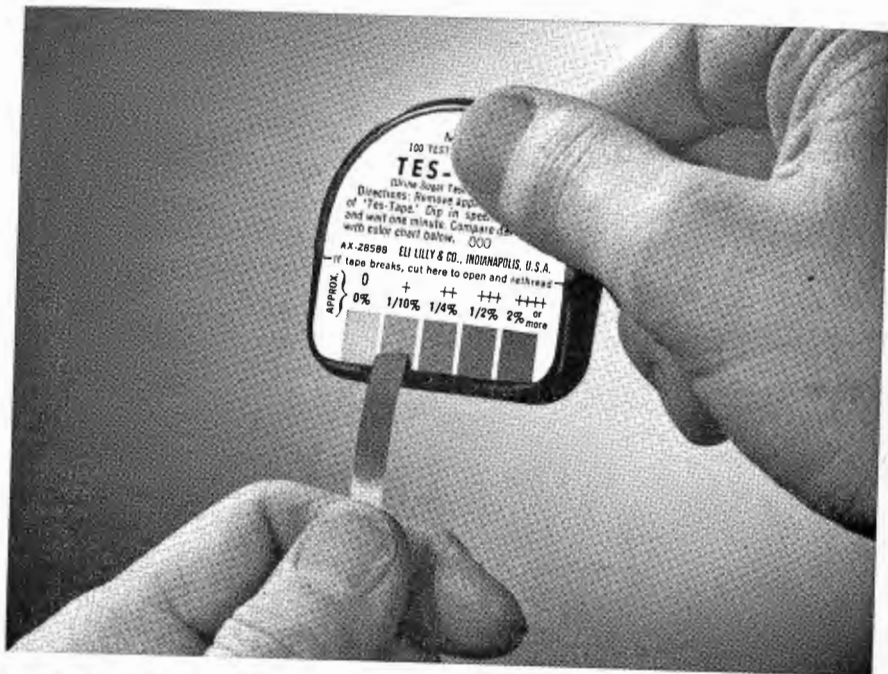




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MAY • 1956
Vol. XXVI • No. 5
Youngstown • Ohio



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TABLE OF CONTENTS

Vol. XXVI—No. 5

May, 1956

President's Page	172
Editorial	173
The Councilor's Page	174
From the Bulletin — 20 Years Ago — 10 Years Ago	176
Keeping Up with the AMA	178
Women's Auxiliary News	180
Inaugural Address — Mrs. W. H. Evans	182
An Evaluation of the Problems of Mental Retardation in Children	185
Pearls at Random	189
News Notes	190
Proceedings of Council	190
Medical Legal Symposium Comments	194
Joint Blood Program	201
South Side Auditorium Dedication	203
Purposes of the Allied Professions Committee	205
Journals of Library Survey	209

ADVERTISERS' LIST

Blair's Dry Cleaning	206	Lyons Physician Supply Co.	196-200
Borchardt Malt Extract	206	Mahoning Pharmacy	210
Bowman Drugs	202	Medical Dental Bureau	195
Ciba	198	O'Linn's Drugs	206
Endo	212	Parke, Davis & Co.	188
First Cleveland Corp.	184	Renner's	208
Flynn Pharmacy	212	Schering	178-181
Griffith Co.	Cover	Scott	204
Harvey, G. F. Co.	210	Squibb	198-215
Irwin, Neisler & Co.	200	Stillson & Donahay	196
Laeri's Pharmacy	208	Thornton Dry Cleaning	208
Lakeside	175	Upjohn	179
Lederle	186-202-208	Yo. Com. for Education on Alcoholics	204
Lester's Pharmacy	210	Youngstown Spievak Limb Co.	208
Lilly, Eli & Co.	170	Zemmer Company	210

Our President Speaks

The American Academy of General Practice advocates, "A Family Doctor for every Doctor's Family." It may sound a bit foolish but physicians are notorious about neglecting themselves healthwise. "Don't do as I do, but do as I say" is the principle of many of us as far as our own health is concerned. When we are ill, we continue to work instead of taking time off for recovery. We attempt to treat ourselves instead of calling on one of our colleagues for treatment.



Recently the executive committee of the Delaware County Hospital in Drexel Hill, Pa. sent letters to each member of the staff urging them to have a complete physical examination. Each staff member was sent a medical history form which he filled out. He was requested to take the completed form to a physician of his own choice. The hospital facilities such as X-ray, electrocardiographs and laboratory studies were placed at the physician's disposal.

After the examination, the staff member was requested to notify the executive committee that the examination had been completed. The records of the examination were retained by the attending physician. More than 90% of the staff complied with the request.

Most of us either will not take the time to have a complete physical examination, or dislike to take up the time of a busy colleague. We can better care for our patients when we are in the "pink" of condition. "Physician, Heal Thyself."

G. E. DeCicco, M.D.

BULLETIN of the Mahoning County Medical Society

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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	WALTER, CLYDE K. Special Assignments
STEINBERG, M. H. 50 Year Members and Special Assignments	TORNELLO, R. L. Editor Emeritus	MRS. L. W. WELLER Women's Aux. News

EDITORIAL**CAN PARALYTIC POLIO BE PREVENTED IN 1957?**

Basil O'Connor, President of the National Foundation for Infantile Paralysis says paralytic polio can be cut in half in the epidemic period in 1956 and can be reduced to a negligible number in 1957 if there is a coordinated effort during the remaining months of 1956 by all concerned: the Public, the Public Health Service, the Doctors and the Manufacturers.

We, as Physicians, are ready, willing and able to fulfill our part of the program and have been for some time.

If there is a weak link in this chain, it would most likely be found in the production of the vaccine and I certainly don't mean this as a criticism of the manufacturers. They have the biggest job of all, and the task facing them is tremendous.

There are approximately 65 million people in the United States in the eligible group to receive the Salk Vaccine. This means a total of 195 million cc of the vaccine are needed. To report this in every day measure it adds up to 203,125 quarts, or 50,781 gallons, which is slightly more than five railroad tank car loads.

The production is a slow and tedious process and during the month of May, only about 19 million cc will be produced, but it is hoped by mid-summer this figure will be doubled.

In any event, I am sure we, as members of The Mahoning County Medical Society, are most anxious to secure the necessary amount of Salk Vaccine to render protection to all of the eligible members of our community as soon as possible.

—C. W. Stertzbach, M.D.

THE COUNCILOR'S PAGE

As most of you know, the American Medical Education Fund was one nearest to the heart of Dr. Bill Skipp, and it is up to each one of us to give 100 per cent participation to this project, not only in memory of him, but also in consideration of its worth-while function. In case you have not read it, I would like to call your attention to the following editorial which appeared in the April 23rd issue of the "Plain Dealer":

The Work Medical Schools Do

"A child born today in Cleveland, or any other part of the Union can expect to live to be 70, whereas an American child born in 1900 had a life expectancy of 47 years. No country in the world with as diverse a population as ours has as high a rating in terms of life expectancy.

The reasons, of course, are the level of public awareness of health principles, and the quality of our medical men. A principal reason for the quality of our doctors is the excellent education they have received and the constant attempts of medical schools to meet current challenges and to prepare for future needs.

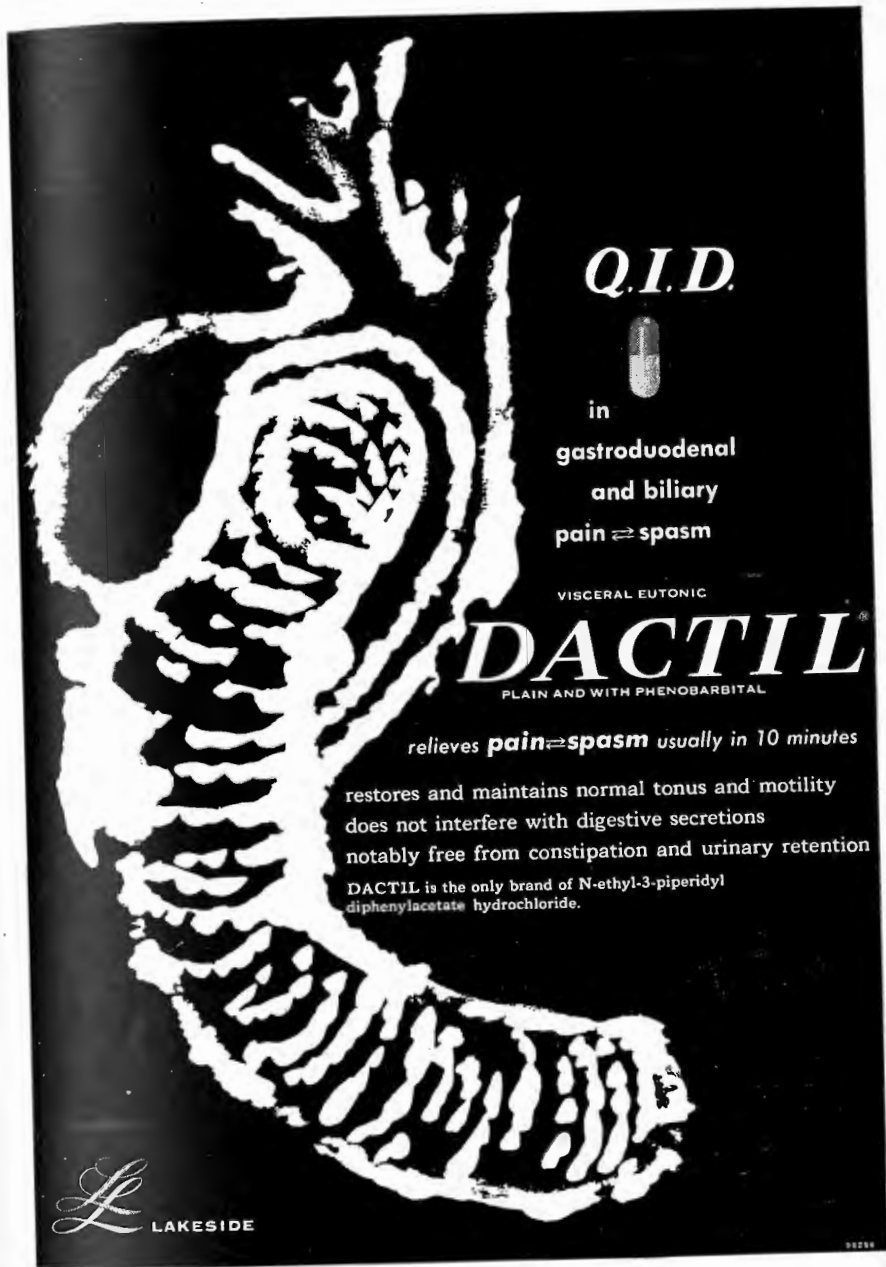
This is the nation's first Medical Education Week, which serves as a convenient peg to bring all readers the story of the country's 81 medical schools. Among the finest of those 81 is Cleveland's own, the School of Medicine of Western Reserve University, where a momentous experiment and experience in training students is now well under way.

These medical schools face a peculiar dilemma from their very success and from the quality of their curriculum. For the cost of educating each doctor averages between \$12,000 and \$15,000, even though many practicing doctors serve on faculties without salaries. Tuition fees, of course, are much less than those amounts. Additional millions are needed to help the schools do the job everyone wants them to do, and the National Fund for Medical Education, one of the sponsors of Medical Education Week, is appealing nationally for 10 million dollars to bridge the gap in the schools' budgets.

A Cleveland spokesman for the appeal is Curtis Lee Smith of the Cleveland Chamber of Commerce. The address of the National Fund, which was founded under President Eisenhower's leadership when he was at Columbia, is 2 West 46th Street, New York 36.

This is a deserving cause to which businesses practicing doctors and other individuals may wish to contribute."

C. A. Gustafson, M.D.



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FROM THE BULLETIN

Twenty Years Ago — May, 1936

There was a leading article that month on the therapeutic value of Bacteriophage. Ever since d'Herelle had reported the lysis of bacterial cultures by this strange substance in 1917, the medical world had held high hopes of great developments from his discovery. It was said to have stopped a cholera epidemic in the Punjab. But its activity was found to be inhibited by many body fluids and exudates, and it had not lived up to the expectations held out for it. Work was still going on but nothing has ever come of it and nothing has been heard of Bacteriophage since Fleming's discovery of Penicillin.

Dr. Henri Schmid wrote a scholarly article on the Gonococcus Bouillon Filtrate in which he discussed in general the problems of immunology. He urged caution in the use of the product. It, too, has gone into the limbo of forgotten things in this age of antibiotics.

The Townsend Plan was vigorously promoted those days as a cure for economic ills, especially those of the aged. Every old person was to be given \$200.00 a month which had to be spent at once. This spending was expected to boost production and raise the standard of living. The Bulletin with tongue in cheek figured the total population, less the number to receive benefits, less the number in government employment, less the number prohibited by child labor and unemployment and found there would be two people left to pay. The Editor concluded "Apparently this leaves things up to you and me, and as I am not feeling so well, that pretty much puts the burden on you!"

The Scott Company announced that the fashionable thing for golf was the return to knickers. You could buy one that fastened at the knee with a cord for \$8.00.

Florence Heberding was delivering her Holstein Milk for 10 cents a quart.

Ten Years Ago, May 1946

President Reilly reported that Post-Graduate Day last month drew attendance from 15 towns in Pennsylvania and 35 in Ohio. It was a fine day and everyone was there to hear the group from Johns Hopkins.

The leading article that month was a concise but comprehensive article on "Laboratory Aids In Anemia" by Dr. Arthur Rappoport.

Service records of W. E. Sovik, Milton M. Kendall, Joseph J. Sofranec, Jr. and H. E. Chalker were published. Sovik served with the Navy in the Atlantic theatre and helped with the Normandy invasion. Kendall served with the Air Force and in June 1944 was attached to the Royal Air Force in the Normandy landing. Later he fought through the Rhineland campaign. He was elected a fellow of the Royal Society of Medicine and licensed to practice medicine in the United Kingdom. Sofranec served in England and handled casualties from the invasion. Later he served in France and received a meritorious service citation. Chalker served in the Aleutians campaign and was chief of surgery at the 183rd Station Hospital at Anchorage.

Luke Reed was back from Japan and opened his office. The old Medical-Dental orchestra never got going again. Herman Kling left for Albuquerque. You can't have much of an orchestra without a good hot drummer.

J. L. F.



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KEEPING UP WITH THE A. M. A.

Quarterly Legislative Review

This SPECIAL REPORT is a summary of what has happened in health and medical legislation since the start of the second and election-year session of the 84th Congress. Keep in mind that while any of the bills mentioned can be passed this session, the prospect for action is greater with those that have been cleared by a Committee in both House and Senate.

Social Security Legislation — H.R. 7225

To cover most occupations under social security, to lower the retirement age for women, to give full retirement benefits at age 50 to persons certified as totally and permanently disabled, was passed by the House without any public hearings. The Senate Committee has had public hearings and now has to decide whether to bring the bill to the floor for a vote, or if it is brought to the floor, whether to omit the disability payments and other parts. The A.M.A. is firmly against disability payments under social security.

H.R. 9091, 9120, S. 3139

Proposes to give additional federal aid to states that furnish medical care and hospitalization to needy cases. The House is now conducting hearings on this bill. The Senate may possibly consider it while conducting hearings on the Social Security Amendments. The A.M.A. has taken no action.

Military Legislation-Dependents Medical Care

H.R. 9429 would give legal authority to the government to provide medical care for dependents of all servicemen. These dependents can choose whether they prefer military or private facilities except where the Secretary of Defense might designate an area has adequate military facilities to care for dependents. The House has passed this bill inserting the provision allowing the Secretary to rule out private care in certain areas. The Senate Armed Services Committee is now having hearings. The A. M. A. stated that Congress should make the decision about providing dependents with medical care, however they do object to the provision allowing the Secretary to limit free choice of care.

Physicians Military Career

H. R. 9428 is to encourage physicians in a military career by additional special pay boosts and by considering time spent in medical school and internship as military service for purpose of rank, pay, and promotion. The bill has been passed by the House and hearings are now being conducted by the Senate. The A.M.A. supports this bill but has tried to increase the amount of special pay boosts.

Commissioning of Osteopaths

H.R. 483 authorizes the commissioning of osteopaths in the Medical Corps of the Armed forces without distinction between them and physicians. The House has passed this bill, and the Senate has held hearings on it. The A.M.A. is firmly opposed to this bill as they feel it would discourage more physicians making medicine a career.

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Mental Health Legislation

H.R. 9048 provides grants for training of personnel; for investigations to develop improved methods of diagnosis, care, treatment, and rehabilitation; and to state agencies responsible for administration of state institutions. The House has had hearings of this bill. The A.M.A. favors a delay until the report of a non-governmental commission now underway to determine the extent of the problem is completed.

Alaska Mental Health

H.R. 6376 would transfer from the Federal Government to the Territory of Alaska authority for the care, treatment and hospitalization of the mentally ill of Alaska. The House has passed the bill and the Senate public hearings have been completed. The A.M.A. supports the bill, but recommended the Senate consult with the American Bar Association on certain legal questions involved.

PROPOSED GRANTS TO MEDICAL SCHOOLS AND LABORATORIES AND FOR NURSING

There are a number of bills which pertain to these fields and hearings have been held by both Houses on some of them. The A.M.A. favors most of the provisions in the bills.

Other Miscellaneous Proposals

There is a bill pending concerning health insurance for federal employees on which the A.M.A. took no stand. Also several bills permitting self-employed persons to make tax deferred payments to restricted retirement plans. The A.M.A. approves this legislation. Also separate bills to authorize military status for Public Health Service during periods of emergency as well as war, and to establish a National Library of Medicine, both of which the A.M.A. has approved.

C. W.S.

WOMAN'S AUXILIARY NEWS

The Woman's Auxiliary held a luncheon at the Woman's City Club on Tuesday, April 17th. Mrs. Fred Schellhase was Program Chairman and Mrs. Robert Bruchs was the Social Chairman. Dr. Fredrick L. Schellhase spoke on Civil Defense. Reports of the Nominating Committee were announced, and the election of officers was held. Elected were: Mrs. Paul Mahar as President; Mrs. Cary S. Peabody, President-elect; Mrs. Earl H. Young, Vice President; Mrs. Sidney Franklin, Treasurer; Mrs. Elmer H. Nagel, Corresponding Secretary; Mrs. Arthur E. Rappoport, Recording Secretary. Mrs. Carl Ritter of Lima, Ohio, the Immediate Past President of the Womens Auxiliary of The Ohio State Medical Association will be present to install the new officers.

Mrs. William H. Evans was installed President, and Mrs. Earl Young as Corresponding Secretary of the Woman's Auxiliary of the Ohio State Medical Association at the annual meeting in Cleveland's Hotel Statler, April 12th. (See Mrs. Evans' Inaugural address elsewhere in this issue). Other members attending the meeting were Mrs. Craig Wales, Mrs. Paul Mahar, Mrs. William Maine, Mrs. W. P. Young, Mrs. W. O. Mermis, Mrs. Frank Morrison, Mrs. C. A. Gustafson and Mrs. M. C. Raupple.

Mrs. Craig Wales announced that eleven of the Auxiliary members have successfully passed the first aid course. Mr. Lew Reed, head of Safety Services of the American Red Cross presented certificates to the following:

Mrs. George Altman	Mrs. L. G. Coe
Mrs. F. J. Gambrel	Mrs. M. B. Goldstein
Mrs. H. J. Reese	Mrs. F. A. Resch
Mrs. F. L. Schellhase	Mrs. E. A. Shorten
Mrs. C. W. Stertzbach	Mrs. C. C. Wales
Mrs. D. T. Yoder	

The next meeting will be the annual dinner and installation of new officers at the Youngstown Country Club on May 9, 1956.

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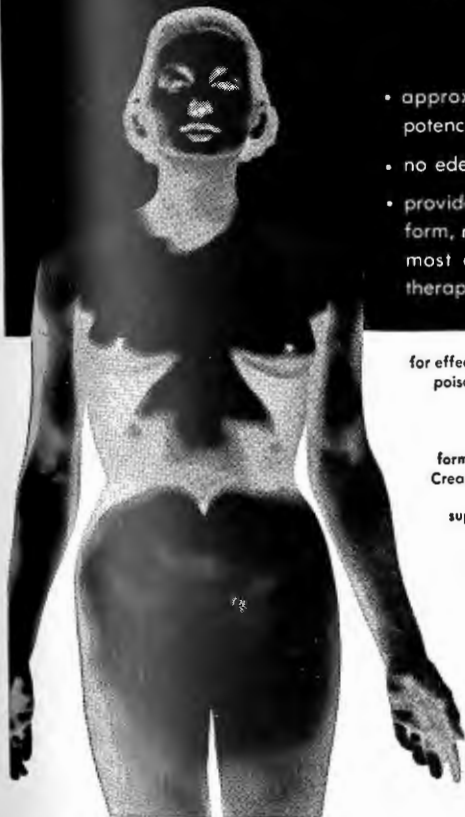
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The inaugural address by Mrs. William H. Evans, newly elected President of the Woman's Auxiliary to the Ohio State Medical Association.



Let my first words be those of gratitude to all of you, for having selected me your president. This is a great organization, and it is a great honor to be its president. But I am very humble when I think of the accomplishments of my predecessors. The prestige which our Auxiliary enjoys reflects so greatly, the loyalty and the devotion of their talents to its cause. It was at a meeting in Cincinnati sixteen years ago that our great organization was born. We are told that the reason for the meeting of this group of women, who were wives of physicians who practiced in the State of Ohio, was to join together in a common effort, to carry on the aims and advance the precepts that had been laid down, by

the Woman's Auxiliary to the American Medical Association some eighteen years previous to that time.

We are also told, there were thirty-nine ladies present on this memorable occasion. Through their untiring efforts, their gift for organization, and their ability to select successors worthy to follow in their wake; we now have an organization of 4,854 strong. Is it any wonder that I stand here today, both proud and meek? Proud, because I am fortunate enough to be numbered among those to help carry on this wonderful tradition. This record of service to our husbands, and the medical profession of the State of Ohio, and to every city and hamlet in which they practice. Meek—yes—meek, because I can not help but know, that the task is a great one and the efforts of one individual working alone would accomplish little.

After a year of reflection, observation, and study of the situation, I can truthfully say that I approach the year of 1956—1957 with confidence. I am confident of progress, because I have worked with most of you, and I know that the foundation from where we work is not one of sand but a solid one. First, there are the past presidents, all of whom have retained their interest in the auxiliary and I know they will gladly give the wise council that comes only from their experiences — experiences of accomplishment, and without exception, each of them along with their co-workers, and partly because of their fine heritage, have been able to increase the size and enhance the prestige of our organization. My optimism could never wane, since I know that I can depend on the officers, and the chairmen of the standing and special committees, and the district directors for their council, and for much of the work that must be done in carrying out the program during the coming year.

Since it has been my privilege to serve the auxiliary to the Mahoning County Medical Society, as a member, a chairman of several committees, and finally as their president, I know the enthusiasm and the willingness for work which the average member displays when given a job to do. Since all of us are guided by the same thoughts and ideals, I am confident that we can expect, and receive the same cooperation from all members during the coming year — which brings me to our slogan — "COOPERATION FROM ALL."

At this time I wish to congratulate my immediate predecessor on the completion of a very successful year, and to express my appreciation for her interest and council, and the fine example of one who is thoroughly devoted

to duty. I consider it a great honor to have received the Presidents pin from her, and I shall wear it with great pride.

Since its establishment in 1940, the Auxiliary has evolved into a public service organization. We must emphasize that the Auxiliaries to Medical Societies, are not social organizations, but rather organizations with many service and health projects. In my opinion this is entirely as it should be. Physicians, after all, are dedicated as a profession to serving mankind. Isn't it fitting that their wives should be their partners in public service, as well as in all other aspects of life?

Our auxiliary is an organization without parallel, in its opportunities to aid the medical profession, in its service to the community, state and nation. We must meet this opportunity, and be armed with authentic information, upon which individual and community attitudes and understandings may be built.

Auxiliary members should be active in civic and community affairs as individuals. As an organization, the Auxiliary can take active part in civic and community affairs as individuals. As an organization, the Auxiliary can take active part in civic community programs, *providing the County Medical Society has endorsed the particular activity under consideration.* However, neither the County Medical Society, nor the Auxiliary as an organization, can engage in partisan political activity. On the other hand, doctors, their wives, and members of their families, can, and should take, an active part as *individual, influential, and interested citizens*, in all civic affairs, including political activities.

We are reminded by many of our advisors, that nineteen fifty-six is an election year, that could have a great impact, on the medical profession, in the years ahead. Physicians, their families, and friends of the medical profession, have a great responsibility: They must be qualified to vote, know the issues, know the candidates' position, make up their minds for whom to vote, know when to vote — and vote.

Of the numerous projects sponsored by our national organization, the American Medical Association Foundation, has been given first consideration during the past year. Our President, Mrs. Lawson has told us of the demands, for an increasing number of doctors, that can be met only through the expansion and improvement of our medical schools.

While much has been done by the medical profession, the auxiliaries, business firms, and other friends, it is obvious, that the need for additional funds will probably be very acute for the next several years, so the project will be given a very high priority during the coming year.

The project of next importance, on a national scale, is mental health. It has been pointed out to us, that thousands of men and women in mental hospitals today, are doomed to spend long hopeless years there, not because their illness is untreatable, but because of lack of trained personnel, and specialty hospitals, to give these people the treatment they need.

We have also been told, that there are millions of mentally disturbed people, young and old, who are living tortured ineffective lives, and bringing heartache and misery to their families, because of inadequate facilities for guidance and treatment.

It must be recognized, that we have made some progress in the State of Ohio, during the past few years. The citizens have voted large sums to increase the facilities provided by the state. In Mahoning County, we are very proud of our own Judge Woodside, who has been more instrumental than anyone outside the medical profession, in promoting mental health, and educating, and influencing the public. He is credited with being the father of the idea of The Receiving Hospital, and it is in these institutions, that many of the cases of acute mental illness are treated, thereby preventing these people, from being incarcerated in a city or county jail, or committed to a State Hospital for the Insane.

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AN EVALUATION OF THE PROBLEMS OF MENTAL RETARDATION IN CHILDREN

Oscar A. Turner, M.D.

Mental deficiency and developmental retardation, from whatever cause, has become recently a matter of renewed consideration. Much publicity and expression of opinion, unfortunately, has come from those whose thoughts are colored by emotion rather than by knowledge or understanding of the actual medical or neurological problems involved. Much worse, treatment is frequently instituted under guidance of individuals whose limited knowledge and experience represents a hazard, however well-meaning their intentions.

Intellectual inadequacy or mental retardation can be found generally to consist of a defect in one or more of the following major fields of development: (1) motor function; (2) adaptive behavior; (3) language and vocalization; (4) personal-social behavior patterns of which emotional development is a factor.

Of those listed above, *adaptive behavior* as a single function probably approaches closest to that which we consider "intelligence", but mental growth is a composite of the above in the proper quantitative and proportionate balance.

The statement that sub-normal or mentally deficient children are normal in every way but handicapped in their mind, is not only simplification in the extreme, but leaves the most important problems unsaid. As has been pointed out (1) the differences which exist are those of reasoning power, judgment memory, attention span, and powers of concentration and retention, with a converse increase in the vigor of instinctive drive. It is this latter behavior which gives rise to difficulties which eventually necessitate institutional or protective care. The uncontrollable temper outbursts, the sexual problems, and the inevitable disruption of normal home life for the parents and other children in the family are situations which demand clear and concise consideration rather than emotional and often frantic activity.

The first approach to the problem must be the determination of the degree to which the child is educationally sub-normal. Without exception, children with intellectual retardation of imbecile or idiot level should be in an institution for custodial care. Careful testing by a competent examiner is the only means of determining the degree of educational aptitude that exists in any one child, and this must be determined at any existing age. Of particular value in this respect is the Developmental Quotient (D.Q.) of Gesell and Amatruda (2) in which D.Q. equals Maturity Age over Chronological Age times 100. Thus, the D.Q. represents the proportion of normal development that is present at any given age and in practice will furnish a rough index of the current rate of development and serve as the basis for clinical orientation. To be of greatest value, the D.Q. should be applied separately to each of the four major fields of behavior listed previously. In this manner, not only will total evaluation be approached, but it will indicate where the greatest concentration of therapy should be directed.

Intellectual disorders of children have been variously classified, stressing etiology, behavior pattern, symptomatology, etc. The usual classification based upon Intelligence Quotient (I.Q.) of Binet, may fall short of total clinical value because of the static character of the results, which are not necessarily based upon a maturity status. Gesell and Amatruda's broad classification takes into account the changes which may occur and is based upon the Developmental Quotient.

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HIGHEST QUALITY. No matter which of the many forms of ACHROMYCIN you choose, be assured of its purity and potency. Every gram of ACHROMYCIN is produced in Lederle's own laboratories, and offered *only* under the Lederle label.



NEW DROPPER-BOTTLE makes it easy for mothers to dispense ACHROMYCIN Liquid Pediatric Drops (Cherry Flavor) accurately. Drops can be squeezed directly onto child's tongue or into a spoon or mixed with milk, juice, other liquid. Potency: 1 drop equals 5 mg. Dosage: One drop per day per pound of body weight.



DELIGHTFUL TASTE (cherry!) makes ACHROMYCIN Syrup popular with any patient, especially youngsters. As a result, you can feel more confident that your prescribed regimen is being followed closely. Potency: 125 mg. per 5 cc.



IN THE OFFICE or in the home, many physicians initiate antibiotic therapy with ACHROMYCIN Intramuscular, then prescribe one of the many oral forms to continue treatment. ACHROMYCIN IM is offered in convenient vials of 100 mg.

The Lederle representative or your local pharmacist will gladly tell you about the many other ACHROMYCIN dosage forms.

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- I—Normal
 - A. With an even course of development.
 - B. With benign irregularities.
 - C. With acceleration.
- II—Moron
 - A. With consistent and relatively uniform retardation.
 - B. With deceleration to imbecile or idiot levels.
- III—Imbecile—Idiot
 - A. With consistent trend at imbecile level.
 - B. With deceleration to idiot level.
- IV—Idiot
 - A. With consistent trend at idiot level.
 - B. With deceleration.
- V—Selective defects and deviations.

In addition to the educatability of the child, many other problems supervene. We must be certain as to whether we are dealing with an instance of amnesia (developmental deficiency covering all degrees of mental insufficiency) or dementia, wherein there is deterioration of a previously normal (or even retarded) developmental process. In the latter, the factors of endocrine disturbance, convulsive disease, congenital malformation, etc., must be considered.

It would seem that a logical starting point would be the determination of the status of the retarded child in reference to capacity to learn and retain some degree of learning. A distinction must be made between: (1) those who can be educated in the public school system; (2) those who are educationally sub-normal and while not fitting into the pattern of the school system can derive benefit from special effort and training; (3) those who are ineducable. The latter group unquestionably belong in special institutions and any attempt at training not only wastes money and effort, but limits the attention that could be given to those who could derive benefit from the effort. In the educationally sub-normal child, where a significant problem is the imperfect and often explosive response to society about him, one can at least hope for some modification of this response.

The parent-child relationship is a subject second in importance only to the proper evaluation of the child. In almost every instance of mental retardation, some form of correction or assistance is necessary in reference to the parent's approach to the situation. While probably little can be done where the intellectual level of the parents is low, most frequently serious difficulty arises where the parents are intellectually superior. Here, an erroneous sense of guilt, an understandable deep resentment, an unconscious rejection, or a sense of frustration, all hamper the one objective of bringing out to the fullest degree those capacities which the retarded child may harbor.

From the above it becomes apparent that the problem of the mentally retarded child is quite complex—certainly beyond the capabilities and understanding of many who would dabble in the subject. The approach must be on the basis of knowledge coupled with experience and clear thinking, rather than emotion and sentiment, which has characterized much that has been disseminated concerning this serious problem today.

- (1) Symonds, H. (*Lancet*, July 9, 1955)
- (2) Gessell, A. & Amatruda, C. S. (*Developmental Diagnosis*, 1952, Hoebler)



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Prescribed early in pregnancy, NATABEC Kapseals get your patients off to a good nutritional start—help *keep* vitamin-mineral intake abreast of increased nutritional needs. NATABEC Kapseals provide iron and calcium, as well as important vitamins in a formulation

expressly designed to protect the health of both mother and child.

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PEARLS AT RANDOM

Louis Bloomberg, M.D.

Peritonsillar abscess, it is usually a misnomer, as the majority of cases seen are really a peritonsillar cellulitis. The symptoms are identical.

Ideally, the treatment consists of hospitalization, frequent warm saline irrigations, hot compresses to the neck, and analgesics for pain. The antibiotics of choice are penicillin and streptomycin.

No attempt at surgical drainage should be made unless there is definite evidence of fluctuation or pointing. Blind probing for a pocket of pus is not only painful and tends to delay healing, but there is also the danger of severe hemorrhage and the spread of infection through freshly opened blood vessels and lymphatics. In the majority of cases there is no fluctuation, and after one or two days of treatment, there is gradual resolution of the cellulitis and the patient is able to go home on the 5th or 6th day with oral chemotherapy.

Occasionally an area of fluctuation will develop in the early part of treatment. This should then be surgically drained as an abscess anywhere else in the body.

Jack Malkoff, M.D.

There is ever increasing data that there are marked differences in lethality exhibited by cancers of the same site of origin in different patients. The concept that cancer may and often does behave as a chronic disease is becoming more generally recognized. MacDonald of San Francisco who introduced the term biologic-predeterminism has stated that the balance of power between neoplastic and reactive influence in the host has been established in the pre-clinical phase of the process, and in a clinical sense this concept may be expressed as that of biologic pre-determinism. The characteristics of this biologic pre-determinism are:

- (1). The intrinsic malignant potential of the tumor itself.
- (2). Tumor trophic factors of the host and/or the environment which would favor or enhance the growth of the tumor.
- (3). Tumor-retarding or antagonistic factors in the host.

David R. Brody, M. D.

It is generally felt that the most effective combination of drugs to use in the treatment of tuberculosis is Isoniazid, 5 mgs. per kgm. of weight, divided in three doses, daily and PAS, 12 to 16 grams. daily. Next in effectiveness is the use of Isoniazid, dosage as above, and Streptomycin 1 gram twice weekly. The third combination of drugs is Streptomycin 1 gram twice weekly and PAS 12-16 grams daily. These drugs should be continued for at least one year to one and a half years in the majority of cases. The above measures are used in the majority of patients with active pulmonary tuberculosis.

In cases of miliary tuberculosis and tuberculous meningitis the routine is different. Both Isoniazid and Streptomycin are used. For the first ten days to two weeks the dosage of Isoniazid is 10 mgs. per kgm. of weight daily, in three doses. After the initial period the dosage of Isoniazid is decreased to 7 mgs. per kgm. of weight; this is continued for approximately two more weeks; following this, the dosage is dropped to 5 mgs. per kgm. Streptomycin is given 1 gram daily for one month to six weeks and then is given, usually, 1 gram twice weekly.

(Continued on Page 190)

Several studies have been made about the advisability of giving Isoniazid, Streptomycin and PAS together. The results of these studies indicate that there is no advantage in giving the three drugs together. There is one exception to this and this is in renal tuberculosis; it is recommended that the three drugs be given in this condition for at least four months, and then the case re-evaluated. Some clinics have reported marked success with this treatment in renal tuberculosis and have stated that the number of cases coming to surgery declined considerably.

I might add here that many men feel that a recent tuberculin converter (from negative to positive) should receive a course of Isoniazid for about six months. We, at the Sanatorium, feel that this is a good procedure.

H. Teitlebaum, M. D.

NEWS NOTES

Numerous others continue to display sun tans from the South and at this writing it would seem that only those who were South are going to have anything resembling a sun tan for 1956. Some of those over-looked last month as vacationing in the South were Dr. and Mrs. Vern Goodwin, Dr. and Mrs. Craig Wales, Dr. and Mrs. M. E. Conti, Dr. and Mrs. Charles Giering, Dr. and Mrs. John Goldcamp and I'm sure there are others.

Dr. and Mrs. Arnoldus Goudsmit changed the direction and vacationed in California.

Dr. and Mrs. Barclay Brandmiller and their children, Ann and Bart, had the pleasure of joining in a family get-together April 17, in honor of Barclay's parents, Mr. and Mrs. Herman Brandmiller, who celebrated their Fiftieth Wedding Anniversary.

Dr. George Pugh has received word that he has passed the first part of the American Board of Ophthalmology examinations. Congratulatory.

Dr. John McDonough will be traveling in Europe during the month of May while attending the International Congress on Problems of Fertility which meets in several European cities.

Dr. T. K. Golden has been a patient in St. Elizabeth's Hospital recently. We all wish him a speedy recovery.

Dr. Ray Lupse is the 1956 Secretary for the Lake Milton Boat Club. Dr. Craig Wales is a member of the Club, so any time you drive by there you may find the two of them "drag racing"—or what ever it is you do on water.

Dr. E. J. Wenaas attended the Invitational Meeting in Ophthalmology at the Wilmer Eye Institute, Baltimore, Maryland, April 19th and 20th.

Dr. W. H. Evans has returned from New York where he attended meetings of the New York Eye and Ear Infirmary and was elected president of the alumni organization. He was also present for meetings of the American College of Allergists.

PROCEEDINGS OF COUNCIL

April 16, 1956

THE FOLLOWING APPLICATIONS WERE APPROVED:

ACTIVE MEMBERSHIP

Raymond S. Boniface, 1938 E. Midlothian Blvd., Youngstown, Ohio

JR. ACTIVE MEMBERSHIP

Jack Malkoff, 1310 Central Tower Bldg., Youngstown, Ohio

James R. Sofranec, 204 Mahoning Bank Bldg., Youngstown, Ohio

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

A. A. Detesco, M.D.
Secretary

Pfizer Physician Golf Tournament

Sponsored by

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Youngstown Country Club

Thursday, May 24, 1956

PROGRAM

- | | |
|------------------------|---|
| 10:00 A.M. — 2:00 P.M. | Tee off time |
| 10:00 A.M. — 5:30 P.M. | Physicians play round of
golf tournament |
| 4:00 P.M. — 5:00 P.M. | Golf Film |
| 5:00 P.M. — 5:30 P.M. | Eddie Griffiths Pro-Golf Clinic |
| 7:00 P.M. | Dinner |
| 8:00 P.M. | Award of Pfizer Physician Golf
Trophy to Low Gross Player

Award of other prizes |

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ALL RESERVATIONS MUST BE IN BY MAY 21st



Left to right: Attorney Franklin Bennett, Dr. Wendell Bennett, Judge James E. Bennett, Attorney James E. Bennett, Jr., and Dr. Hugh Bennett.



Left to right —
Dr. G. E. DeCicco,
President of Mahoning
County Medical Society,
Dr. Samuel Gerber,
and Dr. David Belinky



Dr. Robert McConnell, and
father, Dr. Paul McConnell.

Mahoning County Bar Association President — Attorney Sidney Rigelhaupt



Left to right — Cuyahoga County Coroner, Samuel Gerber, M.D., and Mahoning County Coroner, David Belinky, M.D.



Medical-Legal
Fether



Left to right — Attorney Franklin B. Powers, and Dr. Lewis K. Reed.



Reading left to right at the head table: Attorney Wm. E. Pfau, Dr. C. A. Gustafson, Attorney Paul W. Brown, Attorney John Newman, Dr. G. E. DeCicco, Dr. Samuel Gerber, Dr. David Belinky, Attorney Sidney Riegelhaupt and Dr. S. W. Ondash.



Country Club



Left to right—Dr. Nathan Belinky, Police Chief Paul Cress, and Dr. Ray Cato-line

MEDICAL LEGAL BANQUET

Some two-hundred lawyers and physicians attended the second annual dinner at the Youngstown Country Club.

After Dr. DeCicco's welcome to the barristers, the Mahoning County Bar Association President, Sydney Rigelhaupt, expressed his gratitude to the Medical Society and extended an invitation for the 1957 affair.

Dr. S. R. Gerber, coroner of Cuyahoga County gave a very illustrative talk on homocides, etc., in the Cleveland area. Quite gruesome, to say the least, but guess that's the life of a Coroner. Most likely, some of the delicious roast beef was only slightly digested and even less assimilated by the time the ileo-cecal junction was reached.

Several father and son combinations from both sides of the fence were present, but the Bennett Clan was long on quantity and I'm sure quality. As seen, on the pictures, elsewhere in this issue, we have Judge James E. Bennett and his brother Dr. Wendell Bennett. Flanking this brother combination are the three sons of the Judge, Dr. Hugh Bennett and Attorneys James E., Jr., and Franklin Bennett. Too bad some one didn't think to ask them to harmonize "Beyond Coyuga's Waters" since all five are Cornell alumni, Judge, 1911; Wendall - 1913; Jim - 1941; Hugh - 1943 and Franklin - 1951.

The excellent photographs were taken by Mrs. Wright, the Youngstown Hospital Association Staff Photographer.

C. W. S.

MEDICAL LEGAL SYMPOSIUM

Approximately thirty doctors and fifty attorneys attended the Medical Legal Symposium on Tuesday, April 17th at the University Library. Two hypothetical trauma cases were presented and a most interesting two hour discussion and interrogation took place.

Dr. Sidney Franklin certainly worked hard, to secure the eight participants from Cleveland and Akron, and I think he is to be commended for his fine effort in making this program possible.

I asked several physicians and attorneys present to give me a brief opinion on the meeting and the following were received:

C. W. S.

I would like to commend the Medical Association for the fine Medical-Legal Seminar presented last Tuesday evening. Unfortunately, most seminars of this nature are presented as a contest between lawyers and doctors and are more illustrative of the art of cross-examination than anything else. Thus, the real reason for the seminar is lost. The refreshing theme of this one was to show that the purpose of the judicial inquiry in this field, as well as in all others, is to get at the truth. As a result, the whole proceedings would seem to have been educational both to the lawyer and to the doctor.

The procedure used in having a statement by the physicians as to their opinion of the medical aspect of the case both from the standpoint of the plaintiff and of the defendant, followed by an informal interrogation of the physicians by the attorneys, is the best I have ever witnessed, and I have attended many seminars of this type.

—Atty. Paul E. Stevens

(Continued on Page 197)

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CREDIT RATINGS: Through arrangement with the Credit Bureau of Youngstown, members can obtain in file reports on paying habits, suits, collections, etc. No charge is made for this service.

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ST-2-8109

(Continued from Page 194)

I am writing to you to comment on the Mahoning County Medical Society meeting which was held last night with members of the Bar Association as guests. I thought this was a most interesting and profitable departure from our usual custom of having only a medical discourse at the meeting. Such meetings should prove very valuable to younger men who have had little experience in court room work. My only criticism is that I felt the program was too long. Perhaps one case with more participation in the discussion would be even more valuable.

Incidentally, I feel that the meeting room in the library was very satisfactory for our meeting. In spite of a rather late arrival and a large audience, I had no difficulty in finding a parking space.

—*Ivan C. Smith, M. D.*

On April 17, 1956, it was my privilege to attend the Medical Legal Symposium sponsored by the Mahoning County Medical Society at the Youngstown University Library. I was so impressed with the fine program that evening, that I felt I should write you to express my personal thanks for the Medical Society's invitation to attend as their guest.

I was especially impressed with the fine co-ordination and co-operation of the attorneys and physicians who participated in the program. I am sure the Symposium gave me a better understanding of interrogation of physicians in cases such as were presented that evening.

—*Atty. Paul T. Zellers*

The medico-legal panel and symposium April 17, 1956 was excellent. The discussions and questions were well thought out and I'm sure much time was spent in preparing their papers.

In spite of this learned discussion by both the medical and legal professions, I left the meeting more confused than enlightened.

Some questions I have not answered are:

- (a) What is "justice" and the "truth" in the case discussed. From both a medical and legal standpoint can both the plaintiff and defendant be right?
- (b) How can a set of facts be applied equally well to support the claim of both plaintiff and defendant?
- (c) How can facts be "pin pointed" as the truth when so many medical facts, rules, and theories have exceptions? How can statistics be applied to a given single case and expect it to hold true?
- (d) Should not the plaintiff and defendant be made to fit the facts rather than the facts be made to fit the plaintiff or defendant.

Regardless of my personal unanswered questions, the evening was exceedingly worth while. I feel there should be a much closer and more friendly relationship between the doctor and the lawyer both in and out of court. After all, each and every one of us is seeking justice and truth in his own manner. Why can't the same ends be reached by being professional as well as personal friends?

—*Ben Brown, M.D.*

(Continued on Page 199)

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a single injection every 2 to 4 weeks provides an enhanced therapeutic potential for

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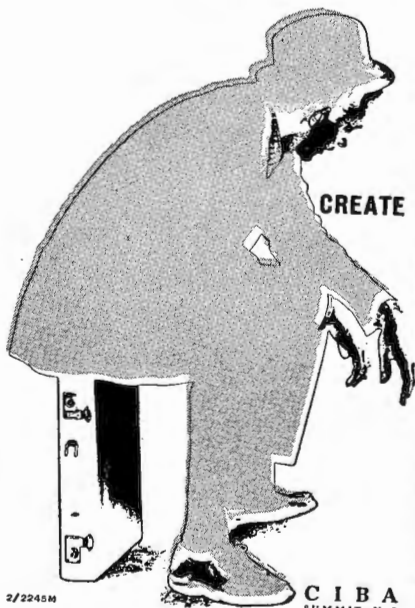
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Dosage: 5 to 20 mg. b.i.d. or t.i.d., adjusted to the individual.

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C I B A
SUMMIT, N. J.

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Continued from Page 197

A famous jurist, at an equally famous trial about nineteen hundred years ago, asked the question "What is Truth?"

After leaving the County Society meeting on Tuesday April 17, I felt that the question apparently is still unanswered and that jurists are seeking the answer every day. The meeting was a good one and I think should serve to point out the rather definite interrelationships between the practices of medicine and law. Apparently, attorneys have as much trouble arriving at the truth, and in some cases even more, than we of the medical profession. However, theirs is probably a more single viewpoint approach, with the answer resting on the decision of the court.

The feeling I had after the meeting also was that we had darn well better be on familiar ground while testifying, because if not, an attorney who was not particularly in sympathy, could conceivably make our testimony as physicians, and indeed our professional ability, appear somewhat questionable. Quotations from the literature may influence a jury, but as we all know, everything that is written is not necessarily true, and not always applicable to any specific case before the bar.

The meeting was a good one. More attention to forensic medicine could be paid, by all of us, with the result that when called upon to testify, it would not necessarily become an unpleasant experience. Perhaps we should have more such meetings, and I would like to see a frank discussion by local attorneys concerning malpractice suits against physicians, which are I believe, appearing with more frequency in recent years.

—W. L. Agey, M. D.

The undersigned wishes to congratulate the Chairman of the Program Committee for the extremely provocative medico-legal meeting held on Tuesday, April 17, 1956 in the Library of Youngstown University. This was participated in by capable and fluent members of the medical and legal professions from Cleveland and other cities.

This meeting established a new format which is most refreshing. Although somewhat longer than the usual medical conclave, it was nonetheless extremely interesting. Such meetings merit the attendance of all members of our society. I regret that many of our members were not there. In contrast, there was a very wholesale turnout by members of the legal profession.

Please have more of the same.

—A. E. Rappoport, M. D.

The combined meeting of our County Medical Society with the Mahoning County Bar Association and the panel discussion of back injuries was, to me, very interesting and instructive. In my opinion such a meeting of the two professional groups about once a year would be very worth while and would tend to increase harmony and good will between the two groups. May I suggest that, now that the high plane of such discussion has been so ably demonstrated to us by those who gave so generously of their time to come to us from Cleveland and Akron, if another such panel discussion is held the participants might well be local talent.

—L. George Coe, M.D.

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JOINT BLOOD PROGRAM

The increasing importance of blood, the widening sphere of knowledge concerning blood groups, the better understanding of immuno-hematology and the improvement in technical methods have finally led to a grouping of all agencies interested in the problem of blood procurement and use into a common organization.

The Joint Blood Council, Inc. has been created comprising representatives from the American National Red Cross, the American Association of Blood Banks, the American Hospital Association, the American Medical Association and the American Society of Clinical Pathology. Its major function has been to increase and improve ways and means to make blood and its derivatives available to all persons in the United States.

Harmonious cooperation with all blood banking and research facilities would lead to a more economical and scientific application of blood for better health. It would develop: 1. Minimum standards for voluntary accreditation of blood banks; 2. Develop ideal standards in blood bank procedures; 3. Study and make recommendations on new research developments and advise on their hospital application and routine blood bank work; 4. Explore ways and means of stimulating development of facilities for studying unusual sera and red blood cells and for making them available; 5. Advise when requested concerning the expansion of existing blood bank facilities in the event of a local or national disaster; 6. Serve as an advisory body to the National Institute of Health on research and developments in the field of blood banking and; 7. Recommend other pertinent scientific investigations for consideration by the Board of Directors.

As Ohio representative of the American Association of Blood Banks and as Director of the Blood Bank of the Youngstown Hospital Association, we are currently interested in making an inventory of blood bank facilities throughout Ohio in order to help in the establishment of a comprehensive national listing of all available banks.

The Mahoning County Medical Society Blood Bank Committees for the past few years have worked intensively with representatives of the blood banks from the Youngstown Hospital Association and St. Elizabeth's Hospital on the problem of a joint effort in improving the procurement of adequate blood supplies for both hospitals. A considerable advance has been achieved in this direction because of the expansion of the blood bank club idea throughout this area. We now have very large blood bank clubs among the United States Steel Workers of American (CIO), Youngstown Sheet & Tube Company, Republic Steel Corporation, Truscon Steel Company, Bell Telephone Company, Youngstown Vindicator, and other industrial, fraternal and professional organizations. Groups such as Masonic Lodges, Knights of Columbus and Nurses of the Youngstown Hospital Association have created such clubs for mutual blood help.

Due to increased administrative efficiency of the hospital blood banks, the occasions of critical shortages are becoming less and less frequent. Such shortages are met by exchanging available blood from one hospital to another so that an improved system of blood transfusion has been created. Carrying out the idea of the Joint Blood Council, we in Mahoning County, have been working steadily in the direction of inter-hospital cooperation.

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While at the present time no central blood bank facilities for Mahoning County are being planned, such a possibility is being explored.

The local CIO program is being watched with great interest by many other labor organizations throughout the country, inasmuch as it makes possible the replacement of blood on a 1 for 1 basis by friends and co-workers of the patients.

As this program expands in its scope, increased interest is created within the leaders of groups not affiliated with this program so that daily inquiries are received concerning the desirability of establishing a new blood bank club. The Youngstown hospitals are interested in this and will help very vigorously in the formation of any blood bank club in which enough members signify their desire to participate. Blood bank personnel at either hospital are prepared to advise interested persons on the methods of establishing such clubs. It is hoped that, in time, most people in Mahoning County will be directly or indirectly associated with a blood bank club. Not only blood, but blood derivatives are undergoing a considerable study. The Youngstown Hospital Association is studying the application of most recent research in protein fractions in the management of certain hitherto obscure diseases and to provide these critical materials.

—A. E. Rappoport, M. D.

SOUTH SIDE AUDITORIUM DEDICATION

Monday evening, April 2nd, doctors, board, and staff members gathered at South Side Hospital to dedicate the new auditorium, seating two-hundred, designed and built for hospital connected activities. President of the Youngstown Hospital Association Board, William J. Hitchcock III presided.

The auditorium is beautifully designed and decorated. Special chairs provided with arm writing space were designed by Supt. David A. Endres, and constructed by General Fireproofing Company. There is a large disappearing ceiling screen for slide and movie projecting, and a special call board for doctors in attendance.

Past staff presidents, Drs. A. Earl Brant, Gordon Nelson, and W. K. Allsop expressed their appreciation and gratitude to those making the all-purpose room a reality. Present staff President, Dr. E. C. Baker, told of the prolonged struggle through the years the doctors made for such facilities.

Dr. Russell Rummell, Medical Superintendent, narrated the slides shown by the hospital staff photographer, Mrs. Willard Wright. The slides began back in 1882 with the first cornerstone, and depicted the transformation from that time until the most recent addition and remodeling of South Side Hospital.

Mrs. William J. Sampson, President of the Women's Board expressed their best wishes and further cooperation in the continued growth and advancement of the Hospital Association.

Hospital Chaplain, Reverend Gwynn Walters gave the Invocation and Benediction.

The streamlined ceremony was appropriately followed by a short coffee hour.

—C.W.S.

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PURPOSES OF THE ALLIED PROFESSIONS COMMITTEE

The Committee was formed (and has functioned for over twenty-five years) as an organization for the improvement of relations among and between the healing art professions of Mahoning and Trumbull Counties. This means that representatives of each parent organization sit down together and get to understand each other's problems through open discussion. Then each representative on the Committee transmits the information back to his or her parent organization. In this way we are able to assist in problems that arise in a legislative way, such as nursing boards, dentistry in the fluroidation of water, etc.

Because of discussion of these legislative matters we consider ourselves a political organization and carry on in a political way, a procedure our parent organizations, because of their purposes, are not permitted to do. We have no party lines but contact national, state, and local candidates running for office stating that, as a healing art organization, we are interested in public health matters on national, state, and local levels.

After contacting each candidate running for the various offices, either in person or by questionnaire, on his or her attitude to each problem presented by the representatives of the parent organizations, we report back to the parent organization. This report tells what each candidate has stated about what he feels should be done on each problem and permits every member of the parent organization to decide on each political candidate's qualifications for office.

Our policies are drawn from the various public health problems presented from month to month to each parent organization and will change from month to month. We try at all times to be a go-between for these various organizations and our elective officials. Our first and last policy is public health, regardless of politics. We are interested in the health of our people.

It may seem, at times, we are unable to get very far but, personally, I feel we do inform our elective representatives how public health should be managed in all its phases, according to the attitude of each parent organization.

The late O. J. Walker said many times that "we are a political organization with a lot of power if we hang together, but we do cross party lines." I feel our organization has a definite place in the community but we must all work together for the one common cause—the good health of all the people. We must thrash out our problems around the conference table and at no time should individual selfishness be considered.

To sum up: Our first consideration is public health (if this can be called a policy), how it is managed and the benefit to all the people of the community. Our second consideration (again, can this be called a policy?) is public relations of all professions towards the public, and a part of this second consideration is the relation of each parent organization to the other professions represented on the Committee.

I hope this restatement will again make the purpose of the Allied Professions Committee clear. I feel keenly about this organization and want to see it prosper.

**(The above article was written by the late William Skipp, M.D.)*

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DR. JOHN ROGERS SUCCEEDS DR. W. H. BUNN In Youngstown Area Heart Association

Dr. William H. Bunn resigned as President of the Youngstown Area Heart Association at its annual meeting in April. Dr. John Rogers was elected as his successor and Dr. John Noll was elected Vice-President.

Dr. Bunn organized the Association in 1946 and has served continuously since then as President. During this time the Association has steadily grown and developed and has achieved national recognition for its program. Other groups have used it as an organizational model, and the Association's rheumatic fever control program has gained national acclaim.

Drs. R. B. Poling and John N. McCann were re-elected as trustees and Dr. James Calvin was one of the newly elected trustees.

Dr. Rogers has taken an active part from the very beginning, having previously served as a trustee and Vice-President.

Lay members include William J. Brown, Secretary; and Keith Montizambert, Treasurer. The other trustees are Howard Welch, Jack Andrews and Alfred M. Clark.

C. W. S.

H. R. 7225

For three full hours on March 22, Marion B. Folsom, secretary of the Department of Health, Education, and Welfare, testified before the Senate Finance Committee. He firmly opposed two major provisions of the House-approved Social Security amendments: cash payments to disabled workers at age 50, and the lowering of retirement age for women from 65 to 62. Mr. Folsom expressed not only his own opinion, but that of the administration as well. As the 101st and final witness, Mr. Folsom did a masterful job, thereby earning a place in the hearts of the nation's physicians and other professional people, who were strongly opposed all along to the cash benefit provisions.

Anyone who takes the time to read all of Mr. Folsom's testimony will find that his arguments were not based on political considerations; they were based on logic and common sense.

Even though Mr. Folsom, as a spokesman for the administration, expressed in strong words, opposition to cash disability, the doctors' fight against H.R. 7225 is not over by any means. Two days after Mr. Folsom testified, Adlai Stevenson came forth with a statement to the press, expressing just the opposite viewpoint. Mr. Stevenson said: "The changes, approved by the House last year, 372 to 31, are good ones and clearly in the general interest."

Secretary's Letter
A.M.A.

DR. E. J. WENAAS HEADS STATE OPHTHALMOLOGICAL SECTION

The sectional meeting on Ophthalmology was unusually well attended this year at its meeting April 10th in conjunction with the Ohio State Medical Association's annual meeting in Cleveland.

Dr. E. J. Wenaas served as secretary this year, and acted as moderator in a panel discussion on Cataract Surgery and Glaucoma.

Dr. Wenaas succeeds Dr. Webb Chamberlain of Cleveland as President of the section and Dr. Roscoe Kennedy of the Cleveland Clinic was elected Secretary for 1957.

C. W. S.



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ALPHABETICAL INDEX TO JOURNALS LIBRARY SURVEY

In order to bring the members of our society up to date a survey of what is currently available in periodicals and new texts in our Hospital Libraries was made by the Hospital Librarians to whom we are indebted for this report. Below is a complete listing of the monthly publications and at which hospital they may be used. Following is a list of the most recent text books added to the respective libraries.

	S.S.	St.E's	N.S.
American Academy of General Practice	x		
American Cancer Society Bulletin		x	
American Heart Journal			x
American Journal of Clinical Pathology		x	
American Journal of Digestive Diseases			x
American Journal of Diseases of Children	x		
American Journal of Medicine	x	x	
American Journal of the Medical Sciences			x
American Journal of Abstemics & Gynecology	x	x	
American Journal of Pathology		x	
American Journal of Roentgenology-Radium Therapy	x		
American Journal of Surgery	x	x	
American Review of Tuberculosis	x		
American Practitioner	x	x	
Anesthesiology	x		
Angiology	x		
Annals of Allergy	x		
Annals of Internal Medicine		x	x
Annals of Surgery		x	x
Archives of Biochemistry		x	
Archives of Internal Medicine		x	x
Archives of Neurology and Psychiatry	x		
Archives of Pathology	x		
Archives of Physical Medicine & Rehabilitation	x		
Archives of Surgery	x	x	
Blood, Journal of Hematology			x
Bulletin of Guild of Catholic Psychiatrists		x	
Bulletin of the Johns Hopkins Hospital	x	x	
Bulletin of Medical Library Association		x	
Bulletin of American College of Surgeons		x	
Bulletin of the New York Academy of Medicine	x		
Bulletin of Seaview Hospital	x		
Cancer	x		
Cancer Research	x		
Circulation	x		
Cleveland Clinic Quarterly		x	
Clinical Chemistry		x	
Clinical Medicine		x	
Diabetes	x		
Diseases of the Chest	x		
Endocrinology	x		
Gastroenterology	x	x	

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	S.S.	St.E's	N.S.
General Practitioner		x	
International Medical Digest		x	
International Surgical Digest		x	
Hospital Progress		x	
Journal of American Medical Women's Association		x	x
Journal of American Medical Association	x	x	
Journal of Biological Chemistry	x	x	
Journal of Bone and Joint Surgery	x		
Journal of Clinical Endocrinology & Metabolism	x		
Journal of Clinical Investigation	x		
Journal of Dental Research	x		
Journal of Experimental Medicine	x		
Journal of Infectious Diseases	x		
Journal of Investigate Dermatology	x	x	
Journal of International College of Surgeons	x	x	
Journal of Laboratory and Clinical Medicine	x		
Journal of Neurosurgery	x		
Journal of Oral Surgery	x	x	
Journal of Pediatrics	x		
Journal of Thoracic Surgery	x	x	
Journal of Urology	x		
Lancet		x	
Leukemia Abstracts			x
Medical Clinics of North America	x		
Medicine		x	
Modern Medicine		x	
Modern Concepts of Cardiovascular Disease	x		
Neurology	x		
Nucleonics		x	x
New England Journal of Medicine	x		
Obstetrics & Gynecology		x	
Ohio State Health Center Journal	x	x	
Ohio State Medical Journal	x		
Oral Surgery, Oral Medicine & Oral Pathology	x		
Pediatrics	x		
Physiological Reviews		x	
Poliomyelitis Current Literature	x	x	
Post Graduate Medicine		x	
Proceedings of Staff Meetings of Mayo Clinic		x	
Proceedings of the Society for Experimental Biology	x	x	
& Medicine	x		
Radiology — ACTA Radiologica	x		
Science		x	x
Surgery	x		
Surgical Clinics of North America	x	x	
Surgery, Gynecology & Obstetrics		x	
Technical Bulletin of Registry of Medical Technologists		x	
Texas Reports of Biology & Medicine	x		
The Biochemical Journal		x	
The Linacre		x	
World Medical Journal		x	

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—U. S. Department of Health, Education, & Welfare.

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A letter from Miss Margaret Wolfe, Executive Secretary, of The Woman's Auxiliary To The American Medical Association, answering some of my inquiries, stated that American Medical Education Foundation and Mental Health, will continue to receive a great deal of attention as projects, on the national level. In addition, she thought Mrs. Flanders is planning to, quote; — "place emphasis to a certain extent, on safety and rehabilitation, and is planning to appoint a new committee chairman to cover these points," unquote.

In order to follow as closely as possible, the Pattern that is laid down by National, our board of directors, approved the appointment of a chairman of Safety and Rehabilitation.

Safety, is an educational program of great magnitude. It encompasses safety in the home, in industry, at play, on the highways, and other means of transportation, at school, etc. etc. No one knows where it ends.

It is so significant, that at present there are many, many thousands of people in our country, who spend their lives in the field of education and enforcement of safety rules and laws, and that the president of the United States, has enlisted the aid of representatives of every group, who can influence public opinion and help educate the public. In the formation and execution of this program, the medical profession, and the auxiliary plan an important part.

Rehabilitation, in medicine is a tremendous field, and includes the attempt to restore both the physical, and mental processes of people who, as the result of injury or disease, are required to adjust themselves to a new way of living, working and thinking.

It was very interesting, and most instructive, to read the testimony of the numerous authorities, who appeared before the Senate Finance Committee, during the time hearings were being conducted, on the Social Security Amendment H.R. 7225 that appeared in The Journal of The American Medical Association, March 24th, 1956. I was particularly interested in the thoughts, by some of the experts about rehabilitation. I hope the following quotations will prove of interest and shed further light on the complexity of this great problem.

The Editor of the Journal states that, quote;—"witness after witness testified that rehabilitation, well-financed and aggressively undertaken, is the real answer to the problems of the disabled. An intensive survey of disability, and other social security problems might indicate, that the country's handicapped, will benefit more through emphasis on medical rehabilitation, and vocational training and placement, than on cash assistance.

Rehabilitation is the positive approach to disability. Rehabilitation stresses the abilities which remain, rather than those which do not exist or which have been lost. Rehabilitation seeks to marshal and utilize — those remaining abilities, so that the individual may again become a useful, and self-sufficient member of the society. In this way rehabilitation provides productive citizens and taxpayers, out of potential government beneficiaries.

Anything less than rehabilitation of the disabled, falls short of both the humanitarian and economic goals. As physicians, we seek not only to treat and comfort our patients, but to assist them in their return to a full and satisfying life as possible," unquote.

The next project is Today's health which is the only authentic magazine for lay people, that is published in America, and we are proud to promote it as the best source of health information, on which the public can rely. It will continue to be one of our most important projects.

The chairmen of Organization, Legislation, Nurse Recruitment, Civil Defense, Public Relations and other important committees, will also be very busy people as the tempo of their activities will not be lessened.

Our year lies before us — yours and mine, to be of worth to mankind. Again I thank you for this honor.

PLACES TO GO

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1st		* 7:30 P.M. St. Es. Sectional Meetings		1:30 P.M. St. Es. X-Ray Conference	11:00 A.M. St. Es. C.P.C.	● 8:00 A.M. Youngstown Hospital Departmental Meetings St. Es. Conference—8:00 A.M.
2nd	9:00 P.M. Council Meeting 318 — 5th Ave.				11:00 A.M. St. Es. C.P.C.	8:00 A.M.—C.P.C.—S.S. Hosp.
3rd		Mahoning County Medical Society Meeting 8:30 P.M.			11:00 A.M. St. Es. C.P.C.	8:00 A.M.—St. Es. Conference 8:00 A.M.—C.P.C.—S.S. Hosp.
4th				1:30 P.M. St. Es. X-Ray Conference	11:00 A.M. St. Es. C.P.C.	8:00 A.M.—St. Es. Conference 8:00 A.M.—Grand Rounds S.S. Hospital
5th					11:00 A.M. St. Es. C.P.C.	8:00 A.M.—St. Es. Conference 8:00 A.M.—Grand Rounds S.S. Hospital 8:00 A.M.—St. Es. Conference

* Regular Quarterly Staff Meeting January, April, July, October — 8:30 P.M. — St. Elizabeth's Hospital.
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