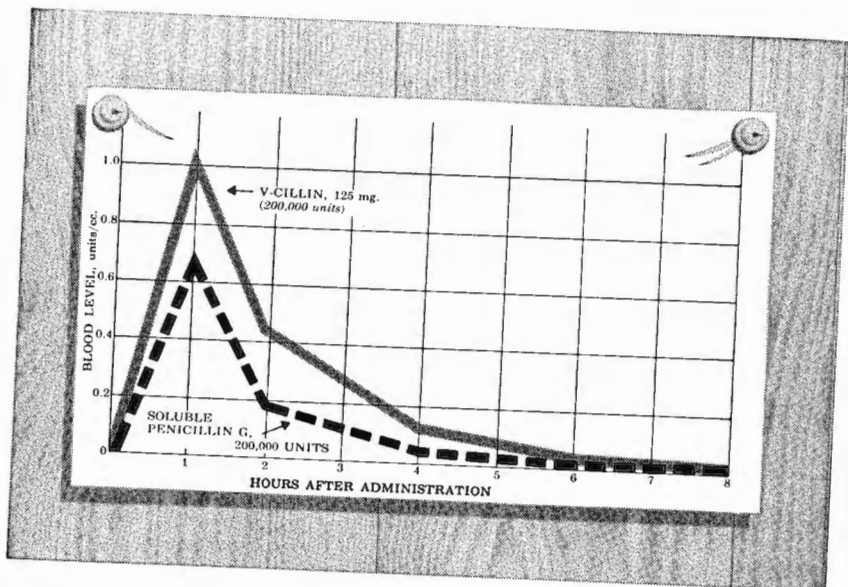




BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

APRIL • 1956
Vol. XXVI • No. 4
Youngstown • Ohio



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OUR PRESIDENT SPEAKS

On March 14, 1956 the Mahoning County Medical Society suffered an irreparable loss in the death of Doctor William M. Skipp whose zeal for the Medical Society continued until the end. On the day prior to his passing, I met him in the hospital corridor as he was going to X-Ray in a wheelchair. Before I had a chance to ask him how he felt, he asked me to do something for the Society that he had been unable to complete because of his illness.

Bill Skipp became Secretary of the Society in 1936 and has served on Council continuously since then. He was president in 1939 and was president of the Ohio State Medical Association in 1940 and has been a delegate from Ohio to the A.M.A. since 1943. He rarely missed a Council meeting and, because of his vast experience was a valuable asset to Council. Whenever a difficult problem arose, Bill Skipp had the solution, or a key to it.



It is said that a great man is known by the enemies he makes and the friends he keeps. Bill Skipp was a great man! Because of his sincerity and convictions, he made many friends and few enemies. He set his sights high and never wavered from his goal, fighting for what he knew to be right. This was evident in his struggle as Chairman of the Allied Professions Committee, for a non-partisan Board of Health for Youngstown. Before each election, he would interview candidates to determine their qualifications and published his findings for the Allied Professions.

He spent much of his own time and funds for the advancement of medicine. The American Medical Education Fund was one of the projects closest to his heart and through his efforts much money was collected for medical schools. He was a great advocate of free enterprise and wanted medical schools free from federal subsidization and control.

In addition to his efforts to obtain a Board of Health for Youngstown he was interested in many other civic activities. He served as Elder of Ellsworth Presbyterian Church, a member of the Ellsworth Board of Education and as Co-ordinator of Medical Civil Defense during World War II. He was one of the incorporators of Ohio Medical Indemnity and served a term as president of the Medical-Dental Bureau. He served his God, his fellow man, and his country well.

My term as president of the Mahoning County Medical Society will be more difficult without him. I shall miss his excellent counsel. We have lost one of our most able members.

"Steel true and blade straight
The great Artificer made him".

G. E. DeCicco, M.D.

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EDITORIAL

"It's apparent that "no man hath greater love"
for his profession than Dr. William M. Skipp".

The above quotation, in a salute to Dr. Skipp, was found in the April, 1955 Bulletin of the Cleveland Academy of Medicine. How can one say more so simply?

C.W.S.

WOMAN'S AUXILIARY NEWS

On March 20th, the Woman's Auxiliary had a combined meeting with the Womens' Auxiliary to the Mahoning County Bar Association in the form of a Brunch in the Cascades room at the Pick Ohio Hotel. Mr. Paul Luce, substituting for Mr. Paul Smith, spoke on Mental Health. The program chairman was Mrs. Edwin Brody, Co-chairman, Mrs. Morris Rosenblum. The Social Chairman was Mrs. Elmer Nagel, Co-chairman, Mrs. L. G. Coe, assisted by their committee, Mrs. John LaManna, Mrs. Robert Kiskaddon, Mrs. W. O. Mermis, Mrs. Bryan Hutt, Mrs. Patrick Cestone and Mrs. Robert Foster.

Mrs. E. M. Thomas reports the Radio and T.V. Programs are progressing satisfactorily. Instead of calling the Medical-Dental Bureau for Doctors who wish to speak for various clubs and organizations, Mrs. E. M. Thomas is to be called and she will secure the speaker.

Mrs. Craig Wales reports the Woman's Auxiliary have a first aid class at the Red Cross on Wednesdays from 1:30 to 3:30. There are eleven members taking the twelve hour course.

We wish to remind our members that the Ohio State convention is April 10-11-12th in Cleveland, at the Hotel Statler. All members are urged to attend.

Florence Weller

WILLIAM M. SKIPP, M. D.**1893 — 1956**

The death of Dr. William Skipp on March 14th was a sad blow to the medical profession of Youngstown and to the many sufferers from goitre in this vicinity. As a man, a surgeon and a supporter of organized medicine he was the most outstanding person this County has ever produced. A natural born leader, he was sought for every difficult job in medical work and for the past thirty years had carried a load of professional and public duties that would overburden three ordinary men.

Coming to the Youngstown Hospital in 1918 following his graduation from Ohio State University, he immediately became interested in the treatment of goitre and during his residency as chief the following year, he assisted the late Dr. Elsaessar in all his goitre operations. On entering practice he became Dr. Elsaessar's assistant, while serving as general surgeon on the hospital staff. His interest in goitre naturally led to the study of diseases of the other endocrine glands in which he became a recognized authority.

In 1931 he helped to start the Bulletin serving as business manager and placing the Bulletin on a firm financial basis. During the depression he was in charge of the Economics Committee and set up a system for the care of the indigent sick which was a model for the State. For many years he was Secretary for the Society, Delegate to the State Convention and Councillor for the Sixth District. In 1939 he served as President of the Mahoning County Medical Society and in 1940 was made President of the Ohio State Medical Association, the first member from Mahoning County to receive that honor. His friends in Mahoning County saluted him with a testimonial dinner to celebrate the occasion and presented him with a gold watch which he carried to the day of his death.

More interested in the welfare of his colleagues than in personal honors, Dr. Skipp never let down his activities after his term as State President. Still carrying on a busy practice, he served as Delegate to the American Medical Association and kept the members fully informed of A.M.A. activities through his monthly page in the Bulletin, "Keeping Up With The A.M.A.". He was a staunch foe of socialized medicine and organized the Committee of Allied Professions to broaden the base of political influence to defend and support the American system of free choice and personal relationship in medical care. He helped organize and served as Director of the Blue Shield

organization sponsored by the Ohio State Medical Association for pre-payment of surgical and obstetric benefits.

There was nothing in medicine; scientific, organizational or public health that did not interest Dr. Skipp. Interest to him meant active participation. He worked hard to improve the status of his fellows and inspired others to do the same. We will miss him. It will take three good men to take his place.

GEORGE C. WARNOCK, M. D.

1883 — 1956

On March fifth, the Mahoning County Medical Society lost one of its oldest and best loved members. Dr. Warnock practiced in Youngstown for forty-four years, most of the time in active general practice. He was a gentleman of the old school; cheerful, courteous and hard working who would respond to a call for duty any hour of the day or night.

He was very active in insurance work and many of the large insurance companies relied upon him for honest and careful examinations of their applicants. Ill health in his later years caused him to restrict his work almost entirely to insurance but he had many old patients who would have no one else. He was active in Masonry and a loyal member of the Medical Society, attending the meetings faithfully when bad weather would keep many younger men away.

Dr. Warnock came from a distinguished Youngstown family: his brother served two terms as Mayor, his nephew Charles practiced medicine here before moving to California, his son Robert served as interne in the Youngstown Hospital and is now a medical officer in the U. S. Army.

Dr. Warnock leaves a record of faithful and honest service to this community and his passing is mourned by his many friends and his colleagues in the practice of medicine.

J. L. F.

KEEPING UP WITH A.M.A.*By Wm. M. Skipp, M.D.**Delegate from Ohio***MEDICAL EDUCATION WEEK**

The A.M.A. in cooperation with the Association of American Medical Colleges, the American Medical Education Foundation, the National Fund for Medical Education, and the Womans Auxiliary to the A.M.A., will sponsor a nationwide Medical Education Week, April 22-28, 1956.

A LAWYER'S REACTION TO GRIEVANCE COMMITTEE WORK

The significance and importance of grievance committee work within medicine is reflected in a letter forwarded recently to the Orleans Parish Medical Society, New Orleans, by a prominent attorney.

Like other county medical societies, the Orleans Parish Medical Society has what is called a judiciary committee which investigates infractions of medical ethics by members, charges against members, and the relations of physicians to one another and to the public.

It has been known for a long time that grievance committees perform a useful and outstanding service to the medical society, its members, and the public, but it makes everyone feel good when a medical society receives a "thank-you" letter, such as the following:

"Mr. _____ and I are deeply appreciative of your having accepted jurisdiction in connection with the controversy over a medical fee.

I think that you gentlemen not only handled the matter well, but your committee performs a splendid public function. You disposed of the case within less than an hour, whereas had we litigated the matter, the case would have taken an entire day to try, from four to six doctors would have had to come to court to testify as experts in order to fix a fee, and as a result no one would have been happy. It is too bad that more professions and industries do not have judiciary committees for purposes of arbitration."

PHYSICIAN FILES FOR U.S. SENATE

Raymond L. White, 42-year-old physician and surgeon from Boise, Idaho, has announced his candidacy for the U.S. Senate.

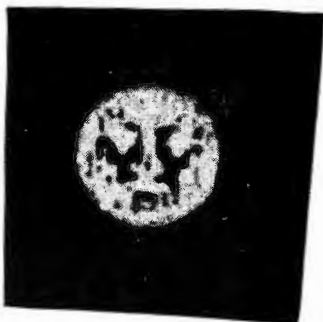
In announcing his candidacy, he said: "I'm seeking the nomination as U.S. Senator because I sincerely believe that responsible people should actively participate in governmental affairs at all levels".

While physicians must be scientists, they must be citizens first, and they must accept not only the privileges but also the responsibilities of citizenship.

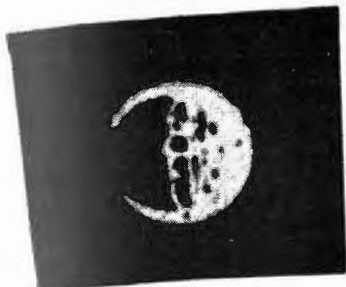
Dr. Louis H. Bauer, in June, 1952, said that "some of medicine's critics believe that politics is a dirty hands business, and physicians, who belong to a clean hands profession, should not enter it". . . . "How," Dr. Bauer asked, "can politics be anything but dirty if those with clean hands stay out"?

Dr. White believes. "The quality of national politics can be no more intelligent nor more ethical than the quality of local citizenship in which national politics has its roots".

The Hon. Walter H. Judd, M.D., Minnesota Congressman, said that: "what we need most in Washington is more doctors in government and, above all, more of the kind of mental habits that good doctors must have".



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Some of our profession have not run for office but have been interested in good government. For this they have been accused of aiding politics which has been dirty with medicine and have been told a physician should stay out of all types of politics.

ROUNDUP OF CONGRESSIONAL ACTION ON MEDICAL LEGISLATION.

Social Security: Hearings have been held before Senator Byrd's Finance Committee, with every indication that the bill (H.R. 7225) won't be rushed through here the way it was through a House Committee and the House last year.

Dependent Care: A House Armed Services Subcommittee has held five days of hearings with witnesses going up in a steady line. Nothing is certain yet except that the subcommittee (and the full committee) are determined to work out and report a bill this session that will give dependents more medical care than they are now getting.

HEALTH PERSONNEL.

The President said physicians are being graduated at a rate "barely keeping pace with the increase in population", resulting in serious shortages in such specialized fields as psychiatry, pediatrics and physical medicine and rehabilitation. Additional funds asked for the Institutes of Health will permit "a major increase in trainees and research fellows. Also: (a) a 5-year program for grants for training practical nurses, (b) traineeships for graduate nurses, and (c) traineeships in other public health specialties".

INCREASED FUNDS FOR ILO OPPOSED BY BRICKER, IF REDS VOTE.

Senator Bricker is firmly opposed to increasing the U.S. contribution to the International Labor Organization (from \$1,750,000 to \$3,000,000) so long as employer-employee delegates from Russian satellite countries are granted voting privileges. A resolution (S.J. Res. 97) calls for increasing funds for I.L.O. Opponents of the I.L.O. have warned the agency seeks to write social legislation including compulsory health insurance for all countries.

CONSTRUCTION AID FOR VA DOMICILIARIES OPPOSED.

A.M.A. is opposed to a number of pending bills that would authorize, for the first time, federal aid for building state soldiers' homes. Noting that 90% of such patients are non-service-connected cases, the A.M.A. points out that since the law permits such patients to be admitted to VA facilities only when space is available and patients can't afford private care, attempts to provide further hospitalization "seems to be stretching the law beyond the intent of Congress". A.M.A. stressed at the same time that it supports VA care for service-connected cases.

PUBLIC OPINION SURVEY

Among those interviewed were 3,000 private citizens, 500 practicing physicians, 100 editors, commentators and columnists, 100 attorneys, 100 registered nurses, 100 registered pharmacists, and 100 non-physician executive secretaries of state and county medical societies. Questions about general public attitudes were asked only of the 3,000 individuals. Doctors were asked their feelings about themselves and other doctors.

The survey turned up some very interesting and valuable information. From it emerged a picture of what people like about and expect from their

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doctors: sympathy, patience, and understanding, rather than guaranteed cures and "wonder drugs".

Major items shown by the survey are:

1. Most Americans have their own family doctor;
2. Most of them like him, and like doctors as a group;
3. People's opinions gained from their own experience differ from those based on hearsay or other sources;
4. Doctors are more critical of themselves than other people are of them;
5. When people criticize physicians, it is largely for the cost of care; they do not, however, think doctors are trying to "get rich quick";
6. They are evenly split for and against "sliding scales" of fees.

TO THE MEMBERS OF THE MAHONING COUNTY MEDICAL SOCIETY:

The foregoing was the last article Doctor Skipp wrote. When I contacted his nurse while he was hospitalized, to inquire as to how he was and if there was anything special I was to do, he told her to make sure that I sent in his article in plenty of time.

Mrs. (Grady) Hesslink, Sec'y.

LETTER TO THE EDITOR

I would like to comment on Dr. DeCicco's fine ideas concerning the holding of office hours "by appointment", which appeared on the "President Speaks" page of the February issue. Like most intelligent discussions, it has raised further questions which might well be considered—perhaps by an appropriate committee of the Society.

It concerns the patient who does not appear for his appointment, and of what the obligation consists in the doctor-patient relationship in such a circumstance. Not showing up for a return visit appointment is probably inconsequential, because the time element involved would possibly not be great. But when a physician sets aside an hour or more for the adequate work-up of a new patient, and then have a "no show", it can become quite annoying, especially if the practice is recurrent.

Should a charge be made for this time? Is it ethical for the physician, and should he even bother to call the patient and suggest a re-appointment? What if the patient continues to be a "no show" on several occasions? How far should the doctor's responsibility go? City-wise, is it seen on a geographical, cultural or economic level? Is this sort of thing peculiar to any particular specialty, or is it seen in all types of practice? Is it seen as frequently in the established practice or is it more prevalent in the practice of those who are getting started?

Clarification of these questions and possibly others concerning the subject, could certainly be of value in the Society's public relations program. This is one area in the doctor-patient relationship where the public,—if they want office hours by appointment—has a definite obligation to the physician.

David B. Brown, M.D.

Your editor will welcome answers to the above questions. Address c/o Society office, 202-3 Schween-Wagner Bldg.

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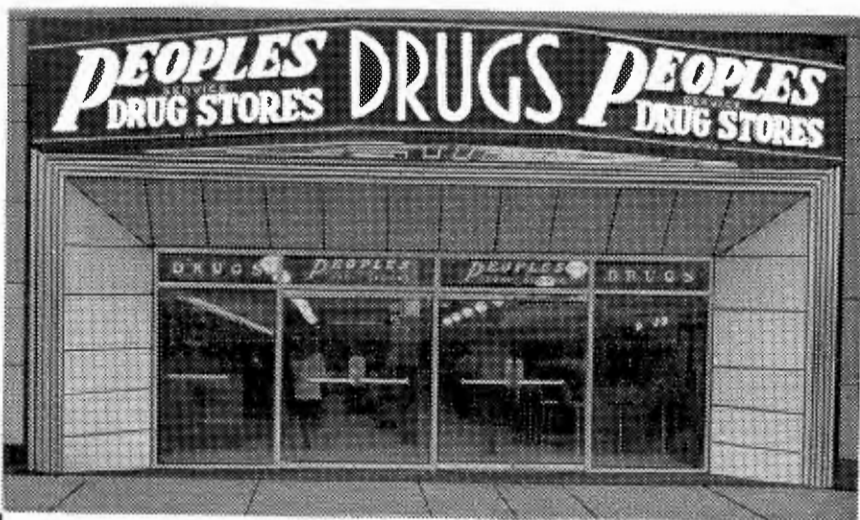
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FROM THE BULLETIN

Twenty Years Ago — April 1936

President Coe invited the members' attention to the prevention of diphtheria, noting that there was a yearly incidence of 138 cases with 16 deaths from the disease. He urged the members to get behind Elmer Nagel's Public Health Committee which was promoting pre-school immunizations.

Speakers for Post-Graduate Day were announced: Dr. Walter G. Palmer, Dr. Allen O. Whipple, Dr. Dana Atchley and Dr. Alvin L. Barach, all from the College of Physicians and Surgeons, Columbia University.

Due to the inclement weather, only sixty members turned out to hear Dr. Soma Weiss of Harvard University lecture on "Cardiac Asthma".

Dr. Smeltzer warned Council that if the Bulletin were sued, each member of the Society would be liable. He was authorized to proceed to incorporate the Bulletin.

Dr. Elmer Wenaas and R. W. Rummell were elected members of the Society. The late Dr. Sidney McCurdy was appointed Medical Director of the Ohio Industrial Commission.

Saint Elizabeth's Hospital reported 152 average patients per day, 2,220 operations for the year and 578 deliveries.

Ten Years Ago — April 1946

President Reilly reported that our Legislative Committee was making progress in their work for a full time Health Commissioner for Youngstown.

The "Five Day Cure" for syphilis was the latest thing. Dr. P. J. McOwen in his article on "Treatment of Syphilis" described the "Five Day Drip Method" and the "Multiple Injections By Syringe Technique" both of them providing massive doses of Mapharsen in a short time for the rapid cure of syphilis. He noted that the mortality rate in one treatment center was 1 to 200 which was very high. He said that penicillin therapy was rapidly replacing arenicals as the first choice in treatment.

Dr. Arthur Rappaport in his article on "Study of Anemia" said that the red blood count and hemoglobin tests were inadequate to determine the classification of the anemias. He recommended 1. Total red count, 2. Hemoglobin in grams as well as per cent, 3. Mean corpuscular volume, 4. Mean Corpuscular hemoglobin, 5. Mean corpuscular hemoglobin concentration, 6. Packed cell volume.

Service records of Lt. Col. Stephen Ondash, Major Sidney Davidow, Commander Alfred Cukerbaum were reported. Ondash has 5 battle stars, the Legion of Merit, Bronze Star Medal with Oak Leaf Cluster and Meritorious Unit Award. Davidow was in the invasion of Attu in 1943 and the Battle of the Bulge in 1944. Cukerbaum served in New Zealand and the Hebrides, 46 months in the Navy.

For Post-Graduate Day that year we had William E. Reinoff, Jr., Charles E. Wainwright, L. M. Polvogt, Raymond E. Lenhart and Houston S. Everett, all from Johns Hopkins University.

Dr. James Patrick reported for military duty. Six members and wives returned from vacations in Florida. Returned veterans were busy taking post-graduate courses.

Restrictions on the use of penicillin had been lifted, but doctors were warned about its indiscriminate use. One or two cases of unpleasant reaction following penicillin injections had been reported.

J.L.F.

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THE NARCOTIC PROBLEM IN YOUNGSTOWN

Youngstown has a narcotic problem. This could be expected by the very nature of the problem nationally and state wise. There has been a sharp increase in addiction nationally during the past ten years and Ohio has been hardest hit perhaps of all the States because we have been an "island" state, so to speak. That is, we are surrounded by states on every side which have better laws, heavier penalties and more active enforcement than ours.

Until 1954 neither the State of Ohio nor the City of Youngstown had any factual picture of the problem. In that year, the Ohio Legislature commissioned Attorney General C. Wm. O'Neil to make a year's study of the problem and report back with appropriate recommendations. At the same time Mayor Frank X. Kryzan ordered an investigation of addiction in Youngstown. The Attorney General submitted his report and recommendations to the Ohio Legislature in the spring of 1955 and action was taken quickly. Many new laws were enacted with extensive penalties and procedures of state investigation were adopted. The new laws became effective in October, 1955 and today the State of Ohio ranks with the best in narcotic law and control.

By October 1954, the Youngstown Police Department had made a comprehensive study of the local problem. We learned that we had between 180 and 200 moderate to extremely heavy users of narcotics.

These known users are proportionately divided between moderation and heavy addiction. We learned that the bulk of our problem is Heroin and Marijuana, although there is a substantial trend toward increasing use of morphine, codeine, paragoric and barbiturates. We have some but very little illicit use of cocain and opium. There is a current attraction to benzedrine type drugs and depressants.

We have said there is a narcotic problem in Youngstown. We feel this would be true if we had but one addict because it is estimated that one makes four: there is contagion of this aberration. Several disturbing data were learned during the state wide investigation. For example, for every addict or user known to the police, there are estimated to be at least five in the area not known to the police. Thus, we place a conservative figure in our area of one thousand.

The unknowns are accounted for in several ways. First, the barbiturate addicts apparently can not be counted—we would guess that they are many, but they do not constitute a police problem—yet. Next, the medical addicts represent a considerable group. We consider these to be normal people who use drugs that are prescribed by physicians for the treatment of illness. We know the medical profession has done and is doing an excellent job of safeguarding against addiction, yet some people do become addicted during a long illness. These people do not become addicts deliberately but only as a by-product of their illness. We deal with some of these eventually but not many, and we have no way of knowing how many of these there are.

Our experience has shown that many of these people continue to relate to their doctors various symptoms such as Asthma, Sinus, Arthritis and others long after the disease need no further narcotic prescription. About at this point, we classify these people as neurotic rather than medical

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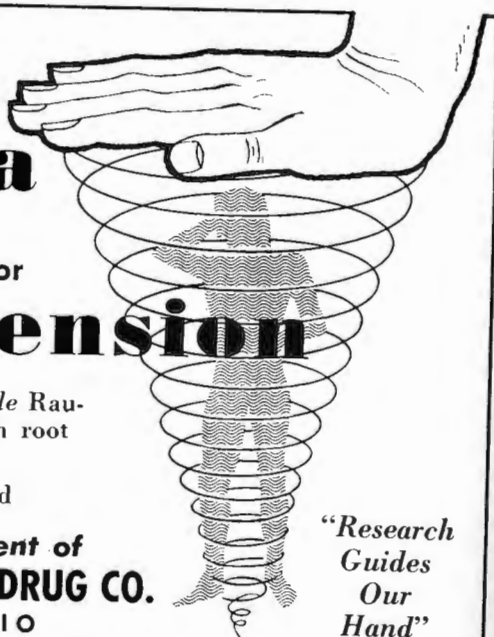
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Hand”*

addicts. The true medical addicts have been relatively easy to handle because they generally have no great emotional problem.

Our big trouble begins with the "accidental" addict. This young man or woman becomes addicted through associations. They are persuaded to try it for "kicks" and they want to be "part of the gang". We consider most of these to be neurotic at the start because they almost invariably develop into major police problems. It must be kept in mind that we become involved only after illicit use of traffic of narcotics has reached considerable magnitude.

In Youngstown the ratio of male to female addicts is about five males to one female. This seems to be true also of the state and nation although years ago, the ratio was five females to one male.

Youngstown's illicit source of supply is Cleveland, Buffalo, Canton, Toledo, and recently discovered, New Castle and Philadelphia. There is no organized source here. Local addicts bring in their needed supply plus enough to sell conveniently at a profit to pay for their own habit. The retail price for a No. 5 capsule of Heroin in this area is \$3.00 and the wholesale price in Cleveland and other near sources is \$1.25 to \$1.50. We have handled a great deal of it and we have found it averages about 4 to 8% strength—and, of course, the mixture is with milk sugar.

Return for a moment to October, 1954. We had learned after ten months intensive investigation the scope of our problem. Mayor Kryzan sat with Police Chief Paul Cress and Vice Squad Chief George Krispli and outlined a program and policy. The Mayor ordered the immediate creation of a permanent Narcotic Squad of five men headed by Chief Krispli and supervised by Detective Sam Schiavi. Besides Youngstown, only Cleveland and Cincinnati have Narcotic Squads. This is not to say necessarily that our problem is bigger than other cities, but we decided to do something about it. There is a great temptation to ignore this problem on the theory that ignorance is bliss.

We do not have a narcotic problem in our schools. One purpose for our permanent Narcotic Squad was to keep it out of the schools. Another purpose is to study methods of helping to rehabilitate the addict. Addicts need treatment and rehabilitation—and no provision is made anywhere in this state for either. The Youngstown Police Department has its own peculiar method of doing both—but to a limited extent. We are pleased with our policy and approach because we see some success, not much, but we expect to improve as we move along. At least we are progressive and we feel we are ahead of the problem—not behind it.

Time and space here will not permit a detailed statement of policy and technique. However, to put it briefly, we feel that a user belongs in jail only after better solutions are offered and fail.

Our addicts spend from ten to thirty dollars a day for illicit drugs. Crime provides this money—an estimated 60% of four major type crimes are attributed to drug addiction. Only two hospitals are actually prepared to handle narcotic patients, both federal—one at Lexington, Kentucky, with 1200 beds and the other at Fort Worth, Texas, with 700 beds. There are long waiting lists at each hospital. The Federal Narcotic Bureau has 260 personnel to police the entire country. We feel that if cities will acknowledge the prob-

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lem, they will have to solve it themselves with limited assistance from federal agencies. Our squad is trained by the federal men. During our studies in 1954, we made 10 narcotic arrests. In 1955 we made 99 arrests—charging 32 with misdemeanors or felonies and releasing the others with a view toward control and assistance.

The Youngstown district looks brighter than at any time and we feel the problem is under control but not solved. This brief report will not be the conclusion of our mutual interest but, rather, it is intended to suggest a plan of attack by the combined and concerted efforts of both our police department and the medical association.

Paul H. Cress
Chief of Police
Youngstown, Ohio

NEWS NOTES

At this writing it seems that most of the news of our society members is made up of those headed or heading South. The month of March found the Rollie Miller's, E. J. Wenaas', O. Turner's, Dick Gross', G. Delfs', Dave Levy and I'm sure many others eating up the sunshine in Florida.

Drs. Stechschulte, Fry, Heberding and Tornello were in Miami attending the Academy of General Practice Meeting.

The American Academy of General Practice Meeting in Washington, D.C. March 19-22 had in attendance Drs. Camp, Krupko, Giber, Friedrich, R. Fisher, Detesco, and W. P. Young.

Dr. Harry Chalker has recently returned from Florida where he was convalescing. Welcome back.

Dr. Paul Mahar has been convalescing at home after a recent operation in St. Elizabeths.

Dr. J. Harry Alicki, obstetrical and gynecological assistant resident at St. Elizabeths July 1954-1956 died suddenly last month in Cleveland where he had entered private practice.

St. Elizabeths Ex-Intern Day will be held Thursday, June 21, 1956 at the Youngstown Country Club. The guest speaker will be a former intern of St. Elizabeths, Dr. Seymour Parker now of the Leahy Clinic.

Dr. Ray Hall was recently elected President of the Colony Club for 1956. Good luck, Ruth.

Dr. John Rogers, as Vice President of the Youngstown Area Heart Association, attended the third annual Conference on Solicitations which was held Thursday, March 22 at the Carter Hotel in Cleveland.

Youngstown Hospitals superintendent David and Mrs. Endres have returned from a months vacation in Texas and Kansas which they spent visiting their daughter and son.

Arrangements for the Pfizer Golf Day are not complete as yet but more will be forthcoming. Anyone caught playing golf in Florida will have to enter this tournament at $\frac{1}{2}$ handicap.

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On Wednesday evening, March 7, 1956, Doctor Sidney Franklin presided over the medico-legal session of the Practicing Law Institute, sponsored by the Cuyahoga County Bar Association at the Hotel Hollenden, Cleveland, Ohio. "Medico-Legal Aspects of Certain Personal Injuries" were taken up by discussion of three hypothetical cases. Doctor William J. Flynn of Youngstown was on the panel of medical experts in "The Case of a Post Traumatic Cancer".

PROCEEDINGS OF COUNCIL

The regular monthly meeting of the Council of the Mahoning County Medical Society was held on Monday, March 12, 1956, at the offices of Doctor M. W. Neidus, 318 Fifth Avenue, Youngstown, Ohio.

The following doctors were present: G. E. DeCicco, President, presiding, S. W. Ondash, A. A. Detesco, A. K. Phillips, C. W. Stertzbach, F. J. Schlecht, A. Randell, H. N. Bennett, M. W. Neidus, comprising the Council, also O. A. Turner and Sidney Franklin.

Dr. Turner discussed the Statement of Principles For the Standards of Practice governing lawyers and doctors. A motion was made, seconded, and duly passed to rescind the motion of February 13, 1956 approving the report; also, to refer the report back to Committee.

Dr. DeCicco read a letter from the Alaska Territorial Medical Association criticizing the Association of American Physicians and Surgeons' Bulletin Number 4-56, concerning the mental health problem in Alaska. The Executive Secretary was instructed to refer the correspondence to Dr. Gelbman.

A letter from Mr. Franklin B. Powers outlining the advantages and/or disadvantages of incorporating the Medical Society was read. The Executive Secretary was instructed to refer the correspondence to Dr. Ondash and the Censors who are to contact the Ohio State Medical Association and obtain information as to the status of other County Medical Societies.

The commercial distribution of Salk Vaccine was discussed.

Meeting was adjourned at 10:45 P.M.

A. A. Detesco, M.D.
Secretary

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APRIL MEETING**MEDICAL LEGAL SYMPOSIUM**

April 17, 1956

8:30 P.M.

Youngstown University Library

GUESTS: Mahoning County Bar Association

A DISCUSSION OF TWO HYPOTHETICAL TRAUMA CASES**MEMBERS OF PANEL**

CHAIRMAN: SIDNEY FRANKLIN, M.D., LL.B.

MEDICAL EXPERTS:

WALLACE DUNCAN, M.D. of Cleveland, Ohio.

Senior Associate Surgeon, Department of Orthopedic Surgery, St. Lukes Hospital.

Certified as a specialist by the American Board of Orthopedic Surgery.

EARLE B. KAY, M.D. of Cleveland, Ohio.

Hospitals: St. Lukes, St. Vincent Charity and Huron Road.

Also Molly Stark (Canton).

Certified as a specialist by the American Board of Thoracic Surgery and the American Board of Surgery.

PAUL L. WEYGANDT, M.D. of Akron, Ohio.

Hospitals: City Hospital.

Certified as a specialist by the American Board of Orthopaedic Surgery.

HENRY A. ZIMMERMAN, M.D. of Cleveland, Ohio.

Hospitals: Director of Cardio-Pulmonary Laboratory, Charity Hospital.

Certified as a specialist by the American Board of Internal Medicine. Sub-specialty: Cardiovascular Disease.

LEGAL INTERROGATORS:

CLARENCE E. KROEGER, Esq. of Beery, Underwood, Ryder and Kroeger, Akron, Ohio.

R. CRAWFORD MORRIS, Esq. of Arter, Hadden, Wykoff and Van Duzer, Cleveland, Ohio.

DAVID SINDELL, Esq. of Sindell, Sindell, Renswick and Bourne, Cleveland, Ohio.

CRAIG SPANGENBERG, Esq. of Harrison, Spangenberg and Hull, Cleveland, Ohio.

The two hypothetical cases were prepared by Sidney Franklin, M.D., LL.B.

KINDLY READ THESE CASES IN ADVANCE, AS THE FACTS WILL NOT BE READ AT THE MEDICO LEGAL SYMPOSIUM.

Following are the two medicolegal cases to be discussed and the assignments of the members of the panel.

I. THE CASE OF AN INJURED SPINE.

While working on July 12, 1952, claimant, 32 years old, was bending over to turn a table, when his foot slipped on the oily floor and he fell forcibly backwards to the ground. At once he complained of pain all over the back, headache and dizziness, but after a short rest managed to work the 2½ hours remaining until the end of his shift at the Heavy Metal Company. X-rays of the lumbar spine were negative. The Industrial Commission allowed his claim for sacroiliac sprain and awarded 4 weeks of temporary total disability for the subsequent period he lost from work and later, 10% permanent partial disability.

His lower back has continued to bother him to an increasing extent and pain has occasionally radiated down the back of his left thigh to the knee. The lumbar muscles were spastic, the lumbar curve somewhat reduced, scoliosis was present and flexion was limited. The left ankle jerk was diminished. Sensation was diminished over the inner aspect of the left lower thigh. On November 6, 1953, X-rays showed lipping and spurring of the margins of the lumbar vertebrae, somewhat more marked anteriorly and inferiorly. Myelography showed herniation of the disc between the 2nd and 3rd lumbar vertebrae. He could no longer do heavy work, particularly lifting and carrying. Claimant's neck became quite painful and motion difficult, but this subsided somewhat after a while.

He tried to earn a living driving a light delivery truck for the Best Food Company, while waiting for the Industrial Commission to authorize operation, as he did not have the necessary funds. While driving home from work on October 16, 1954, claimant was waiting in a line of traffic for the red light to change. A 1941 Ford driven by the defendant hit the rear of his truck, knocking him forward and backward between the steering wheel and the back of the front seat. His head hurt, but he managed to drive the truck home. Next day, his neck began to hurt and all neck motion was painful. There was marked spasm of all the cervical muscles and he could not work. X-rays taken on December 29, 1955 showed the following: Moderate osteoarthritis of the entire cervical spine with evidence of ancient well healed minimal compression changes involving the right lateral masses of the 3rd and 4th cervical segments and the anterior superior articular surface of the 4th and 5th cervical segments. These findings are compatible with a soft tissue injury to the ligaments at this level. Dorsal spine normal.

Medical Experts: Dr. Wallace Duncan and Dr. Paul L. Weygandt.

Legal Interrogators: David Sindell, Esq. and R. Crawford Morris, Esq.

II. THE CASE OF A STEERING WHEEL INJURY.

At 5 years of age, plaintiff was confined to bed for 6 weeks by an attack of rheumatism. His recovery was apparently complete, but throughout the years he noticed that he lost his wind a little more rapidly than most people during exercise and at times strenuous activity also caused him to have a little mild pain over the apical region of the heart and in the left lower axilla. He recently felt out of sorts and has had a chronic cough with expectoration.

On December 22, 1954, plaintiff, then 35 years of age, was bringing his automobile to a stop in a line of traffic, when a big truck skidded on the ice and with great force rammed into the rear of his car, violently throwing him forward against the steering wheel. He had acute, severe pain in the right side of his chest and was extremely short of breath. An ambulance rushed him to Charity Hospital, where on admission he was found to be in shock with a right-sided pneumothorax. There was no subcutaneous emphysema or bone fracture, but X-rays showed a soft lesion about the size of a quarter at the left apex, slight left ventricular enlargement and moderate calcification of the ascending and descending aorta, more marked in the latter. There were a few crepitant rales upon deep inspiration at the left apex. Sputum was negative for tuberculosis on four examinations. The Kahn test was negative.

The pain in his right chest improved, but four days later, he began to have severe precordial pain, radiating to the left shoulder and arm. He was cyanotic, perspired, felt weak and breathed with increased difficulty. The pain was somewhat relieved by nitroglycerine, but not by aminophylline. The electrocardiographic findings included: Q R S .10, S present and S T slightly depressed in Lead I.; Q present in Lead III.; T inverted in the A V F Lead; and T low in the V_V and V_{VI} Leads. Unfortunately, the cardiologist took sick and no further E.K.G. was done until December 30, 1955, at which time the findings were entirely within normal limits. The transaminase test then was also found to be normal.

On January 23, 1955, plaintiff was sufficiently recovered with treatment to return home from the hospital. With time, he should be able to do light work, but he will probably never be able to resume his position as a dancing instructor.

Medical Experts: Dr. Earle B. Kay and Dr. Henry A. Zimmerman.

Legal Interrogators: Craig Spangenberg, Esq. and Clarence E. Kroeger, Esq.

There will be an opportunity at the end of each case for the audience to participate in the program by presenting pertinent questions of interest.

HAVE YOU MET . . .

JOSEPH JAMES CAMPOLITO who is a native of Youngstown was born in 1923 and received his pre-medical education at the University of Syracuse and the University of Illinois in 1943 and 1944. He received his M.D. from the Indiana School of Medicine in 1948. His Internship was accomplished at the Youngstown Hospital Association in 1948 and 1949. Following his Internship, Dr. Campolito had two years of Internal Medicine Residency at the Youngstown Hospital in the years from 1949 to 1954. In 1951, 1952 and 1953 he was a Medical Officer in the United States Air Force. His office was opened October 1, 1954 at 3119 Market St. where he practices Internal Medicine. He and his wife, the former Helen Claire Soltis and their children Laura Beth aged four and Joanne aged four weeks live on Jeanette Drive.



ROBERT M. FOSTER who is a native of New Philadelphia, Ohio and was born on February 3, 1925. His pre-medical education was at Western Reserve University in the years 1942-1943. He graduated from Western Reserve Medical School in 1947 and interned at Cleveland City Hospital 1947 & 1948. His general surgical and orthopedic surgical training was received in Youngstown Hospital and in Children's Hospital in Philadelphia. His residency training was interrupted by a tour of duty with the United States Army in Japan from 1949 to 1951. He finished his residence training in 1954 and opened his office at 402 Oak Hill Avenue, July 6th, 1954 for the practice of orthopedic surgery.

He married the former Jeane Bichsel and they live at 105 Ridgewood Drive in Youngstown. They have three children, Bob, Ann and Bill.



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ULRICH H. BOENING was born June 15, 1922 at Hammerde, Westphalia, West Germany. His early education and high school education was in that city and was finished in 1939. His medical studies began in 1940 at Muenster University from which he received a Bachelor of Medicine Degree in 1943. He graduated from Goettingen Medical School in November of 1947. His internship was at St. Bernward Hospital, Hildesheim in 1948 & 1949. He was Contract Physician to The United States Army the 97th General Hospital in Frankfurt in April 1949 to June of 1953. In July of 1953 he began one year's internship at Youngstown Hospital Association and opened his office at 5532 Mahoning Avenue in September 1954 for the general practice of medicine.

He has been married since 1950 to Adelheid L. Voelker who is from Luebbecke, Westhalia. He makes his home at 1350 South Canfield-Niles Road, Austintown, Ohio.



HOW TIMES HAVE CHANGED

W. W. Ryall, M.D. graduated from West Penn Medical College, Pittsburgh, Pa., fifty-nine years ago. He entered general practice and became one of the pioneer modern family doctors in this vicinity.



He loves to reminisce about those early days of his practice. He spent a year in Burbank, Ohio taking care of the patients of another physician who had had an unfortunate illness. After about a year Dr. Ryall was able to purchase a horse and buggy, and then decided to move to Savannah, Ohio to begin his own practice.

Many of his house calls were made on foot, especially when the roads were impassable. Frequently he trudged more than twenty miles to make his rounds. The weather was usually at its worst on these occasions, but it took more than a rain storm or blizzard to keep this determined young man on the shelf. At this time he sported a full moustache and beard, which may have provided the necessary insulation to make his arduous tours more bearable.

The financial rewards bear mentioning, recalls Dr. Ryall. A routine office call, with tablets, cost the patient fifty cents. An average fee for a


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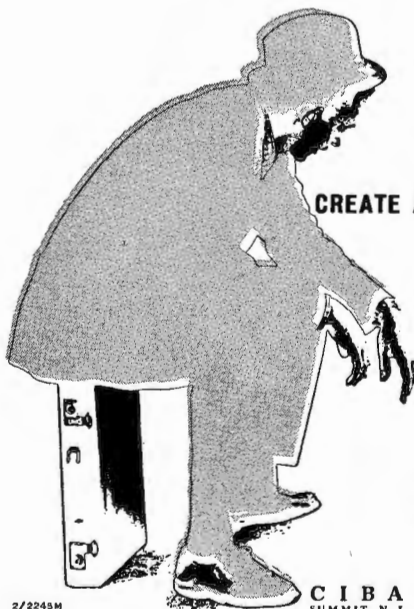
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house call in town was seventy-five cents. Calls out of town were worth twenty-five cents per mile. Confinement cases were charged five dollars. Later the fee was raised to seven-fifty.

A great deal of his practice consisted of maternity cases. Dr. Ryall recalls one of his more pleasant experiences. He was called out one night to attend a multipara, who her husband said, was having strong labor pains. Dr. Ryall sped two miles out in the country in his horse and buggy, and arrived at the farmhouse just in time to find the patient dozing off. She had stopped having pains. Dr. Ryall proceeded to examine her. All examinations were made vaginally and rubber gloves had not yet become available. Everything was under control, so he told the patient to go back to sleep. The husband lay down on the floor for some shut-eye and the doctor also lay down at the foot of the bed to take his forty winks. At sun-up they all awoke, Dr. Ryall ruptured the patient's membranes, the delivery was over within twenty minutes, and Dr. Ryall was back home in time for breakfast.

On another occasion he slogged three and a half miles through a snow storm to do a delivery. Somehow he had forgotten to bring along a cord tie, and there was not even a piece of string to be found in the patient's home. The husband made a leisurely trip to the nearest neighbor to borrow a piece of string, while the doctor retained his clamp on the cord. When the string finally arrived, it was boiled and then appropriately tied to the cord without further delay.

One day while driving along a backwoods road, Dr. Ryall happened to see the fourteen year old daughter of one of the community's most staid and conservative citizens engaged in what was then called "sparking". He was surprised, but soon forgot about the incident. Some months later, the young lady was brought into the office by her mother, who was concerned because the daughter had missed several periods. Palpation of the abdomen revealed the cause of the amenorrhea, but the young lady insisted that such a condition was impossible. The wedding took place one day before the baby was born. All turned out well, because in those days it was not necessary to date the birth certificates.

A severe bachache was the reason given for calling the doctor to see a teenager. On examination, nothing could be found to account for the intense pain, which soon subsided. Later the patient became very sick, more backache was present. The next day the doctor was again called, and he went out to find the youth covered with small pox. A physician from the State Board of Health was called to confirm the diagnosis, and he concurred. In order to prevent the spread of the infection, Dr. Ryall was ordered to remove his shoes before he entered the house of the patient and put them on again as soon as he came out. Incidentally, said Dr. Ryall, the three remaining members of the family were immediately vaccinated and none of them came down with small pox.

Psycho-therapy was frequently utilized. The wife of the local preacher of the Church of the Brethern became seriously ill and was unable to use her arms or legs. When she was off her guard, Dr. Ryall stuck her in the arm quite suddenly with a pin. You should have seen her jump off that bed, chuckled Dr. Ryall.

A young man of twenty five was slightly injured in a minor Railroad accident. He claimed that he was unable to move one arm and hand. When his arm was raised, it remained in that position, and did not fall. Under his black frock coat, Dr. Ryall concealed a syringe full of hot water, and sud-

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denly squirted the contents forcefully towards the unclothed body of the patient. The latter quickly moved the "paralyzed" arm to ward off the unpleasant stream of hot water from scorching a very sensitive area. This led to a very rapid and complete recovery.

After eight arduous years in Savannah, he decided to move to Youngstown. It seemed like a very prosperous community and a nice place to live, Dr. Ryall recalls. He had first been attracted to Youngstown on a previous occasion when he had passed through it on a trip to Pittsburgh. The glowing lights in the skies from the steel mills fascinated him and made him want to settle here. The Market street bridge had just recently been completed. West Federal St. was paved with cobblestones. Street cars were the popular means of transportation, and with their assistance Dr. Ryall made his house calls. The City Hospital, now the South Side Unit of the Youngstown Hospital was here. The Wick Ave. and Holmes St. bridges were yet to be built. The Steel Mills were in busy production, helping in their immensity to amplify the industrial empire which had already made so much progress.

Here Dr. Ryall settled himself and resumed the practice of medicine which he was to successfully carry on for so many years. He became Health Commissioner of the City of Youngstown in 1936 and served in this capacity for four efficient years. During this time, he, with the help of other members of the County Medical Society and the co-operation of the Visiting Nurses Association did much to eradicate Diphtheria from this community. He spoke before civic groups, the newspapers co-operated, and the public was made Diphtheria conscious.

The taking of throat cultures for early diagnosis was stressed among the other physicians. Attempts were made to vaccinate all children over the age of six-months. The campaign was a complete success. At the age of nearly 82, Dr. Ryall has decided to let some of the younger men carry on for him. He has a remarkable sense of humor and a large measure of the milk of human kindness—something so many doctors of our time need very much.

Myron H. Steinberg, M.D.

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THE PROFESSIONAL MAN WITHOUT SOCIAL SECURITY

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

Equitable Life of Iowa

This is the second of two articles submitted to the Bulletin by Mr. Scherer. Last month's was from the economical standpoint whereas this month's deals with the socialistic aspect. What'll you have?

There seems to be but one argument in favor of including all taxpayers under Social Security and that is the dollar value, the enormous benefits promised for the small tax imposed. There are good reasons to make exceptions to the 100% Social Security coverage. These reasons are deeper reasons than the dollar value.

The professional people—as a group—stand together as a last bulwark in defense of American democratic principles as against modern socialistic trends. Nearly every small and large business man admires the professional groups in their stand. If the professions yield to the socialistic trend by requesting coverage under Social Security, we will soon become a total 100% covered social state; and there is little or no stopping the social snowball as it takes on this complete coverage of all taxpayers.

Social Security, at present, covers retirement and death benefits. And the coverage is great. The tax, although small today, can and will be a big tax problem in the future. The coverage of Social Security undoubtedly will include more features in the future, such as disability income, sickness indemnity, surgical indemnity, dental care, legal fees, etc. At what time in the near future will the government be the largest client of all professional people? It is hard to foretell. But with 100% of all taxpayers covered by the Social Security, we oil the social government machinery for a rapid trip to professional oblivion.

The professional people are seeking, and justly so, some sort of tax relief in that they are not eligible for Social Security or private pension plans. The problem of retirement must be recognized; and the planning for retirement must be done during the professional man's years of active practice. But how long can the professions continue to stand as a group in the battle against socialism? Can a special legislation program for the professional group be a good solution to this problem?

The basic purpose of the Jenkins-Keogh Bill is to grant tax relief to persons not eligible for Social Security or private pension plans. Generally, the Bill permits an individual to set aside tax-free dollars in limited amounts in a restricted retirement fund. Once placed in this fund, the dollars would be beyond the participant's reach until retirement. Income at retirement would be fully taxable to the participant. In short, the Jenkins-Keogh Bill is primarily concerned with favorable tax treatment on dollars deposited in preparation to retirement rather than to favorable tax treatment on the retirement plan. The Jenkins-Keogh Bill is proposed legislation and if it becomes a law, is it satisfactory barter for being excluded from Social Security? Its passage certainly will assist a professional man in accumulating funds for retirement. It may be a step in the right direction, but more important, it will probably forestall the 100% of Social Security coverage.

A great many professional men are self-employed and are also attached to an industry which covers them for Social Security benefits. Here we run

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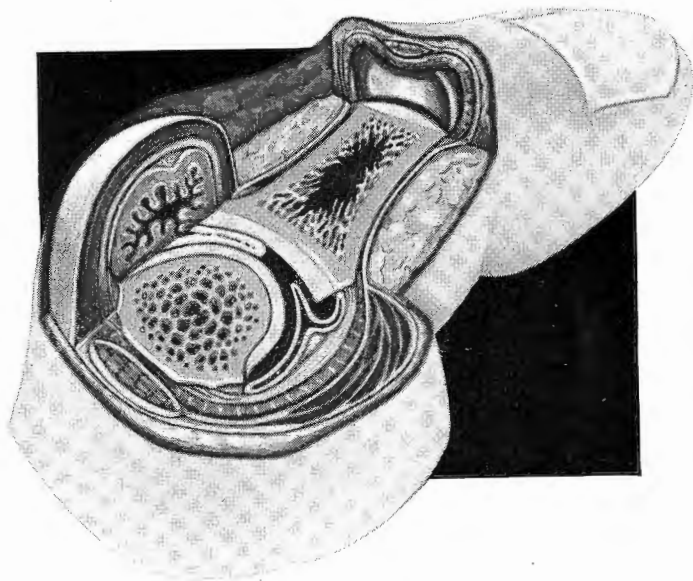
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*Bunim, J. J.: Research Activities in Rheumatic Diseases, Pub. Health Rep. 69:437, 1954.



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into the usual human characteristic where the professional man will want his tax advantage under a bill like the Jenkins-Keogh Proposal and he will also claim all of the benefits under Social Security. It seems highly impractical for a professional man now covered by Social Security as an employee with industry, to be in favor of any legislation offering tax relief "for those not eligible for Social Security"; and since a good number of professional men are already covered by Social Security through such arrangements described above, there are already many leaks in the dikes when it comes to a 100% stand against encroaching socialism.

The 1954 Revenue Code completely changed the method of taxing retirement income resulting from regular annuities, insured retirement incomes, or endowment policies, and the cash values of life insurance policies, which the insured has elected to receive in the form of income. The new method is decidedly more equitable in that the greater portion of each income payment is tax exempt regardless of how long the individual lives. The old method would have the total investment (the cost of the annuity or endowment policy contract) taxed 3% until the annuitant's investment was recovered, then the entire income was to be fully taxable to him. This is a recent improvement in the Federal law with regard to tax relief in retirement.

Add to the above the double personal exemption for husband and wife as each attain age 65. Then, include the new special retirement credit, included in the new Tax Code, to give some tax equity to those not eligible for tax-exempt Social Security income. This special retirement credit works like this. Against taxable retirement income up to \$1,200 annually, a 20% credit is allowed to the retired individual 65 or over. Income eligible for credit includes retirement income insurance contracts, interest earnings, rents, and dividends. Now this seems like a small credit, but it is an allowance or a step in the right direction to give tax relief to those not covered by Social Security.

Combining the above three tax benefits, we have 1) the new method of taxing annuity income, 2) the double exemption at 65, and 3) the special retirement credit, all acting together, make it possible to have tax treatment on retirement funds in a position more favorable than that of retirement income due to Social Security.

Even without the passing of the Jenkins-Keogh Bill, those not covered by Social Security are today in a fairly good taxable position in-so-far as retirement is concerned. From a retirement point of view, there seems to be little tax advantage in being covered by the Social Security Act. But Social Security has that tremendous protection benefit which, of course, has its great appeal to the young married man with dependents.

Now, in that legislative progress is being made with regard to retirement income, giving tax relief to those not covered by Social Security, perhaps we can expect legislation to give favorable tax treatment to those dollars spent for the protection of the dependents of those not covered by Social Security. This should come about in order to give the professional man something comparable to Social Security.

Professional men without Social Security certainly are defenders of true old-fashioned American independence. It is this independence which

inspires initiative and which makes this country great as it is. Can the professional men continue to stand together to prevent a 100% social state? It seems that it is up to those professional people "not now covered by Social Security" to determine for themselves and for the nation whether or not professional independence will be swapped for social conformation.

PEARLS AT RANDOM

Louis Bloomberg, M.D.

The importance of ophthalmoscopic examinations in hypertension of pregnancy cannot be stressed enough. Spasms of the retinal arteries are an early and extremely important sign of ocular damage. When these spasms increase in number and the attacks of blindness become more frequent the pregnancy must be terminated.

I would like to encourage an adequate visual acuity record and a dilated fundoscopic examination in all cases of juxta-orbital traumatic cases. Many times pathology of grave consequence both medically and medico-legally may be overlooked if this simple procedure is not adhered to. Then too, judicious use of intramuscular trypsin for ecchymosis should be practiced. The injection is painful and expensive. I am not convinced that the enzyme is as valuable in these cases as the popular counter magazines would lead one to believe.

Fredric D'Amato, M.D.

More than ever before biopsies are being relied on in medicine to arrive at accurate diagnosis. The externally accessible organs have long been used for microscopic observation and the past few years has seen the advent of liver, spleen and kidney biopsies.

Since the invention of the operating gastroscope by Doctor Benedict the stomach has now been added to that list of internal organs from which biopsy material is available.

The passage of the gastroscope is relatively simple after topical anesthesia of the mouth and upper esophagus. After routine inspection of the mucous membrane lining of the stomach with the gastroscope thin, flexible, biopsy forceps are passed through a tiny opening in the gastroscope. At the distal end of the scope is a small lever which elevates the biopsy forceps so that the tip may be visible. By manipulating the scope in the stomach under direct vision a biopsy is easily obtained. The specimen removed is quite tiny but usually adequate for microscopic review. There is no danger to this procedure because the bite taken is only mucosa deep and does not penetrate to the muscularis of the stomach. Bleeding does not occur from the biopsy site and frequently the patient is saved from the rigors and expense of a laparotomy.

With increasing use of this instrument pathological processes in the stomach will become better understood and diagnosis of early malignant change may be made perhaps sooner than previously.

Wayne L. Agey, M.D.

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PLACES TO GO

American Medical Association Annual Meeting, Chicago, June 11-15, 1956.

American Society for Artificial Internal Organs, Atlantic City, New Jersey, April 15-16.

Congress of International Association of Limnology, Helsinki, Finland, July 26—Aug. 7, 1956.

Congress of International Association of Logopedics and Phoniatics, Barcelona, Spain, Sept. 3-7, 1956.

International Congress on Animal Reproduction, Cambridge, England, June 25-30, 1956.

International Congress of Anthropological and Ethnological Sciences, Philadelphia, Pa., U.S.A. Sept. 2-9, 1956.

International Congress of Hydatid Disease, Athens, Greece, Sept. 14-18, 1956.

International Symposium of Diencephalon, Milan, Italy, May 3-5, 1956.

Pakistan Medical Conference, University of Peshawar, Peshawar, Pakistan, April 2-4, 1956.

If you find it impossible to arrange your schedule to coincide with the above meetings the Mahoning County Medical Society would like to take this opportunity to extend to you the privilege of attending its regular monthly meeting, Tuesday, April 17, 1956, at 8:30 P.M. in the Youngstown Library Auditorium. Your own local society will be notified of your attendance so that you will receive full credit. May I also call to your attention that the expenses incurred (travel and lodging) are fully deductible as a necessary and usual business expense.

SALK POLIO VACCINE: 1956 EMERGENCY DOSAGE SCHEDULE

1. Do not give booster shots between now and July 1. There is minimal risk if, in fact, any at all, in giving primary or booster shots during the polio season.
2. Use all available vaccine immediately. Do not save it for second shots, even though a sterilely punctured vial of vaccine can be kept under refrigeration for an indefinite length of time without impairing either safety or potency of the vaccine.
3. The increasing supply of vaccine should be depended upon for second injections in 1956. The exact interval recommended between the first and second doses is not critical, so long as it is not less than two weeks. In fact, longer intervals seem to be advantageous. Therefore, the second dose may be given at any time without losing the benefit of the first.
4. However, the third dose should be given not less than seven months after the second but may be given at any length of time thereafter.

On March 13, 1956 the Surgeon General of the U.S. Public Health Service issued a statement endorsing the postponement of booster shots as a temporary measure "to enable more children to receive first or second doses and thus extend protection to more people before this summer's poliomyelitis season".

Even under the epidemic conditions that prevailed in Massachusetts in 1955, a high rate of protection (60%) against paralytic poliomyelitis was reported from just one dose of the vaccine used in that state.

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REASONS FOR POLIO VACCINE SHORTAGE

1. Each batch of vaccine must be submitted to the National Health Institute for approval.
2. Each batch of vaccine is allotted to certain specific states, designated by the National Institute of Health
3. Manufacturer contacts the Departments of Health of the respective states and is advised by them how much the Health Department will keep for the government program.
4. Balance can be sold to doctors in the respective states.
At the present time 2 of the 5 original manufacturers have no vaccine available.

FACTS ABOUT YOUNGSTOWN

As of January 1st, 1955 the population of Youngstown was estimated at 172,700 comprised of about 50,000 families.

The Youngstown Metropolitan area, which is the third largest in the state has a population of 562,800 with a trading population over 580,000.

The area within the city is approximately thirty-five square miles, and the metropolitan area has a radius of thirty miles. Of the 428 miles of streets, 309 miles are paved. There are 480 miles of side walks, and 503 miles of combined sanitary and surface sewers.

The average January temperature is 27.5 and July's average is 72.3. The minimum temperature is eleven degrees below and the maximum is 100 degrees. Average rainfall is 62 inches.

There are 150 Protestant Churches, representing twenty denominations. Thirty churches and twenty parochial schools serve the spiritual and educational needs of the Catholic people. Five Synagogues serve the Jewish faith.

The public school system includes thirty elementary schools, five Junior High Schools and six Senior High Schools. There is one vocational school.

Youngstown's Park and Recreation system covers 2,633 acres and includes two golf courses, picnic grounds, athletic fields and six swimming pools. Mill Creek Park's 2,120 acres make up the majority of the park system.

The extensive public library system has, in addition to the main building, five city branches and seven county branches, as well as the world's largest mobile unit.

Youngstown is the only inland city between New York and Chicago where the four great trunk lines meet: New York Central, Erie, Baltimore and Ohio and the Pennsylvania. In addition to these four main trunk lines, Youngstown is served by the Pittsburgh and Lake Erie, the Youngstown and Southern, the Lake Erie and Eastern and the Youngstown and Northern.

The Youngstown Municipal Airport provides excellent air transportation via United Air Lines, Capital Air Lines and Lake Central Air Lines.

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| Niacinamide | 150 mg. |
| Ascorbic acid | 150 mg. |

Usual Dosage: 1 or 2 capsules or teaspoonfuls daily. Infants: Not more than 1 teaspoonful daily.

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