

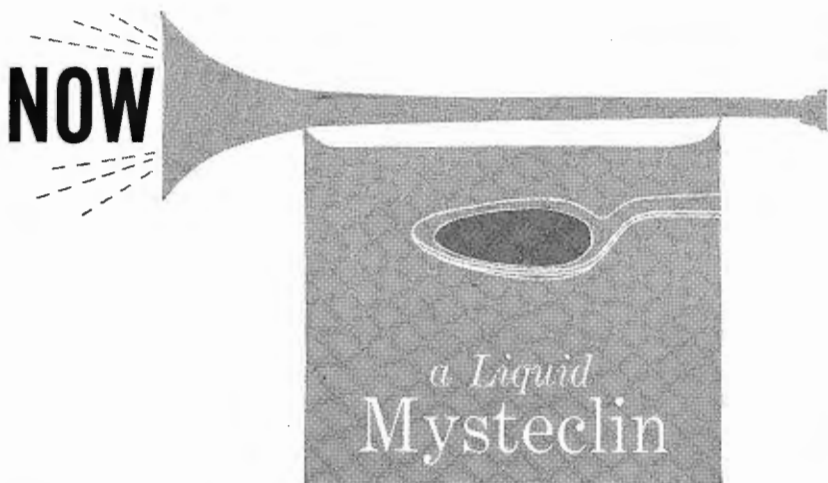


# BULLETIN

of the  
MAHONING  
COUNTY  
MEDICAL  
SOCIETY

November • 1956  
Vol. XXVI • No. 11  
Youngstown • Ohio

**NOW**



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Representative to the Associated Hospital Service

J. M. RANZ

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## *Our President Speaks*

Thanksgiving is the one day of the year when we should think of our daily blessings which we too often take for granted. It is easy to be thankful in the midst of plenty. When all our wishes and desires are satisfied it does not take much courage or character to express our gratitude.

As we look back to that first Thanksgiving we must admire the Pilgrim Fathers for their courage. They were men of faith. They "thanked God and took courage." At that first Thanksgiving there were many who had failed to survive the loneliness, hunger, disease and bitter cold of the first few months. The prospects of the future seemed no better yet they were grateful and founded our Thanksgiving Day.

If they were thankful, just think how much more reason we have to be. Many of the things that we consider necessities of today were not even dreamed of in their time. As a child I made a trip to a distant city to see a friend who was hospitalized. As I entered the hospital I saw on the lobby wall a bronze plaque that read "I dressed him, He healed him." I am so thankful that our Creator has made our task easier.

We can express our gratitude in many ways, by words, deeds and gifts. Let us remember to give praise to the nurse, interne, patient and others who serve us. Let us do good for our fellow man and let us give generously to worthy causes such as the Community Fund, Red Cross, Cancer Society, Heart Association, our churches and so many others. Remember the Pilgrim Fathers. I am grateful that I have so much for which to be thankful. Let us put thanks and giving back into Thanksgiving.



—G. E. DeCicco, M.D.

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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. SAM SCHWEBEL Women's Aux. News

**EDITORIAL**

Dr. Asher Randell, President of the local Academy of General Practice, and a council member, has taken the time and effort to put in writing a most interesting commentary concerning our Medical Society and its shortcomings. In a letter to Dr. DeCicco he introduced the subject with the following paragraph:

"I have long been concerned with the problem of falling attendance at the County Medical Society meetings and the various efforts that have been made by the Council and the Past Presidents to improve this attendance. It is obvious that the Society is very rapidly declining to a position wherein the membership has very little interest and the organization has very little power. This is a most unfortunate situation because in spite of specialty boards, accreditation committees, hospital rules, regulations and the numerous other impediments to the private practice of medicine, the County Medical Society is still the only organization that represents the physician and whose sole interest is the physician, all other statements, rules, regulations and innuendos to the contrary notwithstanding. The County Medical Society is the bulwark for the physician. If the County Medical Society falls, we are left without a single means of expressing our wishes, uniting in a common cause, acting for the common good or joining together for whatever the purpose may be. The time is long past for the status quo to have been changed, and if we are not to fall by the wayside, then drastic changes must be instituted and done so promptly. There follows herewith a condensation of notes that I have taken over a period of time expressing the sentiments of various members as to their feeling with what is wrong with our Society."

In the next eight or nine paragraphs he cites (1) the poor attendance and short-comings of our monthly meetings, (2) the failure of council to adequately inform the membership of council proceedings, (3) the Bulletin's lack of articles on a local level of local interest to our members, (4) the

*(Continued on page 455)*

## COUNCILOR'S PAGE

On this Sunday morning, October 22, it's too late to "plug" for the P G Day and it is too early to tell you how we got along. I read in the paper this morning, that we are expecting 2,000 physicians to attend. I hope the Vindicator is right. We have certainly always had through the years good and favorable publicity from the Vindicator. I know of no newspaper that treats the medical profession better than does our own paper. We appreciate all they do for us.

The OSMA now has 8,702 members, of which 7,721 (88.7%) belong to the AMA. We appeal to all county officers to work for a 100% membership in the AMA. In our Sixth District there are 1,218 physicians and there are only 56 who are not members of the AMA, so you see we are doing well; but of course, we should like to have these also become members.



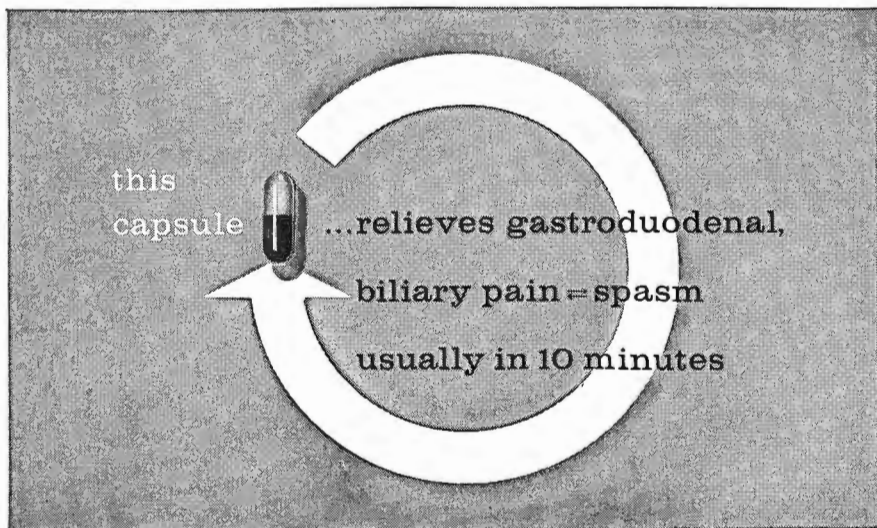
Defense Department, working with representatives of the medical profession, has virtually completed drafting of a model contract covering physicians' services under the dependent medical care program. On the basis of this document, arrangements will be worked out separately with each state, although the department hopes most terms in the model contract will be acceptable to the state. With one or two exceptions, state medical societies already have selected their negotiating and fiscal contractors, the former generally the society itself and the latter Blue Shield, the society itself, or an insurance agency.

Copies of the contract will be forwarded to all state medical societies and state Blue Shield plans, with a letter of explanation. They will be expected to give it their prompt and immediate attention, so they will be ready for contract negotiating when contacted by the department in the near future. While it is hoped that the contract in general will satisfy most states, the states of course have the right to question any provisions and to negotiate for changes to suit their particular requirements.

Work is continuing on the forms to be used by physicians to report their services, and they should be ready shortly. They also will be sent out to the states. Here, however, there will be less opportunity for changes, as a high degree of uniformity will be needed to facilitate record keeping.

Our committee for negotiating "medicare" has been asked to meet on November 7, in Washington, with the United States Department of Defense to negotiate a medical and surgical fee schedule and plans for operating a medical care program in Ohio, for dependents of military personnel. The Council of the OSMA will then meet in Columbus on November 11 to study the fee schedule and the operating plans submitted by our committee, and then approve or modify the schedule. This program, as you all know, is something new and merits a lot of very careful study.

We again will have an opportunity this fall, to support the nation's medical schools by contributing to the 1956 campaign of the American Medical Education Foundation. In 1955, 649 Ohio physicians contributed \$30,192.50 to the AMEF campaign and an additional \$92,472.65 was contributed by 2,314 medical alumni in Ohio directly to their medical schools.

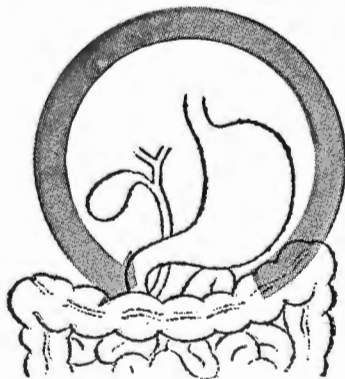


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By the time you read this, the election will be history. In interviewing candidates, some of us were astounded at the ideas some of the candidates had about the medical profession. This should be corrected and must be corrected. The Legislative Committee of each county society should invite all newly elected legislators (U.S. and State) for a dinner meeting for the purpose of getting acquainted, to inform and to enlighten our legislators on the work and the problems confronting the medical profession. I do hope each county will do this.

On October 16, I attended the meeting of the Columbiana County Medical Society and heard their guest speaker, Attorney G. A. Aronson discuss "Medical-Legal Aspects of the Medical-Legal Professions." It was an excellent discussion and stimulated at least an hour of question period. I can whole-heartedly recommend Mr. Aronson if you are looking for a speaker on this subject.

One of the things discussed was the ever increasing problem of malpractice suits. As you know, we (The Council) want malpractice data from the various counties. We asked each county to send in a report every three months. We want reports, even if there have been no suits filed. So far only thirteen counties have sent and are sending in such reports. Two of these come from the Sixth. Please, Mr. President, have your secretary or someone take care of this, if you haven't already done so.

—C. A. Gustafson, M.D.

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### POLICY CHANGE FOR OHIO MEDICAL INDEMNITY CHECKS

Many physicians throughout Ohio will be interested in the new policy adopted by Ohio Medical Indemnity to permit the inclusion of the doctor's name on indemnity checks issued to the subscriber.

This change is prominently featured in the July issue of the OSMA Journal but for the benefit of those who may have overlooked this important announcement it is reprinted below.

By action of the House of Delegates at the 1956 Annual Meeting, Cleveland, The Journal was directed to give publicity to the following:

Any physician rendering service to a subscriber of Ohio Medical Indemnity, Inc., who may want his name included on the indemnity check issued to the subscriber may ask that this be done by requesting the subscriber to sign an authorization to that effect.

The authorization carrying the legal signature of the subscriber should be clipped to the claim form sent to OMI.

It is recommended that the authorization appear on a sheet of paper at least 8½ x 11 inches in size. This will assist Ohio Medical in handling the authorization rapidly and efficiently.

In all cases where a properly signed authorization is received, Ohio Medical issues the indemnity check in the name of the subscriber and the physician who rendered the service.

The authorization need not be in formal, legal language but merely a statement by the subscriber that he or she wants the check made out jointly.

Since many physicians prefer, for various reasons, not to follow this procedure, OMI does not have a formal authorization blank for use of its subscribers. However, it will comply with a written statement properly signed by a subscriber authorizing OMI to make the indemnity check payable jointly to the subscriber and the physician.





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



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## FROM THE BULLETIN

### Twenty Years Ago — November 1936

That fall found the air buzzing with politics. Governor Alf Landon of Kansas was opposing President Roosevelt for his second term and the doctors were urged to get out and vote, although the result was a foregone conclusion. Dr. R. G. Mossman, cousin of Mr. Landon spent the evening of November 3rd in Topeka listening to election returns.

On the best-seller list that year was Dr. Victor Heiser's "American Doctor's Odyssey" which was reviewed in the Bulletin. Another interesting article was one excerpted from the old ledger of a doctor who practiced in 1846 in Leetonia a few miles south of Youngstown. Some of the items: "Mrs. Kuhins, To viz. and night attendance 75 cents. Levi Cushman, Dr. to cutting tongue tie 25 cents. William Porter, Dr. to Blue Pills etc. 12½ cents. Sarah Markis, Dr. to 16 Pills 37½ cents. On March 6th he visited 6 people to all of whom he gave cathartic pills and charged 25 cents. Mr. Wm. Mayers was charged \$2.50 for the birth of his son. On the credit side was 3 lb. of butter, 37½ cents and 15 lb. of veal, 45 cents. Lewis Young was credited 75 cents for making the doctor a pair of shoes and Lewis Young earned 25 cents by "howing corn" all day. Incidentally, the article mentioned that butter in 1936 was 40 cents a pound and farm labor received \$2.00 a day.

In a report of a visit to the Interstate Post-Graduate Assembly, the following were mentioned as being new medical developments:

1. Mandelic Acid in treating urinary infections.
2. Hyperpyrexia treatment of undulant fever.
3. Protamine — Zinc Insuline in diabetes.

Dr. Sam Goldberg opened his office in the Central Tower Bldg. Dr. Wendell Bennett was back at work after a severe illness. Dr. John Rodgers and Blodwyn James were married last July. The Youngstown Sheet and Tube Co. invited all the doctors to lunch and a tour of the new continuous strip mill.

### Ten Years Ago, November 1946

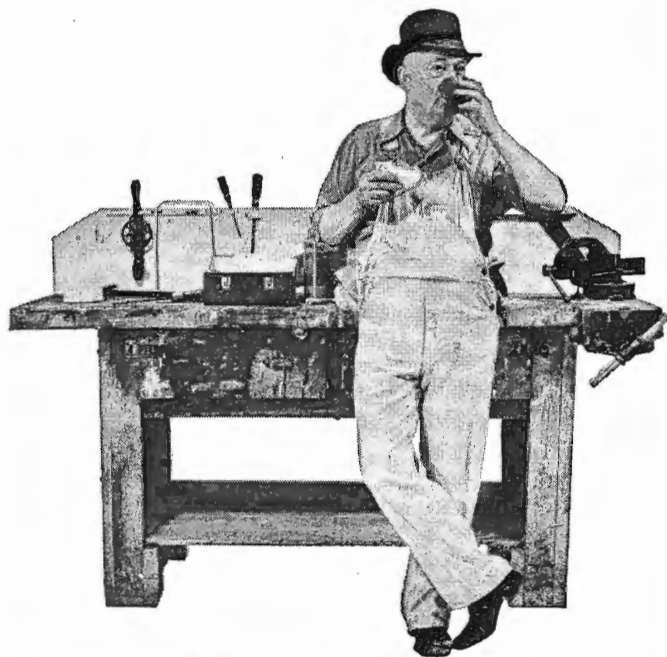
Dr. Robert S. Palmer of Boston addressed the Society that month on "Arterial Hypertension." The Trumbull County Medical Society held its Post-Graduate Day in Warren with a group from the Lahey Clinic.

Dr. A. E. Brant published a proposed amendment to the By-Laws providing for election of officers by ballot by mail. Dr. Bunn announced the initiation of a nationwide program of public education on diseases of the heart by the American Heart Association. Dr. Rappaport recommended that the Society should further a program of mass vaccination against influenza. Drs. Gustafson and Tims were urging action to control rabies which "is a record of disgrace in any civilized community." Paul Harvey said that every time a physician appears to demand all that the traffic will bear, he makes a new supporter for socialized medicine.

At the October meeting, the members voted to raise fees for office calls to \$3.00 and day home calls (7:00 A.M. to 6:00 P.M.) to \$4.00. In doing this they did not seem to realize that they were establishing an official working day of eleven hours for doctors.

The Society mourned the passing of Dr. W. M. Rosenblum who was chief of the medical staff at St. Elizabeth's Hospital.

—J.L.F.



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*Packaging*: bottles of 100 and 1000 capsules.

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**SAMUEL SCHWEBEL, M.D.****1907 - 1956**

Dr. Samuel Schwebel passed away suddenly on Oct. 18, 1956 of a coronary thrombosis. Sam was a native of Youngstown and a graduate of Rayen High School. His premedical training was taken at Cornell University, and he received his M. D. degree at the Jefferson College of Medicine in 1932. He took his internship at Youngstown Hospital Association and spent the following year as resident in Medicine at Montefiore Hospital in New York City. Upon completion of his residency he entered into general practice in the Central Tower. In 1942 Sam entered the U. S. Navy where he served in the South Pacific until his discharge as a Commander in 1946. He resumed his practice until 1949 when he left to study the speciality of Dermatology at the College of Medicine at Cincinnati, Ohio. He returned in 1952 and opened his offices at 318 Fifth Ave. in a practice limited to Dermatology.

Dr. Schwebel will be remembered by all that knew him for his ready smile, soft voice and his extreme friendliness. His patients knew him as a kindly and conscientious physician. He enjoyed travel, music and golf, and in recent years, contract bridge. He had recently returned from a six week tour of Western Europe. He was a member of Anshe Emeth Temple, The Elks, and Squaw Creek Country Club. Sam was a Diplomate of the American Board of Dermatology, a Fellow of the American Academy of Dermatology, the Cleveland Dermatology Society and the Pittsburgh Dermatological Society.

He is survived by his wife Louise, his mother, Mrs. Dora Schwebel, three sisters and two brothers.

—Sam Zlotnick, M.D.

**H. E. PATRICK, M.D.****1884 - 1956**

It is with great regret that I attempt to write of the passing of Dr. H. E. Patrick. Being in association with him the past thirty years could not but leave one with a feeling of the great loss which will be felt by his associates in the medical profession and most especially by those he served so faithfully in his practice. Pat was held in great respect for his solid judgment on all matters, whether in the medical practice, which he served so faithfully for forty-seven years, or the board of education, for sixteen years, during the time when so many changes and advancements were made in an educational system, took so much of his time and energy. The problems in the schools were given his untiring efforts which he always accepted as a personal challenge that our schools should be the equal or better than others in the state.

As a father, I think the education and success of his sons and daughters certainly is an example that could be copied by all those who have a large family to raise. He was stern, but only to guide and direct them in the proper ways to live. He had a deep love for his family and friends and at times became quite sentimental when discussing adversity which had visited any of them.

We have not only lost a loyal friend but one whose guidance will be missed by those in his chosen profession, by his patients who relied on him for his medical and humane services and the hospitals which profited so much from his activity on the Associated Hospital Service.

If sincerity, honesty, devotion and intelligent application of the principles of medical practice are the ideal marks of a successful physician—this he attained.

—E. R. Thomas, M.D.

## THE USE OF HOMOGRAFTS IN OCCLUSIVE ARTERIAL DISEASE

Due to new therapeutic concepts evolved in the past decade, it is inevitable that an increased number of patients will be seen with degenerative diseases. Among these diseases is the occlusive arterial disease of the lower extremities, characterized by intermittent claudication, rest pain, and gangrene, the claudication being the most frequent symptom. If the occlusion is at the aortic bifurcation producing Leriche's Syndrome, the patient complains of intermittent claudication of the hips and impotency. When the iliac arteries are obstructed, the claudication is felt in the hips and thighs, and when the femoral or popliteal arteries are involved, the pain is in the calves.

The use of paravertebral blocks, lumbar sympathectomy and anticoagulants in the treatment of these patients is gradually giving way to a more direct attack on the diseased vessel itself. This includes embolectomy or endarterectomy, replacement of the diseased vessel with autogenous vein grafts, insertion of synthetic vessels of nylon, ivalon, vinyon-N, and the use of arterial homografts. When possible, the use of arterial homografts is the method of choice.

The translumbar aortogram is used to diagnose the occlusion, determine its exact site and extent, and visualize the collateral vessels present, thus aiding the surgeon in planning his procedure, selecting the vascular transplant, and preventing unnecessary exploration. The ideal candidate for replacement therapy is one with a segmental occlusion and a relatively normal vessel distal to the obstruction. An occluded or severely arteriosclerotic vessel distally is the most common deterrent in insertion of a graft. One can usually find an area proximally, to anastomose the graft to the patient's vessel, but frequently the only arteries which are patent distally are the anterior and posterior tibials which are too small for successful anastomosis to the graft. It is also commonly observed that in these patients with vascular disease, even the uninvolved vessels have smaller lumina than one sees in normal subjects.

We have used arteries obtained from autopsy material, sterilized in 1% Beta — propiolactone solution and stored at 0-4 degrees centigrade in a nutrient media containing penicillin and a pH indicator. These vessels can be used for 30 days, after which their sterility is questionable and some autolysis begins. The method of insertion of these grafts varies, being either end of graft to side of patient's vessel, or end of graft to end of patient's vessel. The vascular suturing is based on two methods, an everting intima to intima approximation principle (Gross and Hufnagel) and a continuous over and over suture (Carrel). Both methods are equally good as long as meticulous care is taken not to compromise the lumen or leave gaps between sutures where leakage can occur. The patient's own artery is left intact in its bed, thus avoiding any injury or compromise to the collaterals. By doing this, a bypass is fashioned which circumvents the obstruction and carries blood to the patent distal vessels. Parenteral anticoagulants are avoided, but a 1% solution of heparin in Ringers solution is instilled into the graft upon completion of the anastomoses and prior to releasing the occluding clamps.

The results are not spectacular in every case. If the graft and vessel remain open the patient's symptoms are relieved, the poor results are due to thrombosis and occlusion of the grafted area, either immediate or delayed. Approximately 15% of grafts close in the immediate post-operative period, due to some technical error. A much higher number, 30-40% close within the first year. This delayed closure is due to the progression

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of the patients disease in the distal vessel, rather than any inherent defect in the graft or its insertion.

The fate of these homografts is a rapid loss of smooth muscle fibers. The elastic fibers and connective tissue remain. An endothelial lining proliferates from both ends of the host's vessel and completely lines the graft. There is a thick perivascular cuff which proliferates from the host tissue and invades the graft carrying a blood supply with it. Finally there is a deposition of calcium in the graft wall which is different from the ordinary arteriosclerosis in that the intima is not involved.

In conclusion, it appears that arterial homografts do offer a method by which the distressing symptoms of arterial occlusive disease can be remedied and the ultimate complication of gangrene avoided in the majority of the patients so treated.

—Bertram Katz, M.D.

### WELCOME INTERNS

The following excerpts are from a speech which Dr. H. E. Hathhorn gave to the new interns at the Youngstown Hospitals this past July. Dr. E. C. Baker had copies made for distribution to the entire staff and I am passing along here some of the context which I'm sure is of interest to all of us.

"You are about to enter into a great adventure in human personal relationships. What you do or do not do here these following months is bound to have an effect upon your whole future life. The techniques, practices, and habits acquired by you this year, along with the art, ethics and the philosophy of the practice of medicine are likely to remain with you the remainder of your medical career. We all have a responsibility to our patients and must respect the trust and faith they have placed in us, often trusting us with their very life."

"Our staff is an open one composed of general practitioners and specialists. Here you will find the average American doctors. Some are excellent physicians and surgeons, some good, some not so good. But I think you will find a little bit of good in the worst of us and perhaps a little bit of bad in the best of us. We are only people."

"Don't forget the proper humility. Humility, as is cleanliness, next to Godliness. Medicine is a jealous mistress and knows no master. Years of observation would lead one to think that she lies awake nights conjuring and plotting the downfall of the unwary and the unhumble."

"We all as doctors, have the inherent ability to place our hands into our patient's pockets, figuratively speaking, and draw out sums of money in the ordering of drugs, laboratory procedures, X-rays etc. This calls for considerable thought and good judgment. Rarely does an "across the board" ordering of laboratory procedures add to the diagnosis. However, expense is of very secondary or no concern in the seriously ill, be they private or house patients. The most costly of drugs or technical examinations are to be used as indicated for the patients welfare."

"It is our sincere hope and desire that all of you shall become excellent physicians, for any of you may be the physician to any of us in the future."

—C. W. S.

### PARKE-DAVIS CONDUCTS TOUR

Physicians and their wives are invited to attend a tour of the Parke-Davis plant in Detroit, Michigan on May 1st and 2nd. Hotel accommodations and meals will be provided by P.D, but guests must secure their own transportation. If interested, contact Dr. G. E. DeCicco as soon as practicable.



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## THE MEDICOLEGAL ASPECTS OF PUBLIC HEALTH

by Sidney Franklin, M.D., M.S.P.H., LL. B.

Address delivered to the Annual Meeting of the American Board of Legal Medicine on June 9, 1956 at the Edgewater Beach Hotel, Chicago, Ill.

The enormity of the subject precludes any attempt at a comprehensive discussion in the time allotted for presentation. It will be necessary to make only passing mention of numerous aspects of the subject, each of which of itself might easily consume far more than the time period.

The duty to preserve and promote public health by the enactment and enforcement of health measures is carried out through the police power inherent in State and Federal Government, primarily by the former. Government cannot surrender this power, but may delegate it to its subordinate agencies, such as those of counties and of municipal corporations, including the power to adopt and enforce regulations to carry out the purpose of enacted public health legislation. States do not wish to act locally, unless municipal action is inadequate; the attitude of the Federal Government toward the States is similar, but the powers of the latter are limited by the Federal Constitution regarding interstate commerce.

Municipal corporations may not practice a profession in the exercise of either their proprietary or governmental functions. Legislation provides for the licensing and details the duties and obligations of physicians, dentists and members of the allied professions. It has been held that violation of a statute providing for the report of a newborn infant's inflamed eyes is negligence per se <sup>(1)</sup> and sufficient to submit a malpractice action to the jury. Law also defines the public health responsibilities of lay people. A contract for the care of an advanced leper by a laborer and his wife is unreasonable; the execution may be restrained because of its tendency to cause a dissemination of the disease <sup>(2)</sup>.

The state usually empowers boards of health to adopt necessary rules and regulations through legislative enactments or by municipal charters, including the use of the power of eminent domain. The courts follow the reasonable practical construction of regulations promulgated by boards of health, within the scope of their authority. While individual rights must be safeguarded, any reasonable use of the police power will prevail, as being for "the greatest good to the greatest number". An important example is the case of fluoridation of water, which was also held not to constitute municipal practice of medicine, dentistry or pharmacy <sup>(3)</sup>. The jurisdiction of municipal health authorities may be extended by the legislature over essential adjacent territory.

Municipal action of the health type is generally considered a governmental function. Municipalities are thus not liable for the actions of their agents. Incorporated boards of health acting within the limits of their statutory authority and discretion are not liable for resulting injuries, in the absence of statutory provision to the contrary.

A board of health cannot delegate to an agent or assistant any act requiring the exercise of its judgment or discretion. The mode of selection and removal of health officers is statutory; their functions are usually only ministerial. Members of boards of health and health officers are not personally liable for injuries due to faulty judgment or discretion, if they act in good faith without malicious negligence and within their authority. Never-

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theless, as late as 1953, no training in public health was required of local health officers in 22 of our states <sup>(4)</sup>.

Board of health action is administrative, but may also be legislative and judicial. Functions include the control of communicable and more recently, also cancer and degenerative disease, the protection of workers in hazardous employment, the purification, protection and conservation of water and milk supplies, the control of hospitals and institutions, housing, food, drugs and poisons, the extermination of insects and vermin, the abatement of health nuisances and in some states, their prevention <sup>(5)</sup>, the reporting of vital statistics, and in some localities, the supervision of medical care and immigrants.

Let us briefly consider one of these functions. The power to control communicable diseases must be exercised in a reasonable and legitimate manner and the method adopted must bear some true relation to the real danger. Private property may be damaged and even destroyed without liability for damages, but compensation is in many instances arranged; sometimes a mandamus action is required to compel an award. Some authorities have made a distinction between the exercise of the police power whereby private property contaminated with a dangerous disease is summarily destroyed and that whereby private property not itself dangerous to the public is directly injured, holding that the latter act cannot be legally done <sup>(6)</sup>. The exercise of judgment or discretion in determining whether property shall be destroyed cannot lawfully be delegated by a board of health to an officer or agent. It has also been held that an ordinance which prohibits altogether the bringing in of articles which might well be excluded if they came from an infected district, but which are harmless unless infected, is invalid <sup>(7)</sup>.

Courts may determine the reasonableness of quarantine regulations. It has been held that health authorities are not the final and conclusive judges of the necessity for the establishment of a quarantine in all cases <sup>(8)</sup>. The right of quarantine includes control of contacts and carriers of disease, and the examination of suspected, infected persons. It may provide for arrest, since if a contagious disease results, there is criminal liability for knowingly and wilfully spreading or aiding in the spread of the disease; the liability is only civil for negligent exposure.

A board of health cannot, without express statutory authority, by the mere determination that a dangerous and communicable disease exists, refuse isolation in the home by quarantine and placard notice thereof, and commit the disease person to a hospital <sup>(9)</sup>. However, in the presence of an epidemic, an infected person may be quarantined in his own house or removed to a hospital against his will, as the local authorities may deem best for the preservation of the public health, when such removal can take place without imminent danger to his life <sup>(10)</sup>.

In America, it seems never to have been determined whether a person may be compelled absolutely to submit to vaccinations as distinguished from the compulsion of fine or imprisonment or both <sup>(11)</sup>. Compulsory vaccination has been held not to infringe constitutional rights, even if limited to school children <sup>(12)</sup>. Under a general authority to enact regulations to prevent the spread of contagious diseases, a local board may not require quarantine upon a mere refusal to be vaccinated <sup>(13)</sup>.

Any occupation comes within the range of the police power, and is therefore subject to regulations in the interest of health, where it is such as

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*Adult dosage:* 125M — 2 tablets  
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500M — 1 to 2 tablets every six  
hours.

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naturally to be liable to create a nuisance unless subjected to special regulations, whether or not it is so conducted as in fact to create a nuisance.

Generally, laws or regulations necessary to protect the public health and secure public comfort are legislative questions and not subject to judicial review. But where the acts of health authorities in no material respect subserve this end and are actually injurious to individuals, the courts have no hesitancy in declaring that they have exceeded their powers. A Board of Health may not properly decline to issue a permit for an X-ray laboratory to a physician on the ground that that physician will accept patients from chiropractors for the purpose of making X-rays and transmitting reports to them (14). Statutes regarding illegitimacy, foeticide, infanticide, and concealment of birth or death differ somewhat in different states. Directly or indirectly, Boards of Health can sue or be sued, but in general they do not have the power to employ counsel.

The numerous health activities of the Federal Government are handled by a variety of agencies and include the Veterans Administration, the Department of Health, Education and Welfare with all its agencies, the Department of Commerce through the Division of Vital Statistics of the Bureau of the Census, the Department of Agriculture through the Bureau of Animal Industry and Bureau of Home Economics, the Department of Treasury through its Bureau of Narcotics, the Federal Trade Commission and the military medical departments. Enforcement of the Federal Food, Drug and Cosmetics Act, the Narcotics Act and numerous others constitute broad and important health activities. Significant State activities include maintenance of hospitals for mental and tubercular cases, and in some instances, birth control, and sterilization and asexualization of criminals and mental defectives. The significant functions of the office of the medical examiner (coroner) are carried on at lower levels of government.

Recognition must also be given to the widespread, outstanding and effective contributions to public health of the medical schools and the numerous voluntary agencies. The medicolegal aspects of the latter are unique in many respects and merit separate treatment.

#### REFERENCES

- (1) *Dietsch, a Minor v Mayberry* 25 O.O. 315, 70 O.A. 527.
- (2) *Baltimore v Fairfield Improvement Co.* 87 Md. Rep. 352, 67 Am. St. Rep. 344.
- (3) *William J. Kraus v The City of Cleveland* 55 O.O. 6.
- (4) *State Laws Governing Local Health Departments*, P.H.S. Public. No. 299, U.S. Department of Health, Education and Welfare, Table C-2, Pages 32-37.
- (5) *Board of Health of City of Yonkers v Copcutt* 140 N. Y. Rep. 12, 35 N.E. 443, 23 L.R.A. 465.
- (6) *Anable v Montgomery County* 34 Ind. A. 72, 71 N.E. 272, 107 Am. St. Rep. 173. *Clayton v Henderson* 103 Ky. Rep. 228, 44 S.W. 667, 44 LRA 474
- (7) *Greensboro v Ehrenreich* 80 Ala. Rep. 579, 2 So. 725, 60 Am. Rep. 130. *Hurst v Warner* 102 Mich. Rep. 238, 60 N.W. 440, 26 LRA 484, 47 Am. St. Rep. 525. *State v Taft* 118 N. C. Rep. 1190, 23 S. E. 970, 32 LRA 122, 54 Am. St. Rep. 768.
- (8) *People ex rel. Barmore v Robertson* 302 Ill. Rep. 422, 134 N.E. 815, 22 ALR 835. *People ex rel. Jenkins v Board of Education* 234 Ill. Rep. 422, 84 N. E. 1046, 17 L.R.A. (N.S.) 709, 14 Ann. Cas. 943. *Town of Kosciusko v Slomberg* 68 Miss. Rep. 469, 9 So. 297, 12 LRA 528, 24 Am. St. Rep. 281
- (9) *Rock v Carney* 216 Mich. Rep. 280, 185 N. W. 798.
- (10) *Hurst v Warner* 47 Am. St. Rep. 525 at 544.
- (11) *People ex rel. Jenkins v Board of Education* 234 Ill. Rep. 422, 84 N. E. 1046, 17 LRA (N.S.) 709, 14 Ann. Cas. 943.
- (12) *Zucht v King* 260 U. S. Rep. 174.
- (13) *In re Smith* 146 N. Y. Rep. 68, 40 N.E. 497.
- (14) *Greenberg v Mahoney* 121 N. Y. Suppl. (2nd) 375.

Many people are like processed coffee—98 per cent of the active ingredients have been removed from the bean.

(Continued from page 437)

lack of rotation of members of Council, (5) too many inactive and ineffective committees (6) the mode of election of officers leaves much to be desired, (7) the Society itself, rather than leading is allowing itself to be led.

The Council is going to discuss Dr. Randell's letter in it's November meeting. Many of these problems have been discussed by Council before, I'm sure, but as I have pointed out in a previous editorial, the answers are elusive. These problems are bigger than Council, they are the problems of 260 of us, and I would like to see some time set aside at this year's annual December elections for an open discussion of these problems. It should encourage a good turnout and we might have a quorum for the election of officers following the discussions.

I think an open discussion of Dr. Randell's seven points would prove most interesting and if the members of the Society would give this whole subject some real thought, I feel certain at least a few of our problems would see a solution and we would all benefit thereby.

C.W.S.

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### POSTGRADUATE—1956

R. R. Fisher, M.D.

The Annual Sixth Councilor District Postgraduate Day was a resounding success. Although only 358 physicians registered prior to the meeting, some 551 attended the Assembly, the largest turnout in many years.

This unexpected attendance, although gratifying, was not without its problems. By noon, the supply of box lunches was exhausted, and an emergency call was sent was an additional 100. At the banquet, a similar crisis arose. Originally scheduled for 325 meals, the final count, after much blood, sweat, and tears was 482 dinners served. Our special vote of thanks goes to the catering manager and personnel of the Hotel Pick-Ohio for handling this problem with efficiency and dispatch.

Perhaps the greatest single reason for this unprecedented attendance was the remarkably fine program of speakers gathered by Dr. Craig Waller and his committee. It would be impossible in this space to reiterate the list of outstanding speakers, but the quality of the program is attested to by the fact that the Ohio Academy of General Practice assigned us 7½ hours of Category II credit, more than was ever assigned to any of our meetings in the past. Even one of our speakers offered the statement that it was the largest undertaking he had ever seen at a district level.

The Woman's Auxiliary enjoyed a similar success with 165 women attending the luncheon to hear Mr. Warren Guthrie. The Social Committee headed by Mrs. George Cook and Mrs. Robert Fisher were up til the wee hours making extra name cards and table decorations for their swelling registration.

The banquet speaker was Dr. Douglas Bond, Professor of Psychiatry at Western Reserve University. Both the doctors and their wives enjoyed Dr. Bond's somewhat whimsical appraisal of the practicing physician, and his more serious plea that we all take a little more time to listen to our patients.

With the memory of an excellent meeting in Warren last year, and now another fine meeting in Youngstown, it appears that the annual Postgraduate Day has become established as a serious, scientific meeting which cannot be overlooked. We are looking forward with great anticipation to being in Canton on October 23, for Postgraduate—1957.

## NOVEMBER MEETING

Date—

**Tuesday, November 20, 1956**

Time—

**8:30 P.M.**

Where—

**ELKS CLUB**

Speaker—

**George J. Hamwi, M.D.**

Chief of the Division of Endocrinology and Metabolism; Associate Professor of Medicine, Ohio State University School of Medicine.

Subject—

**"Recent Advances in  
Diabetes Mellitus"**



## **Our Tactics Won't Hurt You**

*The following is reprinted from the June 1956 issue of the  
Journal of the Ohio State Medical Association.*

The Ohio Supreme Court recently decided the case of Housh, appellee, v. Perth, appellant, et al, in favor of the appellee, the plaintiff.

The case is of interest to physicians. First, it arose over an attempt by a collection agency to collect a physician's bill from the plaintiff, a school teacher. In the second place, the story emphasizes how a physician can easily create bad public relations for himself by selecting to do his collecting an agency which apparently thinks use of the big stick is the only way to achieve its ends.

The charges underlying the case and the reasoning behind the court's verdict are set forth in the following syllabus:

1. The right of privacy is the right of a person to be let alone, to be free from unwarranted publicity, and to live without unwarranted interference by the public in matters with which the

public is not necessarily concerned.

2. A creditor has a right to take reasonable action to pursue his debtor and persuade payment.

3. Such action is not reasonable where a creditor or his representative initiates a campaign to harass and torment the debtor, telephones the debtor six or eight times every day at her home and place of employment—some of the calls as late as 11:45 p.m.—over a period of three weeks, telephones the debtor's superiors and informs them of the debt, and calls the debtor at her place of employment three times within a period of 15 minutes with a resultant threat of loss of employment.

*Better check before engaging a collection agency. Its tactics, if wrong, can hurt you.*

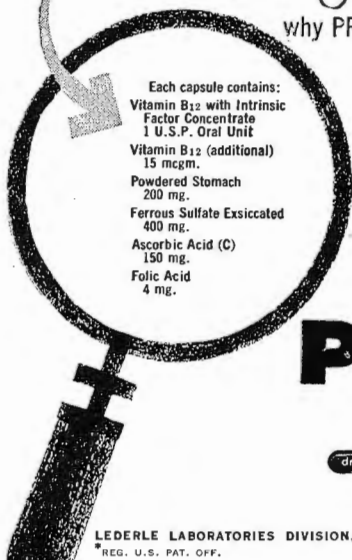
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**WOMAN'S AUXILIARY NEWS****SEPTEMBER**

A luncheon and card party was the program for the opening fall meeting of the Woman's Auxiliary to the Mahoning County Medical Society, which was held Wednesday, September 26, 1956 at the Tippecanoe Country Club. The new president, Mrs. Paul Mahar, conducted the business meeting. The Social Chairman for the day was Mrs. A. William Geordan with Mrs. Anthony Bayuk as her co-chairman; other members of the committee were: Mrs. William K. Allsop, Mrs. Robert Heaver, Mrs. Myron Hanysh and Mrs. S. G. Patton, Jr.

**OCTOBER**

The Mahoning County Medical Auxiliary invited members of the Sixth Councilor District Auxiliaries to Youngstown for the Sixth Councilor District Post-Graduate Day on October 24, 1956. An interesting program was planned, including a luncheon in the Jade Room with Warren Guthrie as guest speaker. We were pleased with a large attendance of Auxiliary members from Trumbull, Columbiana, Summit, Portage, Stark and Mahoning County.

The following is a list of the committees and committee chairman for the current year:

**PROGRAM**

Chairman—Mrs. Paul E. Ruth  
Co-Chairman—Mrs. Robert Fisher

**SOCIAL**

Chairman—Mrs. W. B. Hardin  
Co-Chairman—Mrs. James L. Calvin

**TELEPHONE**

Chairman—Mrs. R. J. Scheetz  
Co-Chairman—Mrs. Joseph Sofranec

**MEMBERSHIP**

Chairman—Mrs. John Stotler  
Co-Chairman—Mrs. Donald Dockry

**PROJECT-DANCE**

Chairman—Mrs. Harold Chevlen  
Co-Chairman—Mrs. Robert Brown

**FINANCE AND BUDGET**

Chairman—Mrs. Ben S. Brown  
Co-Chairman—Mrs. Cary Peabody

**NURSES' SCHOLARSHIP AND RECRUITMENT**

Chairman—Mrs. Francis Gambrel—St. Elizabeth's  
Hospital  
Co-Chairman—Mrs. Frederich Coombs—Youngstown  
Hospital

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## WAYS AND MEANS

Chairman—Mrs. A. William Geordan  
Co-Chairman—Mrs. W. L. Agey

## NOMINATING

Chairman—Mrs. Ivan Smith  
Co-Chairman—Mrs. R. J. Scheetz

## YEARBOOK

Chairman—Mrs. Lester Gregg  
Co-Chairmen—Mrs. Alexander Calder  
Mrs. Myron Hanysh

## PUBLICITY

Chairman—Mrs. Samuel Schwebel  
Co-Chairman—Mrs. Chester Lowendorf

## PUBLIC RELATIONS

Chairman—Mrs. Edward Rizk  
Co-Chairman—Mrs. Robert Foster

## NATIONAL PUBLICATIONS

Chairman—Mrs. Edwin Brody  
Co-Chairman—Mrs. Philip Giber

## LEGISLATIVE

Chairman—Mrs. L. George Coe  
Co-Chairman—Mrs. Walter J. Tims

PARLIAMENTARIAN—Mrs. James D. Brown

HISTORIAN—Mrs. Craig C. Wales

## CIVIL DEFENSE

Chairman—Mrs. Stephen Ondash  
Co-Chairman Mrs. John Stotler

## TV, RADIO AND VISUAL EDUCATION

Chairman—Mrs. Edward Shorten  
Co-Chairman—Mrs. C. W. Stertzbach

CREDITS AND AWARDS—Mrs. Alfred Cukerbaum

## SAFETY

Chairman—Mrs. Cary Peabody  
Co-Chairman—Mrs. James Patrick

## AMERICAN MEDICAL EDUCATIONAL FOUNDATION

Chairman—Mrs. Robert A. Brown  
Co-Chairman—Mrs. Robert Foster

## MENTAL HEALTH

Chairman—Mrs. Ivan Smith  
Co-Chairman—Mrs. James Gordon

—Mrs. Edward G. Rizk

## PROCEEDINGS OF COUNCIL

October 8, 1956

The regular monthly meeting of the Council of the Mahoning County Medical Society was held at the offices of Dr. M. W. Neidus, 318 Fifth Avenue, Youngstown, Ohio, on Monday, October 8, 1956.

The following doctors were present: G. E. DeCicco, President, presiding; M. W. Neidus, P. J. Mahar, Fred Schlecht, V. L. Goodwin, A. A. Detesco, A. Randell, I. C. Smith, A. K. Phillips and C. W. Stertzbach.

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

Dr. DeCicco read a letter from the Muscular Dystrophy Association of America, Inc., in which they asked the appointment of a medical advisory committee which may have representatives from general practice or medical specialties such as orthopedists, pediatricans, neurologists, psychiatrists, etc. Some of the functions of the medical advisory committee are: (1) To serve as a liaison between the Chapter and professional organizations and personnel, such as the Medical Society, the Health Department, nurses' organizations and other health organizations, interpreting the Chapter services. (2) To name consultants who, upon request of the attending physician and at the expense of the Chapter, will examine unusual or questionable cases and assist in establishing diagnoses. (3) To assist the Chapter's Patient Service Committee in the conduct of its Patient Service Program, according to the rules and regulations. After considerable discussion, Drs. Smith and Phillips were appointed to contact Dr. R. J. Scheetz for his possible appointment as a medical advisor to the Muscular Dystrophy Association. Dr. Scheetz or the Appointee will serve in this capacity for a period not to exceed six months, after which he is to report to the Council the necessity of a Medical Advisory Committee to this Association. This action is taken as an interim measure and is not to be construed as an endorsement of the Muscular Dystrophy Association program. The president of the local chapter is Mr. Michael Yarosh, 147 S. Osborne Avenue, Youngstown, Ohio.

Dr. DeCicco read a letter from the Youngstown Board of Education, requesting the endorsement of the following resolution:

WHEREAS, the Youngstown City School District is in urgent need of providing additional school buildings, equipment, and personnel for the education of our children, and

WHEREAS, a very careful study of the school building and operating needs has been made by the Youngstown Board of Education, and

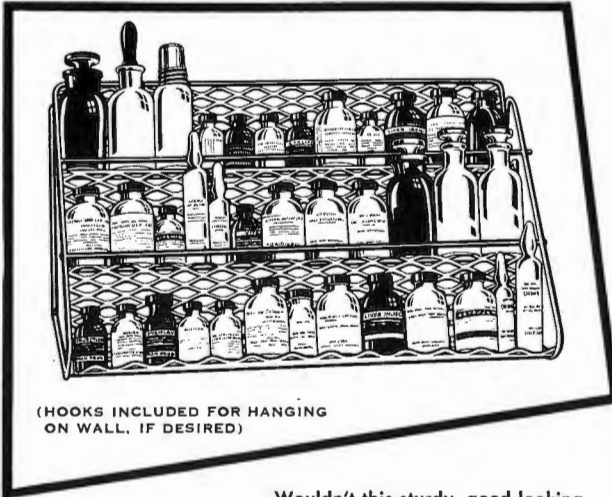
WHEREAS the said Board of Education recommends that a bond issue and operating levy be submitted to the voters at the coming election November 6, 1956, to finance the proposed building and operating program, and

WHEREAS the Youngstown City Board of Education has voted unanimously for the said bond issue and operating levy,

BE IT RESOLVED that the Mahoning County Medical Society endorse the action of the Board of Education and urges the support of the School Issues at the polls.

A motion was made, seconded, and dully passed to adopt said resolution.

Council discussed the replacement of the late Doctor William Skipp as a representative on the Allied Professions Committee. No action was taken at this time.



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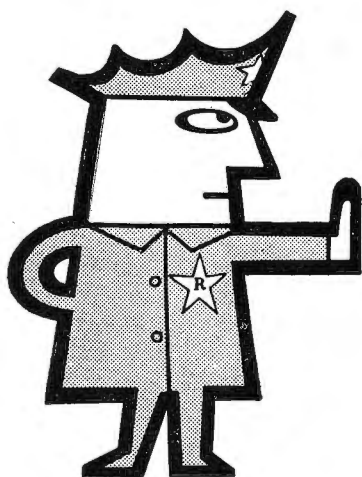
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Discussion ensued concerning the free polio vaccinations given by the County Health Department, in County Schools. The executive Secretary was instructed to write to the County Health Commissioner, Dr. Charles Scofield, securing information as to the justification and authorization for the administration of the free inoculations.

Dr. Goodwin discussed the impracticability of Council serving as the Grievance Committee under the current structure. A motion was made, seconded and duly passed authorizing the appointment of a Mediation Committee composed of the three Censors, the President, and the President-Elect. This committee will have full power concerning disputes, involving doctor-patient relationships. If the dispute so warrants, the Mediation Committee may refer the matter to Council for necessary action. All cases of doctor-doctor disputes will be resolved by Council.

Dr. Randell submitted a letter regarding attendance at monthly meetings, together with other items that he considers of importance in the structure of the Society. Copies were presented to each member of Council for study. Discussion of the contents will be made at the next meeting of Council.

The following applications were presented by the Censors:

**ACTIVE MEMBERSHIP**

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

**ASSOCIATE MEMBERSHIP**

Dr. David Shapira, Woodside Receiving Hospital, Youngstown, Ohio

**JUNIOR ACTIVE MEMBERSHIP**

Dr. Kurt Joachim Wegner, 318 Fifth Ave., Youngstown, Ohio

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

The Executive Secretary read a letter from the Trumbull County Medical Society in which they asked information re: the United Cerebral Palsy Association. She was instructed to answer the letter informing them that the Medical Advisory Committee to Cerebral Palsy is quite active and has experienced full cooperation from the local unit.

—A. A. Detesco, M.D.  
Secretary

**STUDY OF 1956 STATE MEDICAL ASSOCIATION DUES**

The Michigan State Medical Society recently surveyed each of the 49 constituent state medical associations (District of Columbia and the 48 states) on current state dues.

The study showed that the average American physician pays between \$50 and \$60 per year state association dues. His county society dues range from \$20 to \$70 per year depending upon whether the county or component society maintains an executive office. (Pennsylvania's dues are \$40.00 and Allegheny County's \$30.00. An additional \$25.00 are paid to the AMA).

—AMA Secretary's Letter



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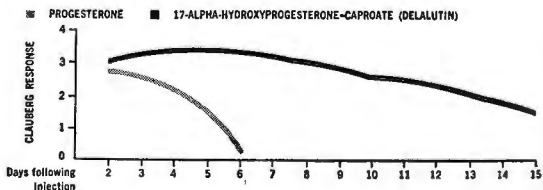
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## BLUE CROSS GROUP OPENS

Effective immediately, the Medical Group for Blue Cross — Blue Shield is open for new members, and additional coverage for current members.

If you are interested, you must contact Mr. Crosby of the Associated Hospital Service, or Mr. Herald at the Medical Society office, not later than December 1.

Payment of the annual premiums will be made concurrent with County, State, and AMA dues, and must be received by the Society office not later than December 15, to insure entrance to our group. The Group will not re-open again until November, 1957.

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## HELP WANTED: NURSES

Patients need nurses. Hospitals need nurses. There is an alarming shortage of nurses! Each week one sees in the Help Wanted columns of our newspapers advertisements for nurses. These advertisements originate not only from small hospitals but from nationally known teaching institutions. Their object is to attract registered and practical nurses by means of pay differentials and fringe benefits.

The law of diminishing returns has caught up with the hospitals. In attempting to elevate the standard of the nursing profession to that of "doctorette," hospitals have made the prerequisite requirements for nurses' training practically prohibitive. Does a girl need a college degree to be a good nurse? The very same hospitals which do not offer training courses shorter than three years are now advertising for "licensed practical nurses." What a paradox!

It is our observation that the more advanced the academic training possessed by a nurse, the further she becomes separated from the patient's bedside. To be sure, it is a natural ambition for any young woman entering the nursing profession to strive for the top, namely, a degree in nursing. But in view of the requirements for admission to a nursing school and the time spent in training, to say nothing of the expense involved, many become discouraged.

The total fee for three-year training varies from \$135 to \$513. If one wishes to become a "doctorette" with a college degree and earn about \$84 a week, the cost may well be \$1,200, sometimes more, per year, for as many as five years. Why not spend a couple of additional years and obtain an MD degree?

Some small farsighted community hospitals are offering attendant or practical nurse training with no tuition fee. They may even grant small stipends.

The hospitals that insist upon the higher entrance requirements and that operate long training programs find themselves in a difficult position. They have to advertise for trained nurses from institutions having lesser requirements and shorter training periods, and, what is more, to solicit practical nurses to do the real bedside nursing so sorely needed by the patients and so reluctantly performed by "doctoresses." This situation must be a source of satisfaction to the practical nurse, and in some degree compensate for the years she was on the receiving end of the "down-the-nose" look.

Let's have the "doctoresses" where they are needed, but at the same time let's train more women for bedside nursing.

*August-September, 1956 Massachusetts Physician*

## TODAY'S HEALTH

Dear Doctor:

The Today's Health Committee of the Woman's Auxiliary wishes to thank all the doctors who now have subscriptions to Today's Health.

Making this official publication of the A.M.A. available to an increased number of lay readers so they have accurate and desirable health information is the main project delegated directly to the Woman's Auxiliaries everywhere by the American Medical Association. For this reason, we feel no doctor's waiting room should be without this magazine.

The subscription cost to the profession is unbelievably low \$4 for four years, \$3.25 for three, \$2.50 for two, or \$1.50 for one year. A gift subscription makes an excellent way to remember a nurse, interne, student, teacher, new mother, or family dentist at Christmas-time. A most attractive gift card is sent to the recipient bearing your name.

Our Auxiliary asks for your cooperation in promoting good health education by having TODAY'S HEALTH in every doctor's reception room — thus we can fulfill our responsibilities to the A.M.A. Please help us by filling in the form and sending your check made payable to TODAY'S HEALTH for either new subscriptions, renewals, or gifts immediately to Mrs. Edwin R. Brody, 1406 Cascade Drive, Youngstown 11, Ohio.

Thank you for your assistance.

—Mrs. Paul J. Mahar, President  
Today's Health Committee

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### CLOSER COOPERATION BETWEEN A.M.A. AND BAR GROUP

Signs now point to much closer cooperation between the American Medical Association and the American Bar Association. For instance:

The A.M.A. and the A.B.A. have a joint committee on narcotic addiction.

They are co-sponsoring a series of medicolegal films entitled "Medicine and the Law."

Last August, the two groups participated in the presentation of a trial demonstration at Dallas, dealing with the use of chemical tests for intoxication.

A week ago, A.M.A. representatives appeared on the program of the regional American Bar Association meeting in Baltimore.

At this session, the subject of impartial medical testimony was discussed at length. Moderator of a panel on the subject was Mr. Joseph Stetler, director of the A.M.A. Law Department. Participants included Dr. Ernest Hammes, St. Paul, Minn., who explained the "Minnesota Plan" involving the review of questionable medical testimony presented in court, and Judge David W. Peck, New York, who discussed an experiment in the use of medical witnesses selected by the courts, which has been under way in New York for two years.

The signs of better cooperation between medicine and the law are encouraging and should lead to the successful accomplishment of many objectives which are common to both physicians and attorneys.

—A.M.A. News

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DOSE: 1 Tbs. in 1/2 cup warm water q.i.d., 1/2 hr. a.c. and h.s. Decrease dose after second day.

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## INDISCRIMINATE LENIENCY

Editor of The Vindicator, Sir:

Over the past 10 years the writer has had rather close contact with what very often is the result of careless, reckless, and drunken driving in this area.

While the number of deaths occurring as a result of automobile accidents is appalling, nothing very much has been said concerning the lifelong disabilities which more frequently happen as a result of the above. One is forced to the conclusion that any public official who condones the cause of this by flaunting leniency, must be considered as guilty as the party who while drunk or on a spree of recklessness injures some innocent person.

I believe that it is quite important to differentiate between indiscriminate leniency, which most often increases disrespect and disregard for the law, with honest and charitable judgment, which does quite the reverse.

It is the intelligent and honest public official who can differentiate between these two and who resists the temptation to further his own ends by the total disregard of the basic principles of justice and honesty.

—Oscar A. Turner, M.D.

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## DIABETIC DETECTION WEEK

This year Diabetic Detection Week will be from November 11 to 17. There will be no exhibit this year but extra effort is being made to acquaint the population to have the urine tested free at their family physicians office and at the laboratories of the Youngstown Hospitals and St. Elizabeth's Hospital. We as physicians will be supplied with Clinitest or Galatest material free. Various literature is being distributed to every physician of the Mahoning County Medical Society. Will you kindly follow up the positive tests? You may save someone from the dreaded complications of Diabetes Mellitus.

Be sure to keep a record of the number of urine tests done during Diabetic Detection Week, the number of positive tests, and the number of new diabetes discovered.

Due to unavailability of a meeting place during Diabetic Week, Dr. George Hamwi, Chief of the Division of Endocrinology and Metabolism; Associate Professor of Medicine, Ohio State University, College of Medicine, will speak to us on "Recent Advances in Diabetes Mellitus" on November 20.

—Morris S. Rosenblum, M.D.  
Chairman  
Committee on Diabetes

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## "MARCH OF MEDICINE" TV SHOW REPORTS ON MISSIONARY MEDICINE

The story of missionary medicine will be presented in a one-hour "March of Medicine" documentary telecast this month. The program will be beamed to the general public over 75 stations of the NBC-TV network Tuesday, November 27 at 9:30 p. m., EST, in place of the "Armstrong Circle Theatre." Check local newspapers for time of broadcast in your area.

—A.M.A. News Notes

### LIST HABIT-FORMING QUALITIES OF MEPROBAMATE

A Seattle physician today warned that the tranquilizing drug, meprobamate (Miltown or Equanil), can be habit-forming in a small percentage of cases.

Dr. Frederick Lemere gave his warning because of the unprecedented demand for the drug, because of talk of selling meprobamate over the counter without a prescription, and because it has been advertised as non-habit forming.

He has seen a few individuals show the standard symptoms of addiction, including a psychological craving for the drug based on its pleasant effects, a build-up or tolerance requiring increasingly larger doses to produce the same effect, and withdrawal symptoms when the drug is suddenly discontinued.

However, meprobamate is still the "most helpful and least harmful of all drugs used for the relief of nervous and emotional tension," but its habit-forming qualities for some persons indicates the necessity for careful supervision of its use, Dr. Lemere said in the current (August) Archives of Neurology and Psychiatry, published by the American Medical Association.

Dr. Lemere noted withdrawal symptoms among some of his patients. These included feelings of "nervousness," "the jitters," or "let down" when the patients missed their usual doses of meprobamate. One patient experienced the first convulsion of his life 10 hours after discontinuing the medicine. While this may be coincidence, the pattern was similar to the convulsions seen after sudden withdrawal from alcohol or barbiturates.

"A psychological dependency on the drug is also undoubtedly created in certain patients," he said.

Many feel so much less tense when taking the drug that there may be an exaggerated feeling of well-being. In most cases this does not appear to be harmful, but in a few patients it may lead to overdosage on the basis that "if one pill helps, three will help three times as much," he said.

Thirteen of more than 600 patients had to discontinue the drug because of excessive self-medication. Several patients under the influence of six or more tablets a day showed all the signs of intoxication, including an exaggerated sense of well-being, confused speech and generalized incoordination.

A few patients have a build-up tolerance to the drug. He observed nine patients who had to take increasing amounts of meprobamate to obtain the same calming effect.

Dr. Lemere also warned that the prescription of meprobamate to alcoholics should be watched closely for abuse, because of the tendency of some alcoholics to take excessive amounts of anything that acts as a sedative.

—A.M.A. News Letter

#### ANNUAL ELECTION OF OFFICERS MAHONING COUNTY A.A.G.P.

The Mahoning County Academy of General Practice will hold their regular monthly meeting and annual election of officers Tuesday, December 11, 8:30 P.M., at the South Side Hospital Auditorium. All members are urged to attend.



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Aspirin ..... 0.3 Gm. (5 gr.)  
 Ascorbic Acid ..... 50 mg. (3/4 gr.)

Analgesic, Antipyretic, Antirheumatic

These tablets are Enteric Coated and are intended for use when massive doses of salicylates are indicated, and for those who can not tolerate plain Aspirin. Also useful in the treatment of rheumatic disorders, symptomatic relief of headache, neuralgia, and muscular aches and pains.

Administration: Adults, up to 70 grains daily may be prescribed.

Supplied in bottles of 1000, 500 and 100

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**MAHONING PHARMACY**

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- New Enlarged Prescription Department
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### MEDICAL AUXILIARY DANCE

Our Project Dance which was held at the Squaw Creek Country Club on November 10th is now just a memory. Much credit and thanks goes to our Project Chairman, Mrs. Harold Chevlen and our A.M.E.F. Chairman, Mrs. Robt. Brown and their committees for the huge success it was. It was a big job well done.

We are most grateful to "Woods and Bray" the Wonder Dancers who so delightfully entertained us (GRATIS) with their interpretation of the modern dances.

As usual Squaw Creek put forth their best efforts in serving all of those wonderful tidbits during the entire evening, plus the delicious dessert and coffee served at the close of the dance.

We are certain everyone who came had a wonderful time. To those who were unable to attend we say "There will always be another year."

The money earned from this dance is used to pay the first year's tuition for two student nurses, one from each of the two hospitals. The tuition for the first years training at the Youngstown University for the Youngstown Hospital students is \$528.75 and for St. Elizabeth's students \$368.50. For the past two years we have contributed \$300.00 per year to the A.M.E.F. fund. We feel that both of these projects are very worth while. The letters of gratitude we have received from the girls who have obtained the scholarships makes us very proud that we have had a small part in lending a helping hand.

Again thanks to all who helped in any way to make this annual affair the success it was, both socially as well as financially.

—Mrs. Paul J. Mahar, Pres.

### STUDY COURSE BY DR. JOHN KEYES

Dr. John E. L. Keyes gave a study course on Retinal Vascular Disease: Ophthalmoscopic Studies, at the meeting of The American Academy of Ophthalmology and Otolaryngology at Chicago, October 14 — 19, 1956. He then went to St. Louis to assist with the examinations of The American Board of Ophthalmology.

"Does it matter who fills the prescription?"

"Ah Doctor, does it matter who writes the prescription?"



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## MEDICAL TV HIGHLIGHTS

Since January 1956, the Mahoning Medical Society has had a representative appear on the Adelaide Snyder program, WFMJ-TV, on Friday morning. They usually appear from 9:00 to 9:15 A.M. and are interviewed by Mrs. Snyder.

To date thirty doctors have appeared and discussed briefly some timely medical subject.

The Audio-Visual Committee of the Medical Auxiliary contact the doctors for the program and have had excellent cooperation from the doctors who have been called upon to participate on the show.

The following doctors have appeared so far: Dr. Edward Jones, Dermatology; Dr. William Skipp, Goiter; Dr. Bernard Taylor, Blood Transfusion; Dr. Genevieve Delfs, Polio inoculations; Dr. Robert Brown, Internal Medicine; Dr. George Pugh, Crossed eyes; Dr. Richard Murray, Plastic Surgery; Dr. Robert Carr, Thoracic Surgery; Dr. James Patrick, RH factor; Dr. Frank Inui, Surgery; Dr. Edward Rizk, Infant Inoculations, Dr. George Cook, Fractures; Dr. A. E. Rappaport, Laboratory Technique; Mrs. W. H. Evans, Medical Auxiliary; Dr. Ben Berg, X-ray; Dr. Leonard Caccamo, Dangers of Self Medication; Dr. William Charlebois, From Medical School to Practice; Dr. H. P. McGregor, The Country Doctor; Dr. Robert Fisher, When to Call the Doctor; Dr. Alfred Cukerbaum, Insect Bites; Dr. Myron Steinberg, Varicose Veins; Dr. G. E. DeCicco, Free Polio Inoculations; Dr. S. F. Gaylord, Diabetes; Dr. Asher Randell, Transition of Children from Pediatrician to General Practice; Dr. John LoCricchio, Blood Dyscrasia; Dr. Joseph Sofranec, Childrens Orthopedics, Dr. Sidney Davidow, Pre-school Health Exams; Dr. James Smeltzer, Civilian Doctor in Armed Services; Dr. Edgar Baker, X-ray (view-box); Dr. and Mrs. Handy, Surgical Resident and Laboratory Technician.

Any suggestions for topics of interest to the public will be appreciated and we, the Audio-Visual Committee, would like to thank all the Doctors who have so generously and willingly given of their time.

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## NEWS NOTES

Dr. J. Claire Vance was in Cleveland, October 22 to 26, to attend the Interstate Post-graduate Medical Association of North America meeting which was held at the Hotel Statler.

The Sixth Annual Scientific Assembly of the Ohio Academy of General Practice was held in Columbus October 19 and 20. In attendance from here were Drs. J. L. Fisher, R. R. Fisher, F. A. Friedrich, F. A. Resch, P. Krupko, W. P. Young, J. L. Finley, H. P. McGregor, and U. A. Melaragno.

Dr. C. A. McReynolds followed the horses to Harrisburg the weekend of September 20th to see the show held there.

The Palmer House in Chicago was over-run with Youngstowners October 14th to 19th for the 61st Annual Meeting of the American Academy of Ophthalmology and Otolaryngology. Seen here and there were Dr. and Mrs. W. H. Evans, Dr. and Mrs. E. J. Wenaas, Dr. and Mrs. Cary Peabody, Dr. and Mrs. W. E. Sovik, Dr. L. Bloomberg, Dr. F. D'Amato, Dr. John E. L. Keys. If I missed any they must have been at 4811 Cicero Avenue?

Dr. and Mrs. A. E. Rappoport have returned from their so-journ to Europe. Hope he'll have something of interest for the next bulletin.

C.W.S.

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**NEW:**

## THERAGRAN LIQUID

Squibb Therapeutic Formula Vitamin Liquid

1 teaspoonful of Theragran  
Liquid is equivalent to  
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For patients of all ages who  
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Squibb Therapeutic Formula Vitamin Capsules

The six vitamins almost  
invariably associated  
with chronic vitamin  
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Each Theragran Capsule, or 5 cc. teaspoonful of Theragran Liquid, supplies:

Vitamin A (synthetic) .....	25,000 U.S.P. Units
Vitamin D .....	1,000 U.S.P. Units
Thiamine .....	10 mg.
Riboflavin .....	10 mg.
Niacinamide .....	150 mg.
Ascorbic acid .....	150 mg.

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

THERAGRAN CAPSULES: bottles of 30, 60, 100 and 1000.

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