



BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

June • 1957
Vol. XXVII • No. 6
Youngstown • Ohio

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Representative to the Associated Hospital Service

J. M. RANZ

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Our President Speaks

A very important facet of our medical practice lies in the matter of public relations. Public education in medical matters therefore, assumes considerable importance and no one will argue the need for a continuous program of community and member education in all phases of our profession.

For many years there has been some reluctance of our local medical fraternity to be associated with publicity. Actually, all media of information can well help us to help ourselves in the all important matter of public relations. Certainly a pat on the back is much better than a kick on the shin, and it remains for us to capitalize on the continuing daily good achieved by medicine and medical practitioners rather than to have us note with distraction, the occasional story bringing discredit upon us. Certainly a day by day story of medical achievement of our medical men in the news together with participation in non-medical community enterprises, brings the pat on the back and makes for presentation of our deeds with a meaning to others.



In these times, we must agree, an enlightened public reacts more intelligently than given credit for. It is anxious to read of advances made in medicine and particularly those involving physicians in their community. Similarly newspapers and other information media love advances made in medicine and are anxious to disseminate such news.

Sound relations between the media of information and those making the news, however, follow a true course only if there is a mutual trust and this takes time, for proper development. Acting upon the basic belief that an informed public never will be misguided, your Society has instituted such a program of relationship between newspapers, radio and television. Your Public Relations committee headed by Dr. L. Shensa is outlining the essence of this understanding. It will be contained in a Public Relations bulletin which will soon reach your desk. The program provides for proper screening of newsworthy medical material and for proper regulation of its distribution.

It is time that we all fully appreciate the fact that medical men make news every day, that the public looks for and wants favorable news and that we, as physicians, utilizing the proper code of relation between our news media and ourselves can provide nothing but the highest type of public relations by periodic proper releases of such news.

Finally, it would be well to remember that it takes years to make a friend but only one word to make an enemy and medical men are not beyond having more friends.

—S. W. Ondash, M.D.

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The opinions and conclusions expressed herein do not necessarily represent the views of the Editorial Staff or the official views of the Mahoning County Medical Society.

Volume 27

June, 1957

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

C. E. PICHETTE, M.D.

Acting Editor

C. W. STERTZBACH, M.D.

Editor Emeritus

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"IRON-MEN" OF MEDICINE

The recent rash of hospitalization of area physicians makes one stop and think about what is being done by us as a group to protect ourselves as individuals from an early demise or a crippling illness.

We preach to our patients about the value of an orderly life with adequate rest and food intake. We are constantly haranguing others about the value of vacations, recreation, hobbies, and avocations. We strongly advocate periodic examinations, especially in those over the age of forty or forty-five.

Within our own group what happens? Few are prepared to say that they get adequate rest. Many of us would have to admit that we over-eat and consequently are overweight. Most of us would plead guilty to the fact that they work a sixty-to-seventy-hour week with inadequate arrangements for recreation, hobbies, avocations, and vacations. Few can say that they avail themselves of a yearly examination.

All of this, in the face of the facts known to all of us that we as a group are subject to hazards not applicable to the population as a whole. They are: hazards due to the profession itself such as infections, excessive radiation, or misuse of drugs; hazards due to the stress of work such as coronary disease, peptic ulcer, suicide, and alcoholism; and hazards characteristic of the favored social and economic class to which physicians commonly belong such as obesity, arteriosclerosis (?), and diabetes mellitus.

Recognizing the situation is not enough in most instances. Something must be done to stimulate the majority of us to take care of ourselves.

In some areas individual hospitals have set up periods of time for "staff" examinations. In other areas, the county society has taken it upon itself to urge the physician to take care of himself by notifying him each year that it is time for him to pause, appraise his situation, and seek proper medical care.

We would like to suggest that each time you read your name under the "Happy Birthday" heading you automatically set into motion your own yearly inventory.

To paraphrase a saying recently read about children, we might say Youngstown has many fine physicians but—not one to spare.

C. E. Pichette, M.D.

COUNCILOR'S PAGE

The Post-graduate Committees of the Sixth Councilor District met at Congress Lake on May 5th. The Committee from Stark County presented their program as they have it worked out at this date. Twelve outstanding speakers have agreed to be with us on Wednesday October 23, for one of the best programs this state ever had. The evening banquet will be held at St. Francis Hotel.

The budget for this meeting last year was over \$5000.00. We made about \$100.00 profit. During all the years we have held these meetings, we have never had a deficit. Therefore we have in the treasury enough money to pay for about one-third of the meeting. It so happens that the weatherman has been very kind to us with beautiful autumn days, during every one of these meetings. We can not expect him to always greet us with such smiles. Doctors—most of them—do not register in advance. If we should have a "stormy day" there would be a deficit—and we are wondering how that deficit would be met. This was discussed at the meeting by the combined committees. Stark County has agreed—provided the other 5 counties do the same—to contribute one dollar per member, each year, to a fund which will insure us against a "rainy day" deficit. In this way, the program committees can work with the assurance that they have financial security. And, if the Weather Man, is unusually good to us for several seasons, we will be able to finance a Post-graduate Assembly free to our members. So will each Council discuss this problem, and we hope—come to a favorable decision. Our next meeting of the Committees is scheduled for September 8. Will you have your committee ready with an answer at that time. All six counties will have to agree to this "contribution" because it wouldn't be just to have contributions from some county societies and not from all. There should be meetings of all our delegates and alternates at least twice a year. This means another meeting or two but I think it would be decidedly worth while. Think this over and let me know your wishes.

This was the last time I can be elected as your councilor. So be thinking about whom you will want to follow me.

Members of House and Senate are receiving "thousands of messages" urging enactment of the Jenkins-Keogh retirement legislation, according to Rep. Thomas Jenkins (R., Ohio), one of the sponsors. In a statement in the Congressional Record, Mr. Jenkins declares: "I am sure that practically all Members have been receiving messages of some kind with reference to the Jenkins-Keogh bill . . . As proof that it is a good bill, on yesterday I received 300 telegrams in favor of this bill, so it seems to be very popular. These telegrams were signed by doctors, lawyers and influential businessmen. I am advised that the membership of the House and Senate have received thousands of messages."

The legislation is being supported by the American Thrift Assembly for Ten Million Self-Employed, which is acting on behalf of the American Medical Association and a number of other national associations representing the self-employed. Recently the Assembly asked its affiliates to urge their



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members to communicate with members of the House Ways and Means Committee, where the Jenkins-Keogh bill now is under consideration.

The bill would (a) allow the self-employed to put up to 10% of their income per year (maximum of \$5,000) into restricted annuity programs or insurance without paying income tax on the amount, (b) receive the money back in the form of pension payments, generally after age 65, and at that time pay income tax on it. Employees of corporations now have the same tax advantage, and (c) impose a tax penalty if the money were withdrawn from the fund prior to the stated retirement age.

Have you written your representative?

—C. A. Gustafson, M.D.

MEETINGS—JUNE, 1957

AMERICAN ORTHOPEDIC ASSOCIATION, The Homestead, Hot Springs, Va., June 24-27. Dr. Harold A. Safield, 715 Lake St., Oak Park, Illinois, Secretary.

AMERICAN SOCIETY FOR PEDIATRIC RESEARCH, June 16-21, LaPlaya Hotel, Carmel, Calif., Dr. 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.

Ninth Annual Summer Clinics of the Children's Hospital in Denver, Colorado, June 24-26. Summer Clinics Committee, Children's Hospital, Denver, Colorado.

AMERICAN ASSOCIATION OF NEUROPATHOLOGISTS, Claridge Hotel, Atlantic City, N.J., June 16-17. Dr. Leon Roizin, 722 W. 168th St., New York 32, Secretary.

AMERICAN NEUROLOGICAL ASSOCIATION, Hotel Claridge, Atlantic City, N.J., June 17-19. Dr. Charles Rupp, 133 S. 36th St., Philadelphia 4, Secretary.

SOCIETY OF BIOLOGICAL PSYCHIATRY, Claridge Hotel, Atlantic City, N.J., June 15-16. Dr. George N. Thompson, 2010 Wilshire Blvd., Los Angeles 57, Secretary.

SOCIETY OF NUCLEAR MEDICINE, Skirvin Hotel, Oklahoma City, June 20-23. Dr. Robert W. Lackey, 452 Metropolitan Bldg., Denver, Secretary.

MEETINGS—JULY, 1957

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

AMERICAN CONGRESS ON MATERNAL CARE, Palmer House, Chicago, July 8-12. Mr. Howard I. Weels, Jr., 116 S. Michigan Ave., Chicago 3, Executive Secretary.

ROCKY MOUNTAIN CANCER CONFERENCE, Shirley Savoy Hotel, Denver, July 10-11. Dr. John S. Bouslog, 835 Republic Bldg., Denver, Chairman.

MEETINGS—AUGUST, 1957

AMERICAN UROLOGICAL ASSOCIATION, North Central Section, Grand Hotel, Mackinac Island, Mich., August 28-30. Dr. Edwin C. Graf, 7 W. Madison St., Chicago 2, Illinois, Secretary.

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FROM THE BULLETIN

Twenty Years Ago—June 1937

At the scientific meeting that month papers were presented in competition by local internes. Prizes were won by S. W. Ondash and C. H. Cronick.

The death of Dr. J. A. Therbondy was announced. He was the town's leading surgeon and a master of technique. In his hands the most difficult operations appeared easy. Nothing ever ruffled his calm and poised manner. Many of our prominent people today owe their lives to his skill.

The Bulletin urged doctors to form a group for carrying hospitalization insurance. Dr. James Brown was studying surgery at the New York Polyclinic. Peter Boyle was back from Europe. B. M. Bowman became a member of the Society.

The doctors wives were complaining about being left out of the social activities. There was a big Golf Day that month but nothing was mentioned about who won the prizes.

Ten Years Ago—June 1947

Dr. J. W. Conn from the University of Michigan addressed the Society that month on "Hyperinsulinism." He listed as causes (1) Imbalance of the autonomic nervous system, (2) Gastric surgery, (3) Renal Glycosuria, (4) Lactation and (5) Severe continuous muscular work.

Dr. W. W. Ryall was honored by the Society on the completion of fifty years in practice. Paul Mahar was taking post graduate work at New York Post graduate. W. E. Sovik was studying ophthalmology in Detroit.

Francis Stotler, M. C. Raupple, J. J. Sofranec and Paul E. Krupko became members of the Society.

The Associated Hospital Service was organized and was offering the doctors and their families 21 days of hospital care per year at \$6.50 per day for semi-private room.

Vincent Herman and P. J. McOwen finished the season of the Medical Bowling League with identical scores. In the playoff, Dr. Herman won the championship.

President McKelvey was urging everybody to work for the charter amendment providing for a full time Health Commissioner and a Board of Health. The morticians were giving serious consideration to discontinuing ambulance service.

W. J. Tims and J. K. Herald were in New York studying proctology. Martin Conti was home from Pearl Harbor after a tour of duty in the Aiea Naval Hospital.

The Woman's Auxiliary was very active. Mrs. L. G. Coe was President and Mrs. W. K. Allsop President-Elect.

—J.L.F.

The Doctor in Epigram

According to Herodotus, there were no doctors in ancient Egypt and Babylon. Three the sick were exposed in the most public streets, and passers-by were invited to look at them, in order that they who had similar complaints and had recovered might tell what it was that cured them. Nobody, says Strabo, was allowed to go by without offering his gratuitous opinion and advice. Then, since it was found that this practical idea did not work to perfection, the Egyptian priests made themselves students of medicine, each man binding himself to the study of one particular disease.

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WOMAN'S AUXILIARY NEWS

Concluding a busy and eventful season for members of the Woman's Auxiliary to the Mahoning County Medical Society was the annual dinner May 8 at Youngstown Country Club, when new officers were installed and committee chairmen announced.

Taking office as president was Mrs. Cary S. Peabody, who succeeds Mrs. Paul J. Mahar. Mrs. Earl Young is the new president-elect.

About 60 attended the party and dinner was served at a large U-shaped table festive with candlelight, silver and flowers.

Mrs. Paul E. Ruth and Mrs. Robert Fisher, chairman and co-chairman of the program committee were assisted by Mrs. Anthony Bayuk, Mrs. M. E. Conti, Mrs. William Geordan and Mrs. Lester Gregg. On the social committee with Mrs. A. E. Rappoport and Mrs. Ben S. Brown were Mrs. Joseph Sofranec and Mrs. John Benko.

Other new officers are Mrs. Milton Kendall vice-president, Mrs. George Altman corresponding secretary, Mrs. William Geordan treasurer, Mrs. Paul Ruth recording secretary.

Chairmen of standing committees announced by Mrs. Peabody are:

Program, Mrs. Edward S. Rizk; social, Mrs. E. M. Thomas; telephone, Mrs. Andrew Detesco; membership, Mrs. Myron C. Hanysh; project, Mrs. Robert L. Tornello; finance, budget, Mrs. Sidney Franklin; nurses' scholarship, Mrs. John A. Renner; way and means, Mrs. Robert Brown; yearbook, Mrs. John Stotler; publicity, Mrs. Harold J. Reese; public relations, Mrs. Joseph J. Campolito; national publications, Mrs. Lester O. Gregg; legislative, Mrs. W. L. Agey; parliamentarian, Mrs. Craig Wales; historian, Mrs. Paul J. Mahar; civil defense, Mrs. S. G. Patton, Jr.; television, radio and visual education, Mrs. K. C. Kunin; credits and awards, Mrs. B. I. Firestone; safety, Mrs. William K. Allsop; American medical education foundation, Mrs. A. E. Rappoport; and mental health, Mrs. Dean E. Stillson.

DOCTOR CONTRIBUTIONS TO MEDICAL SCHOOLS

The American Medical Education Foundation reports that physicians gave well over three million dollars to medical education in 1956.

The AMEF just released data giving a breakdown of physician contributions to medical education last year. For the first time, this also includes information on contributions made through alumni campaigns. The report showed:

In 1956, 84,657 doctors gave a total of \$3,320,152.14 to the country's 83 medical schools. This total included \$1,072,727 given through the AMEF by 39,892 doctors, and \$2,247,425 given directly to the medical schools by 44,765 doctors.

The AMEF's million-plus contribution is to be used at the discretion of the schools. The new information shows that most of the contributions made through alumni campaigns are also "unmarked," that is, they may be allocated as the deans of the individual schools see fit.

—The Orleans Parish Medical Society
Bulletin Vol. 28 No. 5



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ODDS AND ENDS

Chain reaction—Dr. and Mrs. Elmer Wenaas have moved into their new home; Mr. and Mrs. W. L. Spencer (Peggy Monroe, daughter of the late Dr. F. F. Monroe) have purchased the Wenaas house; Mrs. F. F. Monroe has acquired the Spencer house, and Dr. and Mrs. Dean Stillson bought Mrs. Monroe's house.

Dr. and Mrs. Ray Scheetz have recently returned from a two-week vacation in Phoenix, Arizona.

Mrs. Paul J. Fuzy, Jr. and children, Paul III, Felicia and Bruce have returned from a three-month stay at Fort Lauderdale, Florida.

Dr. and Mrs. W. H. Evans were in Washington, D.C. recently where Dr. Evans attended the Sixth International Congress of Otolaryngology which was opened by Vice-President Richard Nixon. Physicians from the entire free world were present and Dr. Evans presented a paper on "The Continuing Clinical Study of Local Treatment of Allergic Rhinitis."

Dr. S. W. Chiasson has returned to practice in OB-GYN after two years Army service as Chief of OB-GYN service at Valley Forge Army Hospital. He will be located in Bel-Park Medical Center.

Tommy Inui, son of Dr. and Mrs. Frank Inui, recently had a geological exhibit at the Planetarium in Pittsburgh.

Dr. and Mrs. John A. Rogers have returned from Atlantic City where Dr. Rogers attended meetings of the American Federation for Clinical Research.

New arrivals: a girl for Dr. and Mrs. Lester O. Gregg and also for Dr. and Mrs. William Charlebois.

Congratulations to Buz Covington on his recent solo nomination as President of the Bar Association.

Dorothy Klein, secretary to Sister Baptista at St. Elizabeth Hospital, was recently a patient there.

Dr. Peter Boyle was in St. Elizabeth's most of May with a "chewed-up leg" obtained while wrestling with a tractor. Left for England June 3 to join Mrs. Boyle.

Dr. M. W. Neidus recently spent a few weeks away from the grind recuperating.

Dr. Ed Thomas presented a case report at the Columbus meeting of the Ohio State Medical Association.

Mrs. Wenaas was recently a patient at St. Elizabeth Hospital. Overdid it trying to get into her new home.

Mrs. A. E. Rappoport was a patient at the North Side. We hope she recovers soon.

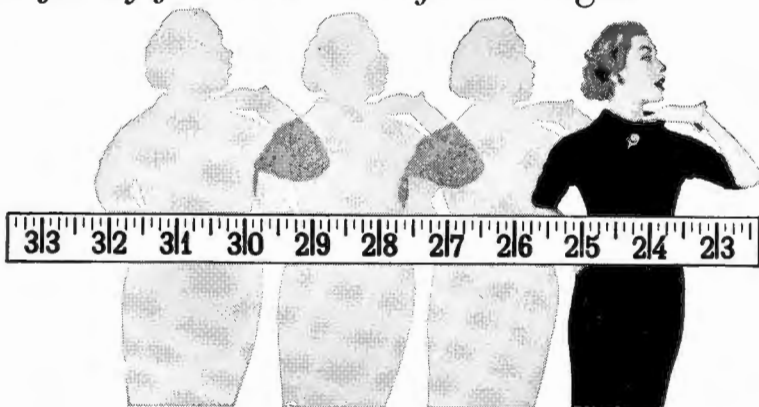
Dr. and Mrs. Brack Bowman moved into their new home.

The J. J. Sofranecs are adding to their present home. Number five coming up.

The Medical Alumni Association of Ohio State University held their annual meeting in Columbus on April 27. Local members attending were B. I. Firestone, S. C. Keyes, M. S. Rosenblum, Sam Zlotnick, W. J. Tims, Harry Smith, Herman Allen and Saul Tamarkin. Dr. Rosenblum was elected by the Association to the office of President for the ensuing year.

Attending the American College of Physicians meeting in Boston on April 8-12 were W. H. Bunn, E. R. McNeal, J. L. Fisher, M. S. Rosenblum, D. B. Brown, Dean Stillson, and James Craig.

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(1) Holt, J. O. S., Jr.: *Dallos Med. J.* 42:497, 1956. (2) Galvin, E. P.; McGavack, T. H., and Kenigsberg, S.: *Am. J. Digest. Dis.* 1:155, 1956. (3) Natanson, A. L.: *Am. Pract. & Digest Treat.* 7:1456, 1956.

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Dr. and Mrs. William Sovik attended the Thirtieth Annual Gill Memorial Eye Meeting in Roanoke, Virginia, recently.

Dr. and Mrs. Paul Mahar attended a recent meeting of the New Jersey Medical Society at Atlantic City. Got a nice badge too.

Congratulations to Drs. Goudsmit and Caccamo on their election to office in the newly founded internal medicine society.

Our heartiest congratulations to Dina Evans on having completed a very successful year as president of the Woman's Auxiliary of the Ohio State Medical Association.

Congratulations again to Dr. Gustafson on his recent election to office at Columbus.

Drs. Samuel Epstein, Arnoldus Goudsmit, H. E. Hathhorn, and Herman Ipp attended a one-week post-graduate course in "Topics in Clinical Medicine" at Johns Hopkins during the week of May 13.

PROCEEDINGS OF COUNCIL

May 13, 1957

Due to our regular meeting of Council conflicting with the Ohio State Medical Association meeting held in Columbus on May 13, 14 and 15, our meeting was cancelled.

The following applications were approved by a phone vote of the Council.

ACTIVE MEMBERSHIP

Dr. Herman Allen, 402 Oak Hill Ave., Youngstown, Ohio.

Dr. James Sofranec, 208 Mahoning Bank Bldg., Youngstown, Ohio.

Dr. Donald R. Bernat, 1042 Wick Ave., Youngstown, Ohio.

JUNIOR ACTIVE MEMBERSHIP

Dr. Robert G. Warnock, 803 Home Savings & Loan Bldg., Youngstown, Ohio.

INTERN MEMBERSHIP

Dr. John R. Phillips, Youngstown Hospital Ass'n, Youngstown, Ohio.

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

—M. W. Neidus, M.D.
Secretary

HAPPY BIRTHDAY!!!

W. Z. Baker

U. H. Boening

B. C. Berg

I. Berke

P. L. Boyle

A. R. Cukerbaum

W. S. Curtis

A. DiDomenico

R. R. Fisher

S. D. Goldberg

W. H. Gross

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This is the season when we all yearn for escape from everyday life, to "commune with nature." But, to the one allergic to pollen, this craving is usually easier to endure than the penalty of exposure to pollen.

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EDITOR'S NOTE: The following is submitted for the perusal of all.

TAX AND ESTATE PLANNING

I should like to recommend to you and the Mahoning County Medical Society the JOURNAL OF TAX AND ESTATE PLANNING. It is published monthly, not for profit, by the Foundation for Tax and Estate Planning, 541 Boylston Street, Boston 16, Massachusetts. The annual subscription rate is \$24.00. It is well written, practical and helpful.

Recently they have taken up the subject of pensions for doctors and have discussed the value of the court's decision in the "Kintner Case." As you probably know, the Kintner Medical Group of Montana established a pension plan for their members by setting up "an association." The Association then became an employer and the membership employees of the Association. The Court then ruled that the Commissioner of Internal Revenue allow contributions to the association's pension plan to be expensed on the association's tax return. Consequently it follows that physicians now engaged in partnership practice can share in the benefits of a tax saving pension plan providing they change their form of practice from a partnership to an association.

No doubt this ruling may be affected by the laws in different states but it behooves each doctor, and perhaps more properly the Society, to investigate the advantages of a similar program for other doctors. In view of our present federal budget at 71.8 billion dollars, galloping inflation, and high taxes, it is necessary that all professional men make a sincere effort to provide for their retirement.

In this same vein every member of the Mahoning County Medical Society should write a letter to his Congressmen and Senators requesting that they vote in favor of the Jenkins-Keogh Bill. It appears that there is substantial support for this bill among all professional men and the legislation has an excellent chance of becoming enacted into law this year. This latter bill, you will recall, allows a physician to set aside a percentage of his income to be held in trust until the physician retires at which time he may draw and pay taxes on this fund at, of course, a lower rate.

—John J. McDonough, M.D.

RETIREMENT INCOME BENEFITS FOR PHYSICIANS

Recently the Mississippi Valley Medical Society and the American Medical Writers' Association have been "sounding out" their membership relative to Group Life and additional Group Accident and Sickness Insurance. This has resulted in some interesting correspondence. One of the most thought-provoking communications came from Dr. John J. McDonough, 1005 Belmont Ave., Youngstown 2, Ohio, who wrote:

The real serious problem that faces most doctors and the one that no one seems to be doing anything about is pension or retirement income benefits on a tax-free basis. If it has not occurred to you before it is certainly crystal clear to you now that with our recent federal budget of 71.8 billion dollars for 1958 there will be little or no room for tax cut. Consequently, some effort must

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be made by an organized group to solve the retirement income problem facing the professional man especially in private practice.

The long years of undergraduate and postgraduate study, the initial capital outlay in establishing a practice, the early lean years and then high taxation with inflation will ultimately cut down the number of students entering the professional field.

Since there is no outlook for substantial tax reduction now or in the future real honest to God organized effort will have to be made to allow doctors and other professional men to set aside each year out of earnings a sufficient amount of money for decent retirement. Surely there must be someone with enough leadership and ability to get this message adequately heard in Congress. You will note that most of the members of Congress have been interested in providing for their own future retirement, and rightly so, but what about the professional man?

In answer to this, your editor wrote to Dr. McDonough as follows:

As you probably know, the Jenkins-Keogh Bill has had the endorsement of the A.M.A. and is designed to accomplish some of the things mentioned in your letter. Since we are increasing the budget every year and this demands still more taxes, Congress is not favorable to any plan that will reduce taxes. The whole thing is manifestly unfair to the profession, but nobody seems to know what we can do. It seems to me that you have expressed the thoughts of the average doctor quite well and, unless you write me to the contrary, I may consider a part of your letter the basis of an editorial. Sometimes, I wonder if we are not wasting our efforts by writing editorials such as I have in mind, for the simple reason that this information is largely circulated among physicians where nearly 100 per cent of the readers agree with every word that is written. The only people who can actually help us are the boys down in Washington. They are being called upon to think of new schemes to secure more revenue rather than plans to reduce taxation in any way.

Dr. McDonough's reply follows:

Indeed, Doctor Swanberg, you may use my entire letter or any part of the letter as the basis of an editorial. I am sure, as you are, that our voices are weak and small in protesting against confiscatory taxation, but unless I am entirely wrong these efforts coming from a great many sources will ultimately make Congress consider the obvious inequities to the professional man.

In all of medicine it seems that we do not have a strong political voice. Years ago I remember how forthright Morris Fishbein was in defense of the physician. He spoke well, wrote clearly, and I am sure was dedicated to everything that was best for medicine and the doctor. Since his resignation (!) no one has come forth. Moreover, since we are all the most rugged of individualists perhaps no one will. It's a shame because in an economy as ruthless as ours is we need help if we are to continue to maintain our ethical and economic standards and to bring into medicine the highest type of individual.

Please write that editorial and more editorials and more power to you.

Physicians will be interested to know that the American Medical Association is continuing its efforts to have a Jenkins-Keogh type of bill enacted

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Treat both the
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Supplied:

Pamine-Phenobarbital Tablets containing methscopolamine bromide, 2.5 mg., and phenobarbital, 15 mg. ($\frac{1}{4}$ gr.) in bottles of 100 and 500.

Usual adult dosage:

1 tablet $\frac{1}{2}$ -hour before meals and 1 or 2 tablets at bedtime.

Pamine-Phenobarbital, Half-Strength Tablets, containing methscopolamine bromide, 1.25 mg. and phenobarbital, 8 mg. ($\frac{1}{8}$ gr.) in bottles of 100.

Usual adult dosage:

2 tablets $\frac{1}{2}$ -hour before meals and 2 to 4 at bedtime (or 2 tablets four times daily).

Pamine-Phenobarbital Elixir containing 1.25 mg. methscopolamine bromide, and 8 mg. ($\frac{1}{8}$ gr.) phenobarbital per 5 cc. teaspoonful. In pint bottles.

Usual adult dosage:

2 teaspoonfuls four times daily.

The Upjohn Company, Kalamazoo, Michigan

*Tablets
and
Elixir*



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by Congress. At the A.M.A. Clinical meeting last November the Report of the Reference Committee on Reports of Board of Trustees and Secretary to the House of Delegates included the following Report from the A.M.A. Bureau of Medical Economic Research:

In connection with this report, your committee was pleased to learn that the President of the American Bar Association has made passage of the Jenkins-Keogh bills one of the major objectives to be accomplished during his term of office. Your committee recommends therefore, that the Board of Trustees be instructed to accentuate cooperation between the American Medical Association and the American Bar Association, in such ways as it may deem appropriate, to the end that a bill of the Jenkins-Keogh type be enacted by the Congress of the United States during its next session. (J.A.M.A., 163:50, Jan. 5, 1957.)

—Miss. Valley Med. Journal
May, 1957

The Egyptian hieroglyphic for a doctor was a duck. Could this be the origin of the word "quack?"

Laws should be made not against quacks but against superstition.

—Virchow.

PETITIONS!!!

By the time you receive this issue of the "Bulletin," you should have already returned your initiative petitions concerning the securing of a Board of Health, and a full time physician health commissioner for the City of Youngstown. If you have not already done so at this time, please send it to Paul Herald in care of the Medical-Dental Bureau, immediately.

—J. J. McDonough, M.D.
Public Health Committee

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Don't be half safe—Use a reputable agent

**USE YOUR
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GOIN' ON VACATION

Well, have yourself a real good time, you deserve it!!!

But, before you go, please clear up a couple items to save your colleagues, your patients, and your "Bureau" a few headaches. Annually, your "Bureau" becomes involved in difficulties that could have been alleviated, that being the problem of referrals. Before going on that fishing trip, we would like to recommend the following procedures:—

- (1) Cease making appointments far in advance. It is poor relations to cancel appointments once they have been made.
- (2) Contact patients whom you would normally expect to see during the period of your absence, so that they will feel that a referring physician might be familiar with the case.
- (3) Contact at least three physicians to accept your calls, and insure that they will be available the entire length of your absence.
- (4) Contact the "Bureau" and check-out, giving the names of your referrals. Let them know where you might be contacted in case of dire emergency and your expected date of return.
- (5) Upon return, call the "Bureau" immediately to report back, not necessarily to pick up or take calls, but to let them know your location.

After the above has been accomplished, you can go on your vacation, relax, and know that all will be well on the home-front.

TO AVOID COMPLAINTS . . .

- Discuss Fees in Advance
 - Render Itemized Bills
 - Explain Treatment to Patient
 - Help Patients Budget for Long Term Medical Care
-

Subtlety is the art of saying what you think and getting out of range before it is understood.

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VENEREAL DISEASE TREATMENT SCHEDULE

Recommended by the
OHIO DEPARTMENT OF HEALTH

1957

SYPHILIS

Any one of the following schedules may be considered adequate treatment. The choice of drug will depend upon the physician's preference for the individual case.

PRIMARY	}	<i>Benzathine penicillin G</i> (long-acting penicillin preparations such as: Bicillin, Permapen, and Durycin) 2,400,000 units. (One treatment of 1,200,000 units (4cc) in each buttock—dividing the dose reduces the pain)
SECONDARY		
LATENT (Early and Late)		<i>Procaine penicillin</i> in oil with aluminum monostearate (PAM) 4,800,000 units. (Four treatments of 1,200,000 units (4cc) at intervals of 2 to 7 days)
*CONGENITAL (Early) (2-10 years of age)		<i>Aqueous procaine penicillin</i> —6,000,000 units. (Daily treatments of 600,000 units (2cc) for 10 days)
NEUROSYPHILIS	}	<i>Benzathine penicillin G</i> (long-acting penicillin preparations) 7,200,000 units. (Three treatments of 2,400,000 units at 2 to 4 day intervals but no more than a 7 day interval—the purpose being that increased concentrations are preferred over prolonged duration of therapy)
CARDIOVASCULAR		
CONGENITAL (Late) (Over 10 years of age)		<i>Procaine penicillin</i> in oil with aluminum monostearate (PAM) 7,200,000 units. (Six treatments of 1,200,000 units (4cc) at intervals of 2 to 7 days)
TREATMENT FAILURES		<i>Aqueous procaine penicillin</i> —9,000,000 units. (Daily treatments of 600,000 units (2cc) for 15 days)

*Congenital syphilis in children under two years of age should be treated with either PAM or long-acting penicillin preparations, 1,200,000 units. (Four treatments of 300,000 units (1cc) at 2 to 7 day intervals.)

NOTE: All cases of INFECTIOUS SYPHILIS should be interviewed for contacts. All contacts who have no evidence of having acquired syphilis should be treated prophylactically with 1,200,000 units (4cc) of PAM or long-acting penicillin preparations in a single dose.

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GONORRHEA

FEMALE: All cases of female gonorrhea and female contacts to male gonorrhea cases should be treated with 1,800,000 units of procaine penicillin in oil with aluminum monostearate (PAM) (single dosage—900,000 units (3cc) each buttock) or long-acting penicillin preparations, 1,200,000 units, even though there is no clinical evidence of infection.

Smears and cultures have not been found dependable for the routine diagnosis of gonorrhea in females.

A blood specimen for a serological test for syphilis (STS) should be taken at time of first visit. There is evidence that the amount of treatment recommended here will control a syphilitic infection received during the gonorrhea exposure.

Routine interviews of female gonorrhea cases for contacts have not been found to be worthwhile.

MALES: Single treatment of 1,200,000 units (4cc) of procaine penicillin in oil with aluminum monostearate (PAM) or long-acting penicillin preparations. It is recommended that males infected with gonorrhea (clinical and laboratory diagnosed) be interviewed for sexual exposures during the 7 to 10 days prior to appearance of symptoms. A blood test should be taken at time of first visit.

Treatment should not be considered complete until investigation as to source and spread is undertaken. Investigative assistance can be secured from the local health department or the Ohio Department of Health. Drugs are also available to the physician, upon request, for the treatment of indigent syphilitics.

USUAL SEROLOGICAL REACTIONS IN SYPHILIS FOLLOWING ADEQUATE TREATMENT

As of the present, adequate treatment for syphilis consists of 4,800,000 to 7,200,000 units procaine penicillin in oil with aluminum monostearate (PAM) or 2,400,000 to 7,200,000 units of benzathine penicillin G (long-acting penicillin preparations).

The serologic evaluation of treatment response probably constitutes one of the major difficulties to practitioners concerned with the treatment of syphilis.

Authorities agree that the longer the individual has had the disease, the longer seroreversal will take, however, each patient must be considered as an individual case. There are certain guides which may be of assistance:

In seroreactive primary or secondary syphilis the serological test for syphilis usually shows a quantitative decrease (significant drop in dilutions) within six months after adequate treatment. Complete sero-nonreactivity may not be obtained for as long as one to two years or more after treatment, depending upon serologic technic used.

Following adequate treatment for early latent syphilis of from two to four years duration, it is not usual for patients to remain seroreactive much beyond two years. Added treatment will not change the blood test.

If treatment has not been given until latency, seroreversal is much slower, so that in late latent syphilis approximately half of the patients may be expected NEVER to attain nonreactivity. Persistence of reactive serological tests after adequate treatment does not necessarily mean a continuation of the infection.

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A BROAD-SPECTRUM ANTIBIOTIC OINTMENT

For topical use: ½ oz. and 1 oz. tubes.

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Treatment for the sole purpose of obtaining a nonreactive serological test for syphilis is expensive, worrisome and cannot be considered sound practice.

Good results in the treatment of neurosyphilis and cardiovascular syphilis can be expected with total doses of 6,000,000 to 7,200,000 units of PAM. The main purpose of therapy is to heal active lesions, thus preventing further progress of the disease. *The reactive blood test does not indicate the amount of healing in late syphilis.*

In pregnancy, where adequate treatment has been given previously, no retreatment is necessary for each succeeding pregnancy unless there is evidence of serorelapse, reinfection or a definite increase of serological dilutions (dils) from former levels.

Persistent reactive serological tests are not an indication for retreatment, provided the titers fall to relatively low levels within the first six months after treatment. A repeat course of adequate treatment should be considered when:

- (1) symptoms develop which can be attributed to syphilis reinfection or relapse;
- (2) a sustained increase in serological titer of four-fold or greater develops;
- (3) exposure to known infectious syphilis occurs—prophylactic treatment;
- (4) failure of the spinal fluid cell count to revert to normal (less than five cells) one or two years post-treatment.

PENICILLIN-SENSITIVE PATIENTS with a reactive serological test for syphilis can be treated with three gm. daily of Erythromycin, Carbomycin, or one of the tetracycline compounds (such as Mysterlin) for ten days for latent syphilis; fifteen days for neurosyphilis or cardiovascular syphilis.

—Division of Communicable Diseases
Ohio Department of Health

EDITOR'S NOTE: *The following is presented in follow-up of last month's President's Page.*

FROM THE A.M.A. MAILBAG

Secretary's Letter—March 26, 1957

ONE CITIZEN'S SUBTLE HUMOR

The A.M.A. headquarters office receives bags of mail each day, but seldom do we receive a more hilarious letter than the one which came in a few days ago from a Morristown, N.J., citizen with a sense of humor. Countless fund drives to eradicate countless diseases motivated his letter which was addressed to the American Medical Association:

Gentlemen:

For many years past I have been what might be termed an amateur student of medicine. I have also been interested more particularly in the organizations which have taken upon themselves the collection of monies to be devoted largely to the eradication of various diseases which still plague mankind.

Lately, this matter of raising funds for research looking to the cure of some dread malady has so intrigued me that I am seized with an uncontrollable desire to start a Foundation of my own. I have an impressive roster of sponsors, including such well known names as James DeWitt Rockefeller,



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*provides body banks for
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Injected into either the deltoid or gluteal banks, DI-THEELIN Bowman provides long-acting therapy for all symptoms of the menopausal syndrome.

DI-THEELIN provides immediate action through the bloodstream: 20,000 International Units long-acting, 10,000 International Units fast-acting in each cc. Ask your Bowman representative for detailed clinical reports.

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for "the butterfly stomach"



Pavatrine® with Phenobarbital

125 mg.

15 mg.

- *is an effective dual antispasmodic*
- *combining musculotropic and neurotropic action with mild central nervous system sedation.*

dosage: one tablet before each meal and at bedtime.

SEARLE

(Local Boy), Horace Pulham Whitney (an up country lad) and many more equally famous. I have had an impressive letterhead designed by a leading commercial artist. I have an exceptionally fine mailing list of persons in the upper income brackets.

My purpose in writing to you, gentlemen, is to plead for your assistance in one simple aspect of my plans, namely won't you select a good disease for me? I have thought of beri-beri, pellagra, elephantiasis, trichinosis and many others, but when I look up the words in the dictionary, I always encounter some difficulty; the first three are tropical and I don't want to have to confine my efforts to the deep south. The fourth has something to do with pigs and certainly does not have any romantic urge so sorely needed for the success of a project of this kind. I rather fancied leukemia but only recently it was taken by another group. (I always thought it was a cancer of the red blood cells but I guess I was wrong.) Do you think that "Auricular and Ventricular Fibrillation" has possibilities? It has a beautiful ring to it, a sort of poetic, rhythmic cadence and even though it is only a mild heart condition, I doubt that many prospective donors would look it up.

But I shouldn't be expatiating on my own ideas when I intend to be guided solely by your good advice in the matter. Might I also suggest that you name an alternate, since by the time your letter arrives, the first selection may already be taken.

When I really have my organization in a sound financial position, I plan to underwrite what might be termed an auxiliary charity. With the continuing success of the Salk vaccine, there will undoubtedly be many people in that field without jobs and I propose insofar as possible to absorb them into my organization, thus avoiding a major unemployment problem.

It follows, therefore, that the ailments you suggest must present almost insurmountable obstacles to the research scientists, since I do not want them to arrive at a successful conclusion in a mere matter of a year or two. Such an unhappy contretemps would only necessitate a fresh start, all of which would be demoralizing to staff and contributors.

I await with anxiety your prompt reply. Thank you!

COMMISSION ON THE DOCTOR SHORTAGE IN THE U.S.

Congressman Dorn (R) N.Y. introduced on April 3, 1957 a bill designated H.R. 6602 "to provide for the establishment of a commission to study the shortage of doctors of medicine in the U.S. The commissions would conduct a study of the following:

- (1) The policy of medical colleges in the United States of limiting the number of students admitted to study medicine.
- (2) The number of doctors of medicine being graduated annually from medical colleges in the United States.
- (3) The extent to which hospital administrators in the United States are required to seek doctors of medicine in foreign countries for the purpose of inviting such doctors to serve internships in the United States.
- (4) How many citizens of the United States who cannot gain admittance to medical colleges in the United States are going to foreign countries to study medicine.
- (5) The extent to which the several states of the United States and the District of Columbia permit doctors of medicine who have been graduated



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Phenodynes have a wide range of practical utility. They are used to relieve pain in the treatment of conditions such as: simple headache, neuralgia, influenza, and common colds. In fevers, in which nervousness, headache, and general malaise result from the high temperature, Phenodynes are also useful in lowering the temperature and relieving both nervousness and discomfort.

Also with Codeine $\frac{1}{4}$ and $\frac{1}{2}$ grains.

For:

- Frontal headaches of sinus origin
- Pre menstrual pains
- Reducing fevers
- Treatment of common colds

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from medical colleges in foreign countries to practice medicine in such states or the District of Columbia.

The Commission would report to Congress from time to time and submit its final report and recommendations not later than one year after the date of enactment, at which time the Commission would cease to exist. On the authorization of the Commission, any subcommittee or member thereof may hold hearings, administer oaths, and require by subpoena or otherwise the attendance and testimony of witnesses and the production of books, records, etc.

The membership of the Commission would be composed of 12 members: (a) four appointed by the President—two from the executive branch of Government and two from private life; (b) four appointed by the President of the Senate—two from the Senate and two from private life; (c) four appointed by the Speaker of the House of Representatives—two House members and two from private life. Of each class of two members there would be an equal division from each of the two major political parties. From the six members of the Commission appointed from private life, there would be representatives of the medical profession (since the bill mentions "representatives" it can be assumed that at least two would be physicians). Any seven members of the Commissions would constitute a quorum.

The bill provides that the Commission shall have the power to appoint and fix compensation of staff personnel. The bill authorizes such appropriations ". . . as may be necessary to carry out the provisions of this Act."

Rep. Dorn introduced an identical bill during the 84th Congress. At a recent hearing of the Veterans' Affairs Committee at which AMA representatives testified, Rep. Dorn expressed deep concern over the large number of alien physicians coming into the United States.

—Worcester Medical News
Volume XXI—April '57—No. 8



"If you don't mind nurse, I can handle this quite alright by myself."

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At NO EXTRA COST

Next Time, Try *Golden Amber*

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Years of practice experience and constant research improvement make Veratrite the drug of seasoned judgment in the management of hypertension. Veratrite now contains cryptenamine — a newly isolated alkaloid fraction — which produces sustained falls in blood pressure with unmatched safety. The formulation combines central acting and local acting agents to combat vasospasm.

*The number of patients treated successfully with these prescriptions would fill Yankee Stadium 131 times.

Each Veratrite tabule contains:

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(Tannates)	40 C.S.R.† Units
Sodium Nitrite	1 gr.
Phenobarbital	¼ gr.
†Carotid Sinus Reflex	

For prescription economy prescribe in 100's.

To serve your patients today—call your pharmacist for any additional information you may need to help you prescribe Veratrite.

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CIRIN**Enteric Coated Pink Tablets**

Aspirin0.3 Gm. (5 gr.)
 Ascorbic Acid50 mg. (¾ 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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Pittsburgh, 13, Pa.

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**SUPERIOR VITAMIN A ABSORPTION
 VIFORT^(R)**

Water-dispersible polyvitamin drops

Each 0.6 cc. (as marked on dropper) provides the following vitamins in a clear aqueous dispersion: A 5000 U.S.P. units, D 1200 U.S.P. units, C 60 mg., B₁ 1.8 mg., B₂ 0.4 mg., niacinamide 3 mg., B₆ 0.3 mg., calcium pantothenate 1.2 mg. Supplied in 15 and 30 cc. dropper bottles.

Vitamin A from Vifort is better absorbed and utilized than vitamin A from fish liver oil. Clinical superiority has been evidenced in normal children and in patients with impaired absorption.

**ENDO PRODUCTS INC.
 Richmond Hill 18, New York**

SYPHILIS MORBIDITY, BY AGE, SEX COLOR AND STAGE OF DISEASE
YOUNGSTOWN, JANUARY 1, THROUGH DECEMBER 31, 1956

Stage of Disease	Sex and Color	Age Group (in years)									
		All Ages	Under 5	5-14	15-19	20-24	25-34	35-44	45 and Over	Unknown	
Total Syphilis	Total	249	—	—	11	23	56	37	110	12	
	White Male	60	—	—	—	1	7	4	41	7	
	White Female	46	—	—	5	2	8	7	23	1	
	Nonwhite Male	69	—	—	1	7	17	9	33	2	
	Nonwhite Female	74	—	—	5	13	24	17	13	2	
Primary and Secondary	Total	8	—	—	1	4	2	—	1	—	
	White Male	2	—	—	—	—	1	—	1	—	
	White Female	—	—	—	—	—	—	—	—	—	
	Nonwhite Male	3	—	—	1	1	1	—	—	—	
	Nonwhite Female	3	—	—	—	3	—	—	—	—	
Early Latent	Total	40	—	—	3	12	14	4	6	1	
	White Male	6	—	—	—	—	4	1	1	—	
	White Female	10	—	—	2	1	1	2	4	—	
	Nonwhite Male	10	—	—	—	6	3	—	1	—	
	Nonwhite Female	14	—	—	1	5	6	1	—	1	
Late & Late Latent	Total	185	—	—	1	7	40	31	97	9	
	White Male	47	—	—	—	1	2	3	35	6	
	White Female	32	—	—	1	1	7	5	18	—	
	Nonwhite Male	54	—	—	—	—	13	7	32	2	
	Nonwhite Female	52	—	—	—	5	18	16	12	1	
Neuro-Syphilis	Total	7	—	—	—	—	—	2	3	2	
	White Male	3	—	—	—	—	—	—	2	1	
	White Female	1	—	—	—	—	—	—	—	1	
	Nonwhite Male	2	—	—	—	—	—	2	—	—	
	Nonwhite Female	1	—	—	—	—	—	—	1	—	
Congenital Syphilis	Total	9	—	—	6	—	—	—	3	—	
	White Male	2	—	—	—	—	—	—	2	—	
	White Female	3	—	—	2	—	—	—	1	—	
	Nonwhite Male	—	—	—	—	—	—	—	—	—	
	Nonwhite Female	4	—	—	4	—	—	—	—	—	

Source: Division of Vital Statistics, Division of Communicable Disease, Ohio Department of Health.

the next patient you see



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

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Squibb Therapeutic Formula Vitamins
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clinically proved, truly therapeutic dosages of the six vitamins almost invariably associated with chronic vitamin deficiency states

Each Theragran Capsule, or each 5 cc. teaspoonful of Theragran Liquid, supplies:

Vitamin A	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.

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

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