



BULLETIN

of the
MAHONING
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MEDICAL
SOCIETY

May • 1957
Vol. XXVII • No. 5
Youngstown • Ohio

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Our President Speaks

It has been generally observed that more and more lay organizations are being formed in a dedicated interest to assist Medicine in fighting and conquering disease.

As physicians we are all heartened by the unselfish application of our fellow citizens in rallying others to take interest in the elimination of disease and the preservation of health. Accordingly, we should be quick to compliment our laymen friends in taking interest in medical matters. However, as physicians, we carry a considerable responsibility of leadership and proper direction of those who would work in our province and immediately advise them in the proper conduct necessary to best achieve their purpose.

Our responsibility assumes prompt realism when, as individuals, we are approached for advice on the formation of a new organization concerned with a health problem. While we should indicate a definite interest no matter how lightly we consider the worth to the community, we should refrain from discouragement, blanket endorsement or active participation until the matter is thoroughly reviewed by our Society. Moreover, definite acceptance of an appointment in an advisory capacity should be deferred until such Society endorsement.

Following review of objectives by Council of our Society the need for a proposed organization can be ascertained and proper direction can be provided in a positive manner. It is our continuing responsibility to indicate to our community by every media possible, that as a Society we are prepared to consider such proposals, and provide whatever physicians necessary to act in advisory capacity either to assist in a preliminary study of the proposed work of the organization or, if it fits into a pattern which will serve a community need, actively direct its program.

In the proper regulation of organizations we can prevent a needless overlapping of services provided by various groups, conceivably diminish a number of fund raising campaigns, and we can well prevent an over-emphasis of any one particular organization in the relative importance of its work. A proper working relationship between our Medical Society, our Co-ordinating Council, and other organizations can make for the most effective public participation in furthering the aims of Medicine.

It is our obligation to discourage the formation of any new group when it is quite evident that there is no community need for it or that its objective can be achieved by agencies already established. It appears that it is just as important for any group to first approach organized medicine in the community before setting up an agency in the interest of Medicine as it is for the patient to first see his physician for general examination to determine if a disease is present and if its nature dictates a need for treatment. Certainly, we shall serve the community equally well by discouraging such agencies as we feel are contra-indicated or in fact, impairing the effectiveness of those already established and doing a satisfactory job.

Finally, it should be emphasized that our Society must continually lead rather than be led in any matter pertaining to community health. We should

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Volume 27**May, 1957****Number 5**

Published for and by the Members of the Mahoning County Medical Society

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J. L. Fisher, M.D.**W. L. Agey, M.D.****C. A. Gustafson, M.D.****D. H. Levy, M.D.****STAFF****S. F. Gaylord, M.D.****S. Squicquero, M.D.****Mrs. F. J. Gambrel****Mrs. C. S. Lowendorf****Mrs. G. W. Cook****PHYSICIANS INCREASE ROLE IN CIVIC ACTIVITIES**

Many thousands of American physicians are joining other groups in community service projects. This is a commendable change.

There was another time in the development of our country when the doctor stood out in the community as a leader in community affairs. His relatively advanced education admirably augmented his natural inclination to leadership. His fellow-citizens expected him to assume this position. In many parts of the world this status is maintained even today.

With the advancement of the general educational level and the development of "specialists" in government, social activities, and almost every other phase of life, the physicians' position seemed to change. This was in no small measure also brought about by the rapid expansion of knowledge within the field of medicine making it necessary for physicians to spend more and more of their free time in the continued study of their own sphere in order to keep abreast of the times. It also became a part of the ethics of Medicine that one should shun all situations that might lead to publicity or notoriety. The idea behind this, of course, was that a man of medicine should grow in stature and reputation as a result of his professional achievements, best spread by word-of-mouth.

Thus it was that medicine withdrew into its ivory tower for better or for worse. And there it has remained for the last four or five decades with the exception of a few enterprising individuals who for one reason or another saw fit to invite the public eye.

With Medicine failing to maintain a proper liaison with society, there developed around its periphery individuals and groups who recognized this need and grew to fulfill it. Most of these were well-intentioned friends of Medicine who have been, and still are, its staunchest allies. Others have been somewhat less than this.

Recently (March 15) the A.M.A. editorially commented on this trend of doctor's joining in activities having community-interest. The article quoted Dr. Louis Bauer, past-president of the A.M.A., as having said, "The ready and constant willingness of the medical profession to take part in civic activities will be helpful to the community in solving health problems and will make

the community ready to turn to the profession rather than look to other less qualified groups.

Thus with the approbation of the A.M.A., the physician is being urged to re-enter public life. It is hoped that he will do so. It is expected that he will do so with the full knowledge of his County Society and that in so doing he will conduct himself in such a manner that his actions will at all times be in harmony with those of the Society.

—C. E. Pichette, M. D.

ODDS AND ENDS

Dr. and Mrs. Segal and Dr. and Mrs. Rizk attended a Pediatric Convention in Washington.

Dr. John Renner and family spent Easter with their son John at Yale University.

The Tornellos have a new baby boy.

On the mend or recuperated, our best to Drs. Birch and David Belinky.

Dr. and Mrs. Patrick B. Cestone were proud parents of a baby boy on April 23, 1957.

The contract has been let for the A. K. Phillips' new home.

Dr. and Mrs. Kunin have a new baby boy; he had to be operated just after birth but is doing fine now.

Condolences to Dr. Alex Calder on recent death of his father in Utica, New York.

Condolences to Mrs. Gaylord on recent death of her father.

Dr. and Mrs. Ivan Smith just came from Florida.

Dr. and Mrs. E. H. Young recently won fourth place in a pair game at the Ohio State Bridge Tournament which was held in Cleveland.

Rev. William Martin, Chaplain at St. Elizabeth Hospital, is convalescing nicely from a recent illness.

Dr. and Mrs. Anthony Bayuk who recently attended the Biennial Western Conference on Anaesthesiology at Sun Valley, Idaho, are now real ski enthusiasts, having bought all their equipment at Sun Valley.

Drs. Boivin and Bail recently left their surgical residency at St. Elizabeth Hospital to take up duty with the Air Force in Alabama. Incidentally, the Bails were recently proud parents of a son, Michael Walter.

\$95,000 was received by St. Elizabeth Hospital from the Ford Foundation, making a total of \$190,000.

Dr. John Keyes attended the Sectional Meeting of The American College of Surgeons and the Biennial Post-graduate Course in Ophthalmology at Walter Reed Army Medical Center, Washington D.C., March 18-21, 1957.

HAPPY BIRTHDAY ! ! !

H. L. Allen
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A. Bayuk
J. M. Benko
F. J. Biercamp
B. B. Burrows
A. Calder
G. W. Cook
G. E. DeCicco

S. F. Gaylord
C. A. Gustafson
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J. B. Kupec
E. R. McNeal
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COUNCILOR'S PAGE

This being about my 60th contribution to this page during the last 5 years, I was of the opinion that I would not write a page this month. But this morning at the hospital I was encouraged by what one of my colleagues said about my most recent article; so I take heart and write another. A pat on back makes one feel better!

Another colleague, whose ability and integrity I respect, told me recently in conversation at the hospital that the AMA and the OSMA are still in the "horse and buggy age!" He said most of the younger physicians feel this way about it. I asked him to put in writing his suggestions for changes; so we could know how this younger group feel about organized medicine. His reply was that — "I don't know that I am that much interested." This made me feel very badly. I have the greatest respect for this physician and know he is sincere in what he thinks. Now if this is typical of the thinking of some of our members, what can we do about it? There are three sides to every question; — your side, my side, and the right side.

I suggest that any county medical society that has members who are not fully enthusiastic about the OSMA and AMA should plan a meeting at which there would be a panel discussion on our medical organizations. A moderator and six participants could be on the panel. They could be chosen carefully so as to represent various viewpoints, and questions from the floor would bring out a lot of information. We who are actively engaged in the operations of our medical associations feel that we are doing, at least, a reasonably good job. If there are more things to be done, or things to be done in a different way, we honestly want to know about it. This panel discussion — free and open to all — would bring out a lot of viewpoints.

And another physician friend, a three board man, asked me to include the following observations in one of my pages. So here is his viewpoint on another controversial subject:

"In addition to the parent Local, State, and National Medical Associations, other groups have been organized: the various Colleges, Diabetic, Heart, Cancer, Chest, and a multitude of Societies. These vie with one another for publicity, public favor, and some with the apparent avowed purpose of collecting money to fight all manner of disease, by grants, fellowships, and a host of questionable purposes.

The inherent weapon of all this activity is the promise to the donors that this money will bring results, which we know are questionable. Many of these various efforts are but propaganda of groups over the country to advertise their products and their individuals. In addition, too great an amount of these gifts are wasted on overhead expenses, and in some instances at least fifty per cent or more sent to outside recipients. Far too little is used locally where the money was collected.

Much could be recounted on these subjects, but one must go on at this time to say that all Associations or Medical subjects should be subsidiary to the AMA and conform to the ethics and regulations of their constitution."

(Continued on page 180)



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FROM THE BULLETIN

Twenty Years Ago, — May, 1937

Dr. J. Douglas Taylor came from Montreal to speak on "The Treatment of Chronic Arthritis" that month. Nothing was said about the meeting or the speakers background but the Bulletin devoted ten pages to a reprint of an article on, "The Health Of The Nation" which purported to be "a resume . . . of what is wrong with American Medicine, and what to do to correct the condition."

The article is too long to be extracted here, but briefly it was based on the premise that modern medical care was not available to the great majority of the population and that the only agency able to remedy the situation was the government; with the emphasis on prevention of disease by the expansion of public health services, paying more attention to the health of the whole population than to the illness of the underprivileged.

There were three remarkable pictures of Medical Society picnics taken in 1913, 1914 and 1915 in the days when picnics were picnics. Fred Bunn was Superintendent of Youngstown Hospital and was responsible for organizing them. The chef from the hospital would prepare the ham and beans, corn, pie and coffee. Spitz Renner furnished the beer and a truck to take everything out to the place. The first ones were held out north of the Canfield Road just beyond Cornersburg where a creek crosses the road. Another place was Jackson's Gulch where Ray Fenton either fell in the lake or was thrown in during an argument over a poker game. There was always a ball game between teams from the two hospitals with loud arguments and high morbidity among both players and umpires. Kocialek fractured his humerus, Edgar Tobey developed a ventral hernia and Luxan was hit on the leg by a ball which ruptured his varicose veins and he was laid up for a month with phlebitis. There was some high class baseball talent those days. Bill Welsh was an old O.S.U. varsity pitcher and Wendell Bennett played on the Cornell team. Ice Nagel was a varsity catcher and M. P. Jones a beautiful outfielder. The trouble was they were not in condition and after the picnic many of the doctors went around in bandages and splints.

The first picnic this writer remembers was in 1918 and was held along Mill Creek where the Truesdale Road crossed over a little iron bridge. It is under Lake Newport now, right near the boat landing. We all went swimming in the creek sans bathing suits and there was a great flurry when some lady hikers came along and we all had to duck under. It was a secluded spot, far above Mill Creek Park those days, very beautiful and quiet. The Truesdale Road started at Glenwood Avenue near the Newport entrance and there was an old covered bridge over one branch of the Creek which had two channels through the valley.

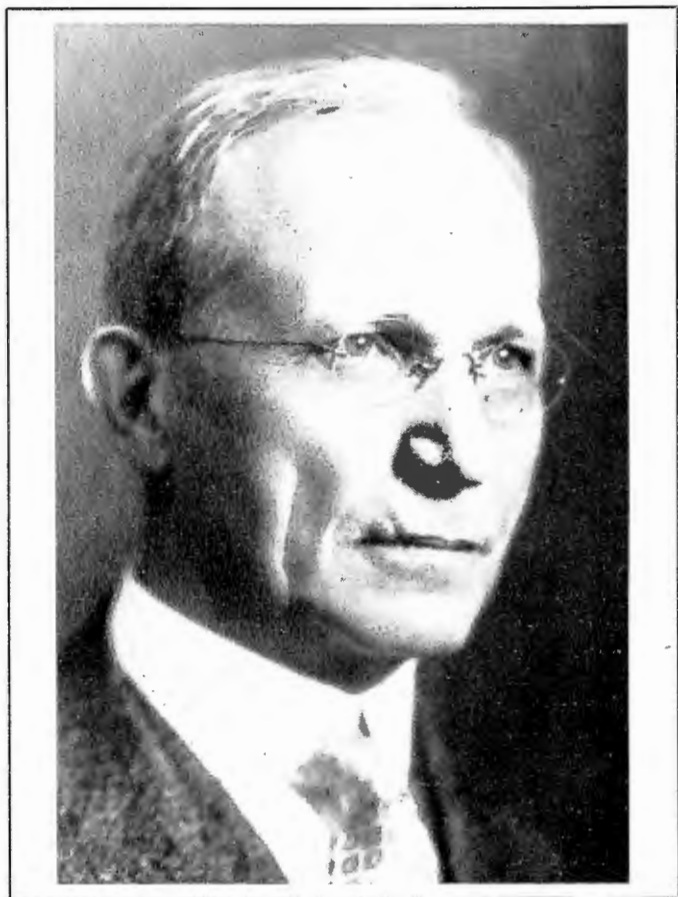
Besides baseball there were more sedate sports such as poker, trap shooting and crap games where the inequities between the incomes of the medical men and the surgeons were straightened out.

The pictures show some of the great figures in medicine of that day whose names should not be forgotten. There were W. H. Buechner, C. D. Houser, J. A. Sherbondy, H. E. Blott, C. R. Clark, C. C. Booth, John Heberding, R. D. Gibson, B. B. McElhaney, R. E. Whelan, R. M. Morrison, H. E. Patrick and Harry Evans.

Many of our members today do not remember Karl Allison, L. E. Phipps, H. L. Beers, W. P. Connor, Victor Wick, Sam Sedwitz, J. U. Buchanan, Jack Lindsay, Painter and Washburn, or A. M. Rosenblum.

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In Memoriam



Colin R. Clark, M. D.

(Continued from page 174)

They are remembered well by Bill Allsop, Dean Nesbit, Ray Fenton, Ralph Morrall, Joe Ranz and Earl Brant who were all there in the picture, looking much more youthful and slim than they do now. To quote from the Bulletin: "Those were picnics, occasions that knit together the warp upon which woof of your society today was erected. Without the close intimacies and friendships there engendered your Society would never have progressed as it has. Do you wonder that we oldsters look askance at the present day medical outings that resolve themselves into foursomes which separate for the afternoon and afford no opportunity to mingle? Oh! for an old time picnic!

J. L. F.

CATHOLIC PHYSICIANS WILL MARK GUILDS' SILVER JUBILEE IN JUNE

Catholic Physicians Guilds from 24 states, two Canadian provinces and Puerto Rico will take part in the celebration of the Silver Jubilee of the National Federation of Catholic Physicians Guilds here June 5.

On that day His Eminence, Francis Cardinal Spellman, Archbishop of New York and honorary chairman of the Silver Jubilee, will celebrate a Pontifical Anniversary Mass at 9 a. m. in St. Patrick's Cathedral in New York City.

Rev. Ignatius Cox, S. J., of Fordham University, first Moderator of the Federation, will preach the sermon at the Mass, which will be attended by Catholic hospital staffs and medical school alumni groups, in addition to the Catholic physicians who will be in New York for the convention of the American Medical Association.

Gen. Carlos P. Romulo, Philippine Ambassador to the United States, will speak at the Silver Jubilee banquet at the Waldorf-Astoria Hotel at 6:30 p.m. Cardinal Spellman will give the invocation and preside. About 1,000 persons are expected to attend the banquet.

As part of the Silver Jubilee observance, the Federation will make the first Thomas Linacre Award to the Catholic physician who has written the article for *The Linacre Quarterly*, official journal of the Federation, which best expressed the ideals of that publication. Thomas Linacre, a distinguished English humanist, was physician to Henry VIII, first president of the College of Physicians of London and received priest's orders in 1520, four years before his death.

In honor of the priests who serve as Moderators of Guilds, a chalice will be presented to the Medical Mission Sisters for use in one of their mission chapels. Another part of the Jubilee will be the presentation of gavels to the five past presidents of the Federation.

Many church dignitaries and distinguished physicians will be in New York City to join with the Federation in its anniversary celebration.

Dr. Melvin F. Yeip of Cleveland is president of the National Federation of Catholic Physicians Guilds.

The Silver Jubilee Committee, made up of prominent Catholic physicians from the New York area, is headed by Dr. Daniel A. Mulvihill of the New York Guild. Dr. Leo Kennedy of the New York Guild is treasurer and Dr. James T. Geddis of the Bronx Guild is his assistant.

Vice chairmen are Dr. Eusebius J. Murphy, Bronx Guild; Dr. Gerald Griffin, Brooklyn Guild; Dr. John G. Muccigrosso, Westchester Guild; Dr. J. MacFarlane, Queens Guild; Dr. James Corcoran, Nassau-Suffolk Guild.

Inquiries and reservations for the banquet should be addressed to Doctor Mulvihill, National Federation of Catholic Physicians Guilds, 453 Madison Avenue, New York 22, N. Y.

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(Continued from page 168)

vigorously lead in the direction of any medical activity particularly new activities along health lines and direct them, if possible, into channels which we feel should be guided by medical personnel or carefully advised by physician advisors. Every effort must be made to have our Society approached initially in a consideration of any health agency on health activity. If warranted, we should then promptly provide strong direction and lead the way in a manner characteristic of the highest ideals of medicine.

—Stephen W. Ondash, M.D.

WOMAN'S AUXILIARY NEWS

The Women's Auxiliary to the Mahoning County Medical Society had a luncheon at the Woman's City Club, April 16, at 12:30. Mr. Charles Vimmerstedt spoke on the subject of safety. He is the manager of the Safety Council of Greater Youngstown.

There was a report of the nominating committee. Officers for the following year are: President, Mrs. Cary Peabody; President-elect, Mrs. Earl Young; Vice-President, Mrs. Milton Kendall; Corresponding Secretary, Mrs. George Altman; Recording Secretary, Mrs. Paul Ruth; Treasurer, Mrs. A. Wm. Geordan.

—Mrs. C. S. Lowendorf

"I'M NOT JOINING ANYTHING!"

The doctor was cordial when I walked in for my annual checkup. But he wasn't too happy when I surprised him in the middle of my blood pressure test by asking—"Why don't you support your Chamber of Commerce?" I knew what his answer would be before he told me—

He didn't like organizations! That was the gist of it, as he busied himself with the stethoscope. "Professional men don't need the Chamber's help," he continued. "It's great for the corporation executive, the retailer and the tradesman. But not for me. I'm not joining anything!"

Look at it this way, I told him as we moved over to the X-ray machine. "It takes a growing city to give a professional man more opportunities. And that's how your Chamber works. It attracts new industries, more people—and so, in turn, new patients for doctors and dentists, new clients for lawyers and other professional men."

The rest was easy! Especially when I reminded him—"Professional men, as taxpayers, benefit from community activities. The Chamber is building business, and better business means wider professional opportunities."

It turned out happy all around. I got the big okay on my check-up and walked out feeling like I'd evened the score on services rendered. Guess that's just about the size of it too. Now there isn't a more ardent Chamber member in town than Doc—and you ought to see the patients pack his office come visiting hours.

—PETE PROGRESS

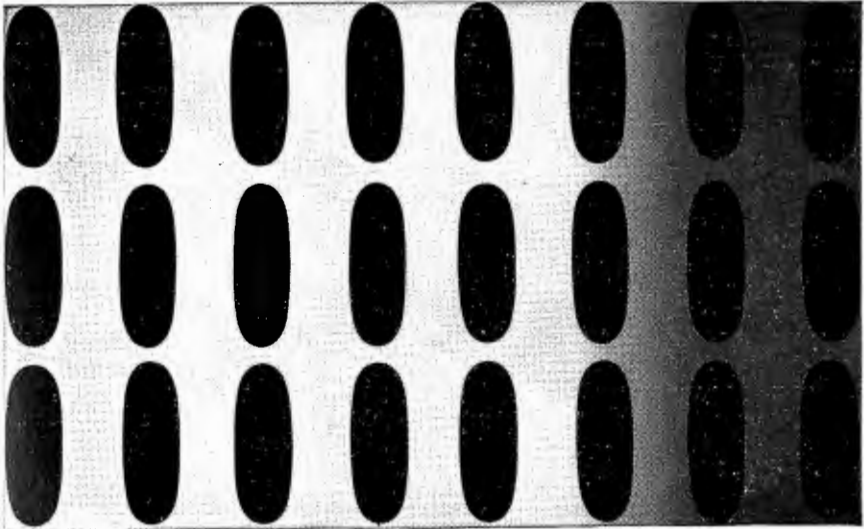
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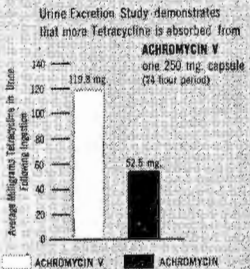


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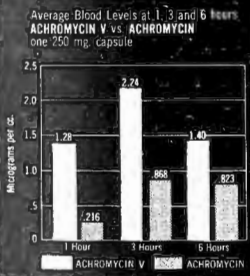
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(Continued from page 172)

Your Council met in Columbus on April 27-28. Read your journal to see what we did.

By the time this copy reaches you, the state meeting will be past. We hope you were able to attend. Summer will be well on the way and we hope all of you take time to have a vacation.

—C. A. Gustafson, M. D.

LEDERLE TOUR

A group of thirty members of the Mahoning County Medical Society were recently guests of the Lederle Laboratories at New York. Many of the doctors' wives accompanied their husbands on this interesting and educational tour of the facilities of this great pharmaceutical house.

It was a very pleasant journey. In addition to the above advantages, it gave many of us an opportunity to become better acquainted with our fellow-physicians.

THE POOR AUDIOPHILE

Doctors start more Hi-Fi kits than any other group — and few complete them. None-the-less, the profession constitutes one of the largest segments of high fidelity devotees. Always lovers of good music, good sound reproduction and listening, relaxes and refreshes the tired physician almost as much as the performance of the music himself on organ or piano. Building and maintaining a Hi-Fi system has stimulated more interest in happily forgotten physics than atomic medicine.

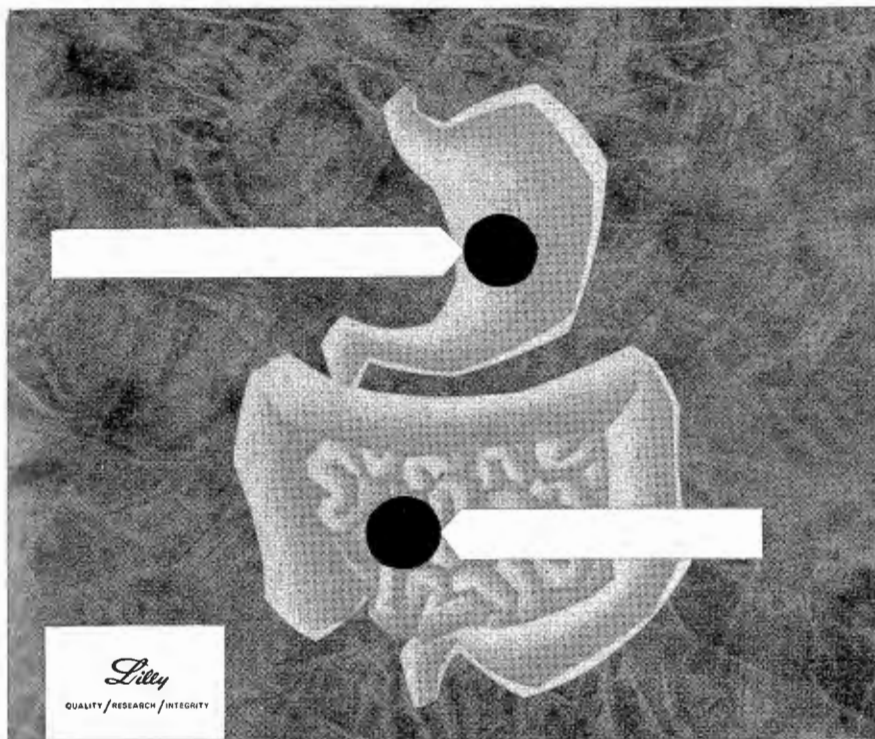
The ever tolerant wife sympathically endures the new vocabulary, cluttered workshop and expenditures, but frequently balks at the loudness of the "thing" and will insist on the volume being decreased to lessen vibration and neighborhood complaints. When two or three fans get together the rest of the group is stranded in its ignorance of decibel dialectics or poly-phonic polemics.

Nevertheless, the non-audiophile doctor must have a knowledge of the high fidelity systems and their addicts because psychiatrists are beginning to warn of the possible psychopathology of the fans. Dr. H. Angus Bowes of Quebec, discussed the ritualism and compulsive behavior of hi-fi "bugs." Some become "preoccupied with bizarre sounds . . . turn up volume to the physical level of pain . . . replace a true appreciation of music with a striving for effect (of) . . . extremely low frequencies that can be felt rather than heard and the highest frequencies that leave one's head numbed and ringing." The discussion of phallic symbolism, revenge motivation and the need for treatment concluded the address.

But I warn you, Dr. Bowes, we don't take easily to treatment!

—*The Bulletin of the Academy of Med. of Toledo & Lucas Co.*

If 1915 mortality rates had prevailed last year, Health Information Foundation points out, an additional 300,000 of the four million babies born alive would not have lived to celebrate their first birthday.



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Twin benefits in peptic ulcer therapy

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(Tricyclamol Chloride, Lilly)

Reduces gastric acidity and gastro-intestinal motility

'Elorine Chloride' effectively decreases gastric secretion and reduces motility of the gastro-intestinal tract (but not of the esophagus). Thus, it is especially valuable in peptic ulcer therapy. In one phase of a comprehensive study¹ of anticholinergic agents, 'Elorine Sulfate'* was shown to reduce gastric acidity to pH 4.5 or higher in all sixteen patients. This reduction was maintained from thirty to more than 270 minutes, and in nine of the sixteen patients it lasted longer than three hours.

1. Sun, D. C. H., and Shay, H.: A.M.A. Arch. Int. Med., 97:442, 1956.

*'Elorine Sulfate' (Tricyclamol Sulfate, Lilly)

Dosage should be tailored to the patient's tolerance. In peptic ulcer, the average adult dose ranges from 100 to 250 mg. three or four times daily.

'Elorine Chloride' is now available in pulvules of 50 and 100 mg.

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7680

EDITOR'S NOTE: The following was written by one of our nursing instructors, and we are inviting your attention and comments.

CURRICULUM CHANGES IN SCHOOLS OF NURSING

The major changes that have occurred in many nursing curricula in basic professional schools are the addition of courses whose subject matter will lead to the leadership and administrative ability so clearly required of the registered nurse today. These courses deal with ward management and team leadership, both supervisory and administrative; and their exact titles vary in different curricula in different nursing schools.

From these courses and others that comprise the curriculum, the student nurse is expected to emerge capable of handling all auxiliary personnel, such as the practical nurse, nurse aide, orderly, and ward secretary. She is also expected to exercise the best of interpersonal relationships with student nurses, graduate professional nurses, department heads, administrator, and doctors, all of whom possess and represent a wide variety of personalities.

As the professional registered nurse on a particular nursing division she is very often functioning as "team leader". Thus she is expected to understand the functioning, manipulation of the team, and capabilities of team members so that the most effective nursing care can be given to all patients by all personnel of the team.

Included in her actual ward management is effective execution of doctors' orders, which have become more voluminous and complex and are partly responsible for the professional registered nurse's time "at the bedside" being reduced.

Courses that have always been a part of the nursing curriculum such as anatomy and physiology, pharmacology, nursing arts, chemistry, microbiology, psychology nutrition, medical and surgical nursing, are still a part of the curriculum, and looking into the future it does not seem that they will ever be excluded.

A difference in presentation, time and sequence, depth and scope of the subject matter marks the alteration in the previously mentioned subjects. By this statement is meant that a greater variety of teaching methods is being utilized in the presentation of subject matter both in the classroom and clinical areas. Changes in time and sequence of courses have brought about a new approach which is educationally more sound and fruitful. For example, in the special area of pediatrics, when the student nurse is receiving pediatric subject matter in the classroom, she is also receiving simultaneously her clinical experience in pediatrics; both theory and clinical practice are concurrent and presented, as far as possible, in a correlated fashion. This is also true in basic medical and surgical nursing, obstetrics, operating room, and some phases of diet therapy experience.

The depth and scope in which subject matter in all areas is penetrated have been greatly increased and expanded to enable the professional nurse better to meet the demands being made upon her in this modern age.

Medical emphasis on prevention of disease has produced expansion of the curriculum to include extensive health teaching of the patient and family. Such material has permeated all courses thereby increasing their length and scope. In addition to this, the public health course itself has been increased in total hours so that the nurse will be more skilled in the areas represented by this phase of nursing, one of the more important being that of rehabilitation nursing.

(Continued on page 184)

hypnosis or sedation with increased safety

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Unique in chemical configuration, Medomin (heptabarbital Geigy) is metabolized more completely than conventional barbiturates, thus avoiding the danger of cumulation in fatty tissue.

Dosage: Hypnotic, 200-400 mg.; sedative, 50-100 mg. two or three times daily.

Scored tablets of 50 mg. (pink), and 200 mg. (white). Literature and samples available on request.

Geigy, Ardley, New York



Geigy

(Continued from page 182)

These changes in nursing curricula have been made in keeping with medical progress and the changing times to better prepare the graduates of professional schools of nursing to care for patients and assume leadership in society as has always been the goal of the nursing profession.

WHY WE NEED A FULL-TIME M. D. HEALTH COMMISSIONER

THE WORK RANGE OF ACTIVITIES OF A FULL-TIME M. D. HEALTH COMMISSIONER. WITH A MASTERS or PH. D. DEGREE IN PUBLIC HEALTH AND THE BENEFITS ARE:

1. VITAL STATISTICS.

The recording of vital statistics to a full-time physician Health Commissioner is done not just to keep statistics for statistics sake but to correlate these findings with the health of the community. Vital statistics have meaning for the doctor *and the community benefits*. The doctor in public practice must know how his community stands health-wise. If it is sick he must write the prescription.

2. LABORATORY SERVICES.

The laboratory in a city public health department offers the same service to the full-time health commissioner that the laboratory in a hospital offers to the doctor in the private practice of medicine. He must have the facilities for the diagnosis of communicable as well as non-communicable diseases and be able to perform, if necessary, and interpret laboratory examinations to determine safety and purity of water, food, milk, etc. It is true that some of this work, as in the hospital laboratory, may have to be detailed to other individuals, but the all important purpose of the laboratory and the doctor in charge is the interpretation of results. No one but a doctor is trained or capable of making this correlated study and the community benefits.

3. HEALTH EDUCATION.

Here the full-time health commissioner acts as a catalyst. He is the individual who may speak to the local county medical society. He will work with the school physicians and is contacted by the press for all releases regarding the public health of the community. It has been recently stated that the stimulation of the program of health education by the full-time health commissioner is one of the most important and beneficial and long term professional services rendered.

4. ENVIRONMENTAL HEALTH.

Perhaps the oldest and still one of the most important duties of the full-time M. D. working for the public health of the community is his watch dog activities over the water we drink, the food we eat, the shelter we live in, and of late the air we breathe. Underlying all this is sanitation. Without our present standard of sanitation which still leaves much to be desired, our present state of civilization could not exist. Here again the doctor practicing his specialty in public health is the only man capable of doing this all over job well. Benefits, a hundred fold, will accrue to the city that follows the progressive program of a medical specialist in public health.

5. CONTROL OF COMMUNICABLE DISEASES.

It seems hardly necessary to state that the only individual in a position to diagnose and treat a communicable disease involving either an individual or a group of individuals is a doctor trained in the knowledge of all diseases. *Who benefits* — the entire community.

the next patient you see



*that patient may need nutritional support
that patient may need a corrected diet and*

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capsules • liquid

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Vitamin A	25,000 U.S.P. units
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Thiamine	10 mg.
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Ascorbic acid	150 mg.

Supply: Theragran Capsules, bottles of 30, 60, 100 and 1000. Theragran Liquid, bottles of 4 fl. oz.

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6. PUBLIC HEALTH NURSING.

This has been one of the important branches of public health. The public health nurse works in close cooperation with the full-time commissioner. She brings good public health to the homes and often to homes that cannot otherwise be treated and observed. She, like the full-time health commissioner, is a watch dog over the general health of the community. The city will benefit if they come in and work in our community.

7. MATERNAL AND CHILD ACTIVITIES.

Here the health commissioner watches citywide the health of our mothers and babies. Is our maternal mortality and morbidity too high in comparison to other cities of similar size? Is our neonatal mortality and morbidity higher than it should be? Certainly every effort is made by the first class hospitals in the city of Youngstown to watch these conditions. However, a third and independent doctor observing these activities will be unbiased in his examination and recommendations and be another aid in improving maternal and child health conditions. Youngstown will benefit.

8. CHRONIC DISEASES IN ADULT HEALTH.

With the increasing life span of our people greater interest is needed in geriatrics. In the Youngstown area a new County Home is in the planning stage. A full-time public health commissioner would be interested in this program and, if available to the city of Youngstown at this time, could probably offer helpful advice in its construction and purpose. It would benefit the community.

9. OCCUPATIONAL HEALTH AND PRIVATE ENTERPRISE.

Here the doctor specializing in public health will watch industrial activity of the community as it affects the lives of those engaged in occupations.

10. ACCIDENTS

11. REHABILITATION.

PROCEEDINGS OF COUNCIL

MONDAY, APRIL 8, 1957

The regular monthly meeting of the Mahoning County Medical Society was held at the offices of Dr. M. W. Neidus, 318 Fifth Ave. Youngstown, Ohio, on Monday April 8, 1957.

The following physicians were present: S. W. Ondash, President, presiding, M. W. Neidus, A. Randall, Fred G. Schlecht, G. E. DeCicco, I. C. Smith, and P. J. Mahar. Also present were Messers. Stillson and Donahay. Meeting was called to order at 9:00 P. M.

The minutes of the previous meeting were read and approved.

COMMUNICATIONS:—The following communications were read by the Secretary and action taken as indicated.

A. A letter from Mr. Ernest A. Credico, sub-division manager of The Division of Aid For The Aged and dated April 4, 1957. In the communication, the attention of the Society was directed to the requirement of examination of a recipient patient by a disinterested physician prior to admission of a recipient of Aid for The Aged to those Nursing Homes in which Physicians have a financial interest. Without such examination, the Division of A.F.A. will not approve payment for nursing care of a recipient in such a home if the admission of the recipient-patient is ordered by such physician.

ACTION: The following motion was made seconded and duly passed. "That the President of the Society be authorized to name a physician and a

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Each tablet contains:

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crystalline125,000 units
or 250,000 units
or 500,000 units

Sulfadiazine0.167 Gm.

Sulfamerazine0.167 Gm.

Sulfamethazine0.167 Gm.

Adult dosage: 125M — 2 tablets
every four to six hours; 250M and
500M — 1 to 2 tablets every six
hours.

Available in bottles of 50 tablets.
The 125M strength also available
in bottles of 500.

*TRADEMARK, REG. U. S. PAT. OFF.

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physician-alternate to be available for, and conduct such examinations as per the fee schedule of the A.F.A."

B. A letter from Mr. D. R. Mellon, Health Commissioner of the City of Youngstown with reference to a release from the State Department of Health on the Rheumatic Fever Prophylaxis Program, and dated March 15, 1957. The letter refers to a release from the Ohio Department of Health dated March 1, 1957, calling attention to the initiation of a State-wide Rheumatic Fever Prevention Program. It also calls attention to certain antibiotics which would be provided, free of charge, upon the request of the attending physician for his use in the prevention of recurrence of any previously diagnosed case of rheumatic fever. There will be no charge made to the Physician or the patient for these drugs. The physician of course, may make a charge to the patient for the administration of the drug if he so desires. The release strongly urged that this program be physician centered.

ACTION: The President referred the letter to Dr. John Rogers, president of the Youngstown Heart Association and also directed that its content be publicized in the Bulletin.

The following resolution was presented by Dr. E. J. Reilly for council approval and subsequent presentation to the House of Delegates during the Convention of the Ohio State Medical Association May 14-16.

RESOLUTION:

RESOLUTION

WHEREAS: It has been the duty and privilege of the medical profession to provide medical attention to the indigent in our communities, and

WHEREAS: There is a bill before the Ohio State Legislature (HB 912) providing for city and general health districts to administer Salk Polimyelic vaccine to all persons under 19 years of age without cost, and

WHEREAS: Increasing numbers of organizations are fostering group examination and/or treatments of their employees or members, thereby denying the time-honored physician-patient relationship and free choice of physician.

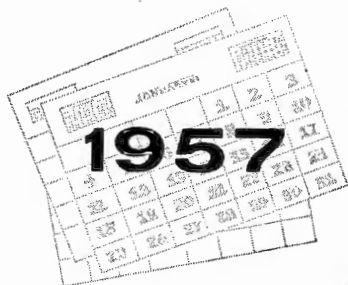
THEREFORE BE IT RESOLVED: That the Ohio State Medical Association approve the continuance of the administering to the indigent as in the past, and

FURTHER RESOLVED: That the Ohio State Medical Association strongly oppose HB 912 and any legislation of similar nature, and

FURTHER RESOLVED: That the Ohio State Medical Association oppose all forms of group examinations and/or treatments either by management or labor organizations and strongly recommend that said examinations in the physicians office, to continue physician-patient relationships at its high standards, and

FURTHER RESOLVED: That the delegates of the Mahoning County Medical Society attending the Annual Assembly of the Ohio State Medical Association in Columbus, May 14-16 be instructed to present this resolution for the approval of the House of Delegates of the Ohio State Medical Association.

ACTION: Upon motion, the Resolution was seconded and duly passed and referred to our Delegates and also to Dr. C. A. Gustafson, Councilor for the 6th District for proper presentation to the Ohio State Medical Association.



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initial tetracycline blood levels

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the broad clinical spectrum of SUMYCIN against pathogenic organisms

Large Viruses	Rickettsias	Proteus	Shigella	Gram Negative Bacteria				Gram Positive Bacteria					
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EXPENSES FOR DELEGATES: The matter of expenses for our three (3) delegates in connection with attendance to the regular meeting of the Ohio State medical Association May 14-16, was discussed. The following motion was made seconded and duly passed: "That each of the three (3) delegates be authorized mileage to and from the point of convention in the amount of 10¢ per mile."

OFFICE OVERHEAD INSURANCE: Messers. Stillson and Donahay who underwrite our Health and Accident insurance on a group basis, presented information with regard to *Office Overhead Expense Protection*. This represents a special Tax Deductible Disability Insurance Program and is gaining considerable interest among Physicians.

ACTION: "The following motion was made, seconded and passed. "That Stillson and Donahay, be authorized to compile pertinent data on such insurance which would be underwritten on a group basis and would therefore have a more attractive premium, and to circulate this data with application blanks to our membership with least practicable delay" It was deemed advisable that our members not consider any other insurance until they have received this data from them in the very near future.

The President emphasized that this represented one of the many services which the Society can offer to its membership.

APPLICATIONS:

ACTIVE

Herman L. Allen, Yo. Hospital Ass'n, Youngstown, Ohio.

BILLS: The bills were read and a motion was made, seconded and duly passed to pay each one.

—M. W. Neidus, M.D.
Secretary

MANY STUDENTS ENTER MEDICAL SCHOOL WITH "C" AVERAGE

Chicago — You don't have to be a "brain" to get into medical school.

A recent report by the American Medical Association shows that 13.6 per cent of the students who entered the nation's 76 approved four-year medical schools during the 1955-56 academic year had a "C" college grade average.

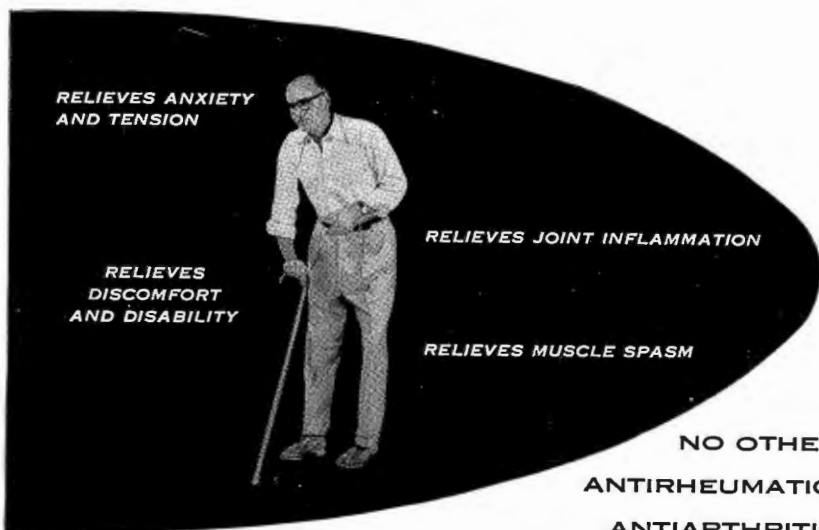
Over a six-year period, 70.6 per cent of the entering students had a "B" average while, over the same period, only about 15.8 per cent of the entering classes had the enviable "A" average.

"College academic achievement as measured by scholastic records is only one factor among many utilized in the selection of medical students," the report said.

AMA News Letter

In Canada there are about 16,000 doctors—about one doctor for every 950 people. This is about the same ratio as there exists in Great Britain and interestingly, the ratio has been maintained with remarkable constancy since 1900, that is, the growth of the profession has kept pace with the increase of population. In the United States there are 218,000 physicians, one for every 780 people.

—Med. Sc. Vol. I. No. 4



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Indications: Rheumatoid arthritis, rheumatoid spondylitis, Still's disease, psoriatic arthritis, tenosynovitis, myositis, fibrositis, intractable asthma, respiratory allergies, allergic and inflammatory eye and skin disorders.

Dosage: 1 or 2 tablets 3 or 4 times daily.

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MEETINGS — MAY, 1957

- AMERICAN GOITER ASSOCIATION, Annual meeting in the Statler Hotel, New York City, May 28-30. Dr. John McClintock, 149½ Washington Ave., Albany, N. Y., Sec.
- AMERICAN GERIATRICAL SOCIETY, May 30-31, Waldorf-Astoria, New York, N. Y. Dr. Richard J. Kraemer, Secretary-Treasurer, 2907 Post Road, Greenwood, R. I.
- INTERNATIONAL COLLEGE OF SURGEONS, (U. S. Section and Canadian Section) May 30 - June 2, White Face Inn, Lake Placid, New York.
- AMERICAN COLLEGE OF CHEST PHYSICIANS, May 29 - June 2, New York. Murray Kornfeld, 112 E. Chestnut St., Chicago, Ill.
- AMERICAN ASSOCIATION FOR THORACIC SURGERY, May 4-7. The Palmer House, Chicago, Ill. Secretary, H. T. Langston, M. D., 1919 W. Taylor St., Chicago 12, Illinois.
- AMERICAN ASSOCIATION OF GENITO-URINARY SURGEONS, May 1-3. The Homestead, Hot Springs, Va., Secretary, John A. Taylor, M. D. 2 E. 54 St., New York 22, N. Y.
- AMERICAN GYNECOLOGICAL SOCIETY, May 27-29. The Homestead, Hot Springs, Va. Secretary, Andrew A. Marchetti, M. D., Georgetown University Hospital, Washington 7, D.C.
- AMERICAN SURGICAL ASSOCIATION, May 8-10, The Palmer House, Chicago, Illinois, Secretary, R. K. Gilchrist, M. D., 59 E. Madison Street, Chicago 3, Illinois.
- AMERICAN UROLOGICAL ASSOCIATION, May 6-9, William Penn Hotel, Pittsburgh, Pa. Secretary, Samuel L. Raines, M. D., 188 S. Bellevue Blvd., Memphis, Tenn.
- OHIO STATE MEDICAL ASSOCIATION, May 14-16, Veterans Memorial Building, Columbus, Mr. Charles Nelson, 79 E. State St., Columbus 15, Executive Secretary.
- AMERICAN PSYCHOSOMATIC SOCIETY, Atlantic City, May 4-5, Morton F. Reiser, 451 Madison Avenue, New York 22, N. Y.
- AMERICAN FEDERATION FOR CLINICAL RESEARCH, Atlantic City, N. J., William Stead, Veterans Hospital, Minneapolis 17, Minn. May 5.
- NATIONAL TUBERCULOSIS ASSOCIATION, May 5-10, Kansas City, Mo., Mrs. Morrell DeReign, 1790 Broadway, New York 19, N. Y.
- ASSOCIATION OF AMERICAN PHYSICIANS, May 7-8, Atlantic City, N. J., P. B. Beeson, Yale University School of Medicine, New Haven, Conn.
- SCIENTIFIC MEETING OF THE NEW ENGLAND CARDIOVASCULAR SOCIETY, May 13 in Boston. Alexander S. Nadas, M. D., Secretary, The New England Cardiovascular Society, care of The Massachusetts Heart Association, 650 Beacon St., Boston 15, Mass.
- SOCIETY OF NEUROLOGICAL SURGEONS, St. Louis, Mo., May 17-18. Dr. Bronson Ray, 525 E. 68th St., New York 21, N. Y., Secretary.
- AERO MEDICAL ASSOCIATION, Shirley-Savoy Hotel, Denver, May 5-8, Dr. Thomas H. Sutherland, P. O. Box 26, Marion, Ohio, Secretary.
- AMERICAN ASSOCIATION OF THE HISTORY OF MEDICINE, John Marshall Hotel, Richmond, Va., May 6-8. Dr. John B. Blake, 66th St. & York Ave., New York 21, Secretary.
- AMERICAN COLLEGE OF CARDIOLOGY, May 15-17, Hotel Willard, Washington, D. C. Dr. Philip Reichert, Empire State Bldg., New York 1, Secretary.
- AMERICAN GASTROENTEROLOGICAL ASSOCIATION, Broadmoor Hotel, Colorado Springs, Colo., May 17-18. Dr. H. Marvin Pollard, University Hospital, Ann Arbor, Michigan, Secretary.

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... mild antidepressant, unrelated to amphetamine, brightens outlook and renews vigor — with little or no effect on appetite or blood pressure.

AVERAGE DOSAGE: 10 mg. b.i.d. or t.i.d.
SUPPLIED: Tablets, 5 mg. (yellow), 10 mg. (light blue), 20 mg. (peach-colored).

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- AMERICAN GASTROSCOPIC SOCIETY, Broadmoor Hotel, Colorado Springs, Colo., May 16. Dr. C. Wilmer Wirts, 1025 Walnut St., Philadelphia 7, Secretary.
- AMERICAN LARYNGOLOGICAL ASSOCIATION, Hotel Statler, Washington, D. C., May 3, Dr. Harry Schenck, 326 S. 19th St., Philadelphia 3, Sec.
- AMERICAN OPHTHALMOLOGICAL SOCIETY, The Homestead, Hot Springs, Va. May 30-June 1. Dr. Maynard Wheelen, 30 W. 59th St. New York 19, Secretary.
- AMERICANOTOLOGICAL SOCIETY, Hotel Statler, Washington, D. C., May 4, Dr. Lawrence Boies, University Hospital, Minneapolis 14, Secretary.
- AMERICAN PSYCHIATRIC ASSOCIATION, Morrison Hotel, Chicago, May 13-17, Dr. William Malamud, 80 E. Concord St., Boston 18, Secretary.
- AMERICAN PSYCHOANALYTIC ASSOCIATION, Hotel Morrison, Chicago, May 9-12. Dr. Douglas Bond, University Hospitals, Cleveland 6, Secretary.
- AMERICAN SOCIETY FOR CLINICAL INVESTIGATION, Haddon Hall, Atlantic City, N. J., May 5-6. Dr. J. D. Myers, University of Pittsburgh School of Medicine, Pittsburgh 13, Secretary.
- AMERICAN SOCIETY OF MAXILLOFACIAL SURGEONS, Minneapolis, May 12-15. Dr. John Drummond, 1414 Drummond St., Montreal, Quebec, Canada, Secretary.
- AMERICAN SOCIETY FOR THE STUDY OF STERILITY, New York, May 31-June 2. Dr. Herbert Thomas, 920 S. 19th St., Birmingham 5, Ala., Secretary.
- AMERICAN THERAPEUTIC SOCIETY, Essex House, New York, May 30-June 2, Dr. Oscar Hunter, Jr., 915 19th St., N. W., Washington 6, D. C., Secretary.
- AMERICAN TRUDEAU SOCIETY, Muehlebach Hotel, Kansas City, Mo., May 6-9. Dr. William Childress, 1790 Broadway, New York 19, Secretary.
- EASTERN SURGICAL SOCIETY, University of Virginia Medical School, Charlottesville, Va., May 16-18. Dr. Howard Ulfelder, 264 Beacon St., Boston 15, Mass., Sec.
- NORTH PACIFIC PEDIATRIC SOCIETY, Olympic Hotel, Seattle, May 9-11. Dr. Peter Spohn, 3195 Granville St., Vancouver, B. C., Canada, Sec.
- SOUTHWEST ALLERGY FORUM, Fort Worth, Texas, May 5-7. Dr. Sim Hulsey, 701 Fifth Ave., Fort Worth, Texas, Secretary.
- THE ENDOCRINE SOCIETY, Hotel New Yorker, New York, May 30-June 1. Dr. Henry Turner, 1200 N. Walker St., Oklahoma City 3, Secretary.
- INTERNATIONAL CONFERENCE ON AUDIOLOGY, Chase Hotel, St. Louis, Mo., May 14-16, Dr. S. Richard Silverman, Central Institute for the Deaf, 818 S. Kingshighway, St. Louis, Mo.
- INTERNATIONAL CONGRESS OF INTERNATIONAL SOCIETY OF BRONCHOESOPHAGOLOGY, Phila., Pa., May 12-13. Dr. Chevalier Jackson, 3401 N. Broad St. Phila. 40, Pa., Secretary.
- INTERNATIONAL CONGRESS OF OTOLARYNGOLOGY, Hotel Statler, Washington, D. C., May 5-10. Dr. Paul Holinger, 700 N. Michigan Ave., Chicago 11, Ill. General Secretary.

MEETINGS — JUNE, 1957

- THE AMERICAN ORTHOPAEDIC ASSOCIATION — June 24-27, The Homestead, Hot Springs, Virginia.

...IN URINARY COMPLAINTS

- * Sterilizes urine in 1 to 3 days
- * Relieves burning in minutes
- * Effective in 93-98% of cases

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LOCALIZED ANTIBACTERIAL ACTIVITY

Sulfacetamide—eliminates mixed infections rapidly because of its unusual solubility in acid urine common to bacterial invasion of the urinary tract. No renal damage, concretions or anuria.

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Antibacterial • Analgesic • Antispasmodic

—the dual activity of SULFID with the well-known antispasmodic effect of natural belladonna alkaloids.

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new... a more potent, longer-acting progestational agent

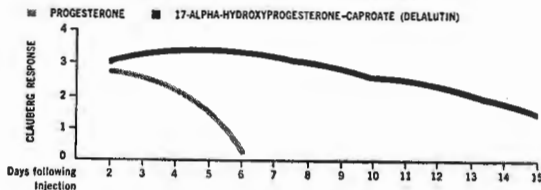
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SQUIBB 17-ALPHA-HYDROXYPROGESTERONE-CAPROATE

a single injection provides sustained
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when enough estrogen is present,
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- AMERICAN ACADEMY OF TUBERCULOSIS PHYSICIANS, June 1, Henry Hudson Hotel, New York, Oscar Levin, P. O. Box 7011, Denver 6, Colo.
- AMERICAN SOCIETY FOR VASCULAR SURGERY, June 2, Hotel Biltmore, New York, Henry Swan, 4200 E. 9th Ave., Denver 20, Colo.
- AMERICAN MEDICAL ASSOCIATION ANNUAL MEETING, New York, June 3-7. George F. Lull, M. D., American Medical Association, 535 N. Dearborn St., Chicago 10, Ill.
- AMERICAN SOCIETY FOR PEDIATRIC RESEARCH, June 16-21. Carmel, Calif., Sydney Gellis, 330 Brookline Ave., Boston 15, Mass.
- AMERICAN PEDIATRIC SOCIETY, June 17-19, Carmel, Calif., A. C. McGuinness, 1427 Eye Street, N. W., Washington 5, D. C.
- AMERICAN DIABETES ASSOCIATION, Hotel Commodore, New York, June 1-2. Dr. Franklin Peck, Sr., 1 E 45th St., New York 17, Executive Secretary
- SOCIETY FOR INVESTIGATIVE DERMATOLOGY, Belmont-Plaza Hotel, New York, June 1-2. Dr. Herman Beerman, 225 S. 17th St., Philadelphia 3, Sec.
- NINTH ANNUAL SUMMER CLINICS of the Children's Hospital in Denver, Colo., June 24, 25, 26. Summer Clinics Committee, Children's Hospital, Denver, Colo.
- THE FEDERATION OF CATHOLIC PHYSICIANS' GUILDS, June 5, New York City. (St. Patrick's Cathedral and Waldorf-Astoria Hotel) Silver Jubilee Committee, Federation of Catholic Physicians' Guilds, 453 Madison Ave., New York 22, N. Y.

MEETINGS — JULY, 1957

- EASTERN REGIONAL DIVISION of International College of Surgeons, July 1-5, Dixville Notch, New Hampshire.

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 carotene—a teen-aged redhead.
 trypsin—a misdemeanor while traveling.
 tryptic—what you get from the Automobile Club.
 codeine—Associate Dean of the College.
 ccuching—fun with the Psychoanalyst
 comose—Perry's kids.
 hippocampus—College grounds for hippopotami.
 cortin—dating the girl friend.
 cicatrix—tired of magicians.
 nutrix—some new slight-of-hand
 ohm—no place like it.
 pannus—what the critics do.
 pap—Mom's husband.
 depressor—the guy who presses your suit.
 plantar—a mortician.
 pyknic—fun in the park.
 septic tank—a sick drunk.
 hormone—a prostitute's lament.
 cataract—Niagara Falls.
 catenoid—a disturbed feline.
 pycnosis—a reprehensible habit.
 semen—sailors.
 Schick Test—trying out an electric razor.
 falciform—A "bra" for mammary deficits.
 mushroom—a place for osculation and necking.
 vortex—a wartime tax.
 carbak—a repossessed auto.
 chorea—where the boys fought.
 cataphasia—a feline loss of memory.
 polypus—a parrot's face.
 radicle—an extreme leftist.
 miscible—feeling very bad.
 gunma—your baby's grandma.
 pleural—opposite of singular.
 phose—enemies.
 cauterize—he got her attention.
 uragogue—you're astonished.
 dose—dese, dem and . . .
 dossil—easy to get along with.
 dyskinesia—this can make you comfortable.
 mammin—yes ma'am, no ma'am.
 cecum—look for him.

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Recognition should be given by all of us to Dr. Clyde K. Walter of Canfield, Ohio, for his having won the Bela Schick Award for the best paper by an Associate-Fellow of the American College of Allergy. Dr. Walter's paper dealt with "Allergy As A Cause of Genito-Urinary Symptoms." It was discussed by Dr. William L. Mermis of Youngstown.

The entire article and discussion will be published in this Bulletin one day. At Dr. Walter's request it is being withheld until permission is obtained from the editor of the Annals of Allergy.

Once again—Congratulations! !



COUNT YOUR BLESSINGS

It's time the general practitioner woke up to the advances he's made in recent years. So says Dr. Dwight H. Murray, president of the A. M. A. and himself a G. P.

Writing in an issue of MEDICAL ECONOMICS, he bluntly emphasizes his belief that "the G.P. of today has far more blessings to count than he realizes."

"Just nine short years ago," he points out, "the collective 'specialty' of general practice seemed stone-cold dead. There was no pride in the G.P.'s voice of manner when he called himself a family physician . . . In 1947, though, something happened that snatched the corpse from the embalming table and breathed new life into it: The American Academy of General Practice was formed."

The Academy, observes the A.M.A. president, "has given the G.P. a much-needed feeling of 'belonging.' It has brought paternal guidance to a once-disorganized group." And most important, he says, it has won wider hospital privileges for its members, wringing from the A.M.A. a promise that G.P.s won't have their privileges restricted by hospitals merely because they are G.P.s.

In view of these achievements, Dr. Murray tells MEDICAL ECONOMICS readers, it's up to G.P.s to prove individually that they can handle various hospital assignments. "If (a doctor's) honest with himself," he adds, "he won't then attempt anything that he's not fully qualified to do."

As generalists show their qualifications, Dr. Murray observes, the gap between the general practitioner and the specialist will be reduced. "We now have a fine opportunity to close it tightly," he says. "As a G.P., that's my fondest wish. As President of the A.M.A. . . . it's my dedicated objective."

—Medical Economics

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OFFICE PERSONNEL

The key to improved efficiency in a physician's office may be in the hands of his medical office personnel, a nationwide survey reveals.

Are medical secretaries and assistants properly trained for their jobs? Does the physician-employer properly delegate duties to office personnel to make best use of individual skills and training? Are there tasks which the physician should assign to an aide in order to give him more time to see patients?

These are some of the questions which are answered in a study conducted last year to determine the ideal knowledges, skills and personal qualities of medical secretaries. Conclusions were based on mail-questionnaire information supplied by approximately 500 top-notch medical secretaries and on personal interviews with physicians and business educators. The study was conducted by Harold Mickelson, Northeast Missouri State Teachers College, in cooperation with the American Medical Association. Mickelson completed the study in connection with his work toward a Doctor of Education degree at Indiana University.

Mickelson analyzed those activities performed in physicians' offices, classifying them into three categories: (1) highly technical medical activities which under normal conditions only a physician can perform; (2) semitechnical medical activities which may be performed satisfactorily by medical office personnel under the supervision of the physician, and (3) business office activities of a routine or management nature which are ideally performed by the secretary or aide.

Mickelson concludes that "physicians are not making maximum use of their extensive training when they unnecessarily perform semitechnical medical and business activities." To help physicians determine what responsibilities can be properly delegated to office personnel, Mickelson is currently preparing a system for assigning duties which will be furnished by AMA to medical societies.

A highly competent secretary, he believes, can relieve a physician of performance of all or nearly all business — office and semitechnical medical activities connected with his practice. The physician, however, still remains responsible for supervision of these activities.

Physicians interviewed agree with Mickelson. One doctor expressed the opinion that "there is almost no ceiling to the responsibility that an outstanding secretary can take over for a physician." Another said: "There is no practical way to practice medicine today without a medical secretary." The consensus was that it is penny-wise and pound-foolish to employ an incompetent aide.

Where can girls get proper medical secretarial training? What kind of schools should offer training to medical aides? Mickelson believes training should be at the post-high-school level and that a four-year college-degree training program is preferable to a shorter course.

According to Mickelson, only schools with strong business training and strong science departments can offer the kinds of courses and the quality of training that is desirable. His recommendations for course content include development of high level competency in all generally accepted secretarial skills, business office activities peculiar to the medical office, and all semitechnical activities ordinarily performed by physicians' employees. Semitechnical activities are those related to the examination or treatment of patients, weighing patients, taking temperatures and blood pressures, assisting with minor office surgery or treatment procedures, giving



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certain types of injections, sterilizing instruments, and conducting some laboratory tests, such as urinalysis and simple blood tests.

Students also must develop certain personal qualities important to their particular job success. These personal qualities were listed by physicians in interviews and are considered necessary in the good medical secretary or aide. They include: pleasantness, neatness, ability to get along with people, ability to use the telephone effectively, intelligence, politeness, ability to keep secrets, interest in and feeling for people, initiative, honesty, enthusiasm, interest in medical work, loyalty, cooperation, conservatism, pleasant voice, self-confidence, ability to make decisions, ability to instill confidence, willingness to continue to learn on the job, dependability, patience, aggressiveness (must not be shy), accuracy, memory, maturity, and a sense of humor.

On the basis of the survey, a number of steps which medical associations and medical secretary-assistants groups can take to help provide a greater force of better-trained aides in the future are suggested:

1. Encourage schools with the necessary personnel and facilities to offer high-quality medical secretarial training.
2. Recruit high school graduates for high-quality medical secretarial training.
3. Organize or assist in organizing refresher courses in medical office administration for the employed medical secretary and assistant.
4. Persuade individuals currently employed as medical secretaries to increase their effectiveness on their jobs through additional training in school and/or on the job.
5. Point out to physicians the importance of employing well-qualified medical secretaries and renumrating them adequately.

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PUBLIC RELATIONS COMMITTEE MEETING

This is a report on the meeting of the Public Relations Committee held at the Elks Club on April 18, 1957. Drs. Shensa (Chairman), Schreiber, Geordan, and Galyord and Mr. Paul Herald were present.

Dr. Galyord is setting up a file of all newspaper and magazine articles pertaining to Medicine—favorable and unfavorable—particularly those pertaining to local doctors. He is also getting statistics on the number of hours the doctors spent in the Clinics the past year and the number of patients operated on this past year gratis, for future use.

Dr. Geordan has prepared a small paper — "What to do in Emergency Poisoning at Home". This is to be printed and distributed to patients through the doctors offices as a courtesy of the Mahoning County Medical Society. He is also involved in a much greater and important project. An Orientation or Refresher Course and dinner for the doctors secretaries is to be held sometime in October. Speakers will give talks of ten minutes duration following the dinner. This is a first-time project and something new. We hope for maximum co-operation from the doctors. More details on this will be given later.

Dr. Jack Schreiber gave a report on his monthly television program on WFMJ from 11:20 p. m. to 11:30 p. m. The name of the program is "This Concerns You." It is sponsored by Mahoning County Medical Society. The program is short and excellent, taking in a variety of medical topics. If called upon to co-operate, please do so — who can tell — you may be called to Hollywood.

The enthusiasm of the members of the Public Relations Committee is very gratifying.

L. S. Shensa

THE HEALTH PICTURE, USA

In a special report issued March 7, 1957, Dr. Thomas H. Alphin, director of the AMA's Washington Office furnished the following statistics to tell the story of federal health programs and medical legislation:

Cost of Medical Care in the U. S.

When the various parts that go into the Nation's health bill each year are added up, the total is staggering. Estimates of private and public spending include the cost of everything from patent medicine and toothpaste to surgeons' fees. Private care for the country in 1955 was placed at \$11.2 billion, while public care (federal, state and local) was estimated at \$3.9 billion. The following figures for private care costs are for 1955.

\$3.4 billion for physicians' charges.

\$3.7 billion for hospital charges.

\$2.3 billion for charges for drugs and appliances.

\$1.8 billion for other charges, including nursing, etc.

Health and Medical Resources

The medical "plant" that provides the country with the finest care of any nation is equally impressive when viewed statistically. In one area, that of medical school graduates, bare statistics fail to tell the whole story. They do not, for instance, reflect the increased utilization of physicians' skills and the advance of medical knowledge in treatment of patients.

225,579 physicians in U. S. in January, 1956.

1,604,000 hospital beds in U. S. in 1955.

430,000 professional nurses in 1955.

300,000 practical nurses, attendants, nurses' aids in 1955



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- 4,735 medical school graduates in 1930.
- 5,275 medical school graduates in 1940.
- 6,135 medical school graduates in 1950.
- 6,845 medical school graduates in 1956.

Voluntary Health Insurance

Another development of great importance in the furnishing of medical care has been the growth of voluntary health insurance. Twenty years ago the number of persons covered by some form of health insurance was only 1.5 million. When the drive was on for compulsory health insurance in 1949, just over 50 million persons were covered by voluntary insurance. Organized medicine contended then that voluntary coverage would expand, thus obviating the need for government insurance. The figures below proved this was a good estimate of the situation.

- 110,000,000 persons now covered for hospital charges.
- 92,000,000 persons now covered for physicians' charges for surgery.
- 55,000,000 persons now covered for physicians' medical charges in hospitals.
- 10,000,000 persons now covered for physicians' home and office call charges.
- 10,000,000 persons now covered for major medical expenses (catastrophic) compared with 1,200,000 covered in 1953.

Health Bills Introduced in Congress

National legislators have not held back on the sponsoring of many health and medical bills. They cover just about every phase of medicine and human welfare. Most of them, of course, never get past committees. But as an indicator of the growing interest in health legislation these figures on bills introduced are illuminating.

- 250 measures, 1951-1952, 82nd Congress
- 407 measures, 1953-1954, 83rd Congress
- 571 measures, 1955-1956, 84th Congress

Potential Beneficiaries of Federal Medicine

Some of the greatest activity in the health field has involved laws and amendments to laws that widen the scope of medical care for federal beneficiaries. The very latest is Medicare voted last year for military dependents. Today nearly one out of every four persons, including over 22 million veterans, is eligible to receive at no cost to them some degree of medical care from the Federal Government.

- 22,599,000 living veterans as of January 1, 1957.
- 5,200,000 military personnel and their dependents.
- 300,000 beneficiaries of the Public Health Service, including 200,000 seamen, but excluding beneficiaries of Federal Employees' Compensation Act and Indians.
- 5,100,000 public assistance recipients.
- 370,000 Indians and Alaskan natives receiving care in 56 federal hospitals or in private facilities under contract.
- 4,000,000 beneficiaries of the Federal Bureau of Employees' Compensation Act (at-work injuries only).

* * * *

- 48,627 PHS hospital admissions in 16 hospitals in 1956.
- 1,042,000 out-patient visits in 121 PHS out-patient facilities during 1956.
- Foreign Economic Aid Programs (entirely U. S.) and the World Health Or-

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ganization (U. S. largest contributor) give limited health care in 92 foreign countries. Example: 25,300,000 children were vaccinated in 1956.

7,000,000 federal employees and their dependants (will be eligible for health care if proposed legislation is enacted).

Federal Health Spending

Under the impetus of new legislation enacted during the last few years—and particularly the new emphasis on medical research—the federal health budget is rising steadily. Bills introduced in the present (85th) Congress seek to expand many existing programs or set up new ones. The following table gives the total federal health bill for the current and last fiscal year and a breakdown of health-spending for the top three departments of government.

	Fiscal 1957	Fiscal 1956	Increase
Total, all agencies.	\$2,558,719,168	\$2,268,826,576	12.8%
Veterans' Administration.	\$ 825,024,300	\$ 790,185,800	4.4%
Department of Defense.	\$ 790,105,000	\$ 818,104,500	
Department of HEW.	\$ 772,661,800	\$ 526,935,400	46.6%

Social Security

Of all the programs of government enacted in the last several decades, none has had greater impact on the population or has been subject to more liberalizing amendments than the Social Security Act of 1935. It began on a relatively modest scale, with retirement payments of up to \$10 a month for wage-earners who reached age 65. At that time, there were no benefits for the surviving spouse and children.

Now, 22 years later, the law has been amended to include: (1) survivorship benefits, (2) maximum monthly family survivorship payments as high as \$200, and (3) a program enacted in 1956 and effective this July 1 for payment of social security benefits to disabled workers at age 50. Efforts continue to be made to amend the law, including a program of free hospitalization of the aged, disability benefits at all ages, and compulsory national health insurance. Statistics on the program as it exists today:

9,250,000 persons received OASI monthly checks in January, 1957.

70,000,000 wage-earners are covered and being taxed; 9 out of 10 persons in the U. S. are primarily "insured" or are their beneficiaries.

\$22,519,000,000 in U. S. bonds in OASI Trust Fund.

Payments from the OASI Trust Fund and contributions to it are now about equal.

Tax rate is 2¼% for employees & employers. (4½% total); 3⅞% for self-employed.

Under present law, 1975 rate will be 4¼% for employees & employers (8½% total); 6⅞% for self-employed.

Under a 1956 law, permanently and totally disabled persons aged 50-65 can get payments equal to retirement payments.

Over 1,000,000 inquiries already have been made for disability payments or "disability freeze"; about one-half of the more than half a million formal applications have been approved.

Labor organizations propose a \$6,000 tax base on which contributions would be computed, instead of the present \$4,200 base.

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Public Assistance

A part of the Social Security Act, but a separate administrative operation, the public assistance program also was enacted in 1935. Its basic purpose was to assist states in providing subsistence for destitute families. From the beginning, the states have contributed a portion of funds for the various categories of recipients. Federal appropriations 20 years ago were about \$209 million annually. Now they have increased more than seven-fold, so that the appropriation for the current fiscal year approximates \$1.5 billion. There are four programs: aged, blind, permanently and totally disabled, dependent children.

Until amendments last year, unspecified federal-state funds were paid out for medical services of the needy. An educated guess has been that between \$90 and \$100 million of federal money has been going into such medical payments. A more accurate estimate should be forthcoming as a result of the 1956 amendments. These amendments set up a new category of federal-state payments for medical care over and above the old subsistence payment limits, with medical payments going directly to the physician, hospital, druggist, clinic or nursing home.

5,100,000 persons get monthly public assistance checks—medical costs included. Under new law, direct medical payments are to be made in behalf of assistance recipients to physicians, nursing homes, hospitals, and for drugs. These direct payments will probably exceed \$200,000,000 and could reach \$300,000,000 by 1958.

Veterans

Another vast program with high demands on the federal budget is that for veterans medical care. The policy of the Federal Government is that wartime veterans with service-incurred disabilities are entitled to the best medical and hospital care that can be provided. The American Medical Association supports this policy. Congress in June, 1924, authorized VA to admit indigent non-service-connected veterans when there were spare beds. By 1957 roughly 75% of all cases treated in VA hospitals were for injuries and diseases not originating during or aggravated by military service.

Now the problem is becoming more complicated as the veteran population grows older (World War I veteran in VA hospitals averages age 62) and becomes subject to chronic illnesses. Demands increase for use of VA facilities. Today VA requires: a full-time staff of over 4,600 physicians; 2,247 residents; 11,000 parttime consultants; and thousands of doctors on a contract basis for the agency's hometown care program.

22,599,000 total number of living veterans as of January, 1957.

121,865 total number of VA hospitals beds as of January, 1957.

111,540 number of patients in VA hospital facilities on an average 1957 day.

\$619,614,000 will be spent by VA for in-patient care in fiscal year 1957.

\$ 82,638,000 will be spent for out-patient care in fiscal year 1957.

More than 2 out of 3 veterans treated in VA hospitals are treated for non-service-connected conditions.

—Orleans Parish Medical Bulletin

Forty years ago, according to Health Information Foundation, one in every ten babies born alive in this country was unable to survive the first year of life. Today the ratio has dropped to one in forty.

DOCTOR OUTLINES SOME ABUSES OF INSURANCE BY PUBLIC

LOUISVILLE—A dangerous trend in health insurance today—and one reason for its rising cost—is the public demand for too many benefits which do not belong in an insurance policy.

Dr. Carll S. Mundy, Toledo, Ohio, vice chairman of the American Medical Association's Council on Rural Health, discussed the problem Friday at the 12th National Conference on Rural Health.

Dr. Mundy explained that public demand has resulted in the inclusion of many items that are not traditionally "insurable" under the basic laws of insurance operations, and that the public has asked for them "regardless of the increase in costs."

"Many of these items are small and insignificant, for example, routine house and office calls . . . They increase the cost out of all proportion to the benefit gained," he said. "Furthermore they encourage over-use and abuse, and render detection of such misuses difficult."

Dr. Mundy explained that such items do not belong in insurance because of this basic law: the event covered by insurance, while it must be "predictable" for large groups or areas, must be "unpredictable" for the individual; it cannot be an event that recurs at a given frequency or at regular intervals.

"For example, each and every one of us know that our automobiles will wear out in X number of years," he said. "We make no attempt to carry insurance against that expected wear and obsolescence. Instead, we try to save enough money to buy a new car when we think we need one.

"Home and office calls, the annual health examination, annual x-rays . . . routine vaccination, are all events we know will happen to us and our children. Therefore . . . they should be provided for in our budget just as we provide for a new car. To attempt to cover them by insurance not only increases premium costs out of proportion to benefits obtained, but abuses the original purposes of insurance."

One solution is a dual long range policy; part of it is intended to resist the trend toward coverage of more and more routine items, and the other part is intended to make available policies that will "adequately protect those who wish to pay their own way at a price they can afford to pay."

Many segments of the insurance industry are attempting to do this, he said. Such contracts are available under community enrollment, some by means of organized farm groups, and one is available over the counter. Some are tailored for younger individuals, some — without maternity benefits — for older persons.

The "over the counter" contract has a waiting period of one year for eight specific surgical procedures; the rest are immediately available.

"This has proven to be an especially good contract for the purpose for which it was intended," Dr. Mundy said. "It is our belief that by such means as these protection can be provided against the more costly illnesses at a premium within the reach of the majority.

" . . . our hospital and medical insurance should be expected to protect us only against the unpredictable and larger items of expense. If we expect modern hospital (and medical) service, with all that it involves, we must expect our premium to be proportional to the cost of such service.

"On the other hand, if we are willing to restrict our use of insurance to those items that are insurable in the strict sense of the term, and take care of the small and frequently recurring items ourselves, we will find our premium to be materially less, and more stable," he said.

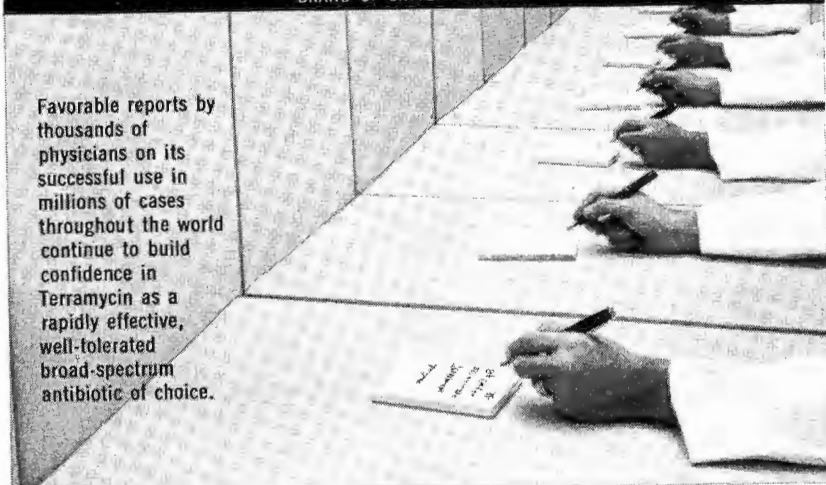
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