



BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

September • 1957
Vol. XXVII • No. 9
Youngstown • Ohio

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Our President Speaks

More and more we are reminded of the old axiom "Never underestimate the power of a woman". The medical profession generally, and more specifically in our community, has discovered the truth of this axiom as the Woman's Auxiliary reveals itself as a potent force in our medical public and professional relations.

Our Woman's Auxiliary, open to the wife of every physician in our Society, has played a vital "behind the scenes" role in cooperating with our organization in matters of health education, expansion of voluntary health plans, hospital relations, nurse recruitment and financial aid to student nurses, civil defense, legislative program and in many other programs providing helpful public relations. This is only logical because as the wives of physicians they are well able to understand the medical profession and to interpret the physician's viewpoint to others in the community.



The progressive nature of our Auxiliary is becoming increasingly more evident as more of our wives are considering it a privilege and an obligation to enhance public information concerning the progress and objectives of American medicine. We can well compliment the excellent work of Mrs. Paul J. Mahar as retiring president and Mrs. Cary S. Peabody, incoming president, who is already demonstrating exceptional leadership in a well-designed program of activities that will prove of lasting credit to our Society. We can point with pride to the significant leadership of our Woman's Auxiliary in the selection of one of its past presidents, first as president of the Woman's Auxiliary to the Ohio State Medical Association and just recently, as a vice president to the Woman's Auxiliary of the American Medical Association. We doff our hats in a rightful tribute to Mrs. W. H. Evans who becomes the first to achieve a national chair in the history of the local Auxiliary.

A physician's wife carries the equivalent burden of any housewife and yet has to tolerate indeterminate hours and inconveniences while silently assuming a burden beyond the ordinary call of duty. We are mindful of this situation; we are grateful for their acceptance of extra trials; we are proud that our women are cheerfully accepting their share of responsibility as women citizens.

S. W. Ondash, M. D.

BULLETIN of the Mahoning County Medical Society

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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**September, 1957****Number 9**

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

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EDITORIAL**O.A.S.I.**

All of us recently received in the mail a small pamphlet entitled "Nine Sound Reasons Why Physicians Need and Can Get Social Security Coverage." This pamphlet was put out and distributed under the auspices of a group called the "Committee on Social Security for Physicians."

The statement is made on page 6 of this pamphlet that "Congress must be shown that the position of the House of Delegates does not represent the wishes of the practicing physician on the issue of Social Security" inferring that such is the fact.

It is a fact of course that the House of Delegates has been and still is in opposition to the inclusion of physicians under the O.A.S.I. This stand was recently (1957) reaffirmed at the meeting of the House of Delegates in New York City where two resolutions favoring compulsory inclusion of physicians in the Federal Social Security system and another one calling for a nationwide referendum of A.M.A. members on the issue were rejected by the House. They recommended an informational program explaining the position of the House of Delegates on this issue.

It has been stated that this position is an arbitrary one taken by a group of old fogies who for some unknown reason or reasons want to keep their younger, tax-harangued colleagues from getting on "the gravy train" of cheap survivors insurance, and appealing retirement benefits. It has been suggested that medicine stands nationally in the position of being the only obstructionists to the social trend of the country in this matter. This latter is of course, true but it is not the result of a capricious whim of the old fogies in the House of Delegates.

This fact was adequately attested to by a recent (1956) poll of our state medical societies.

In the paper of Frank G. Dickinson Ph. D., Director, Bureau of Medical Economic Research, American Medical Association, entitled "State Polls on Coverage of Physicians under Old Age and Survivors Insurance." (J.A.M.A. 161; 1162 (July 21) 1957) the attitude of many of our state medical associations was summarized as of that date. In this article respondents to polls taken

by 34 state associations—counting the Medical Society of the District of Columbia as a state association and by the constituent associations of Alaska and Hawaii voted against compulsory coverage of physicians under O.A.S.I. As to voluntary coverage, 23 of the above 34 state polls indicated in one form or another some evidence of support. Of the remaining 15 state associations 9 decided not to take polls of their members; 3 reported that their councils and/or houses of delegates had adopted resolutions opposing compulsory coverage but not opposing voluntary coverage; 2 were excluded because they reported polls conducted by component societies; of the remaining six, three had polls still in progress. Only three polls (N.Y., Massachusetts, and Pennsylvania) could be interpreted as being in favor of compulsory coverage and of these only one was deemed conclusive (Mass.). Two generalizations appear to be warranted from the above: just that the great majority of responding members of the state associations were opposed to compulsory coverage of physicians under O.A.S.I. provisions of the Social Security Act, secondly that the rigidly neutral position of the House of Delegates may or may not be in harmony with that of the state association polls.

These facts would seem to indicate that the stand taken by the House of Delegates on the issue of compulsory coverage was one that was shared by the majority of responding physicians.

Never-the-less the question continues to plague many of us particularly when it is daily becoming so difficult for us to put aside sufficient funds to care for our survivors if we die young, for ourselves if we live to a ripe old age. And many who are against the principle of federal security wonder whether it might not be prudent to sacrifice a point of principle in what seems to be a losing fight for the alleged advantages of the system.

In an endeavor to clear the air, your society has established a committee to study the matter and bring recommendations to the membership.

It is suggested, however, that each of us acquaint himself with the facts to the end that we may make a judicious decision on this matter when the time comes—and it is coming.

—C. E. Pichette, M. D.

WOMAN'S AUXILIARY NEWS

Recently a meeting of the Board of Directors was held at the home of the President, Mrs. Cary S. Peabody.

Mrs. Paul J. Mahar reported on the State Convention meeting. Mahoning County Medical Auxiliary received an award for the subscriptions to *Today's Health* with a 183% record. Thanks go to Mrs. Edwin R. Brody, Chairman.

The following Nominating Committee was selected: Mrs. Craig Wales, Chairman; Mrs. S. G. Patton, Jr.; Mrs. Wayne Hardin; Mrs. Edward Pichette, and Mrs. Stephen Ondash.

The Finance and Budget Committee held a meeting at the home of the committee chairman, Mrs. Sidney Franklin, on July 23rd, and a tentative budget was planned.

The Project Committee met on August 14th at the home of the chairman, Mrs. Robert Tornello. Plans are being made for a gala time at the November dance, the purpose of which is to raise money for the two nurses' scholarships and for AMEF.

Mrs. Myron Hanysh, chairman of membership, is working overtime with her committee in an effort to make our membership 100% complete this year—every doctor's wife a member of the Auxiliary. Our first meeting in September will honor new members.

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COUNCILOR'S PAGE

At this writing, almost everyone seems to be much concerned about the predicted Asiatic Flu epidemic. Medical defense preparations are being stepped up by both the federal government and the health organizations. By the time this goes to press, the first vaccine will have been released, we hope. The American Medical Association has recommended that health groups be formed or utilized, with doctors taking a leading role, and that these committees take over primary responsibility on the local level.

At a recent meeting in Washington there were participating representatives of the American Medical Association, American Hospital Association and a dozen other groups. For three hours the group heard Public Health Service officers discuss the clinical and epidemiological history of the disease, its progress in this country and what the Public Health Service is doing to bring together all organizations involved in the campaign. Then the particular work being done by the various associations was outlined. At the conclusion, these points had been made:

1. The disease is well seeded in this country, with cases reported from virtually every state.

2. Despite the problems, effective action has to be taken on the local level. Local laboratory facilities should be used as much as possible, thus avoiding the over-burdening of state and national laboratories; preparations should be made to care for most cases in homes, saving hospital beds for cases with complications; arrangements should be made for carrying on essential local services in the midst of an outbreak.

3. Short supplies of vaccine will complicate the problem. The Public Health Service has advised that persons whose services are essential to the community should receive priority in vaccinations; no specific occupational priorities have been set but the Public Health Service is studying this situation. (Also some national companies are known to have arranged for the vaccination of all their employees, a policy that might conflict with community planning for the best use of the vaccine.)

4. Informational campaigns are under way on two levels, scientific and epidemiological, and public. The former coordinated by the Public Health Service, aims to provide physicians and others in the health profession with up-to-date epidemiological and other professional information; the object of the latter is to educate the public to the value of the vaccine, yet prepare people for the possibility that some of them may have to wait their turn.

Some of you who read this will remember the epidemic of 1918. We certainly don't want days like those to return, but should an epidemic strike, we have as a profession quite a task to do.

Tell your secretary, if you haven't already done so, that she is to make no appointments for Wednesday October 23, because you will be attending the Post Graduate Assembly in Canton.



—C. A. Gustafson, M.D.

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FROM THE BULLETIN**Twenty Years ago, September 1937**

The new Constitution and By-Laws had just been adopted and were in the printer's hands. Every member of the Society was promised a copy in booklet form. Copies of the Code of Ethics were to be distributed at the same time.

Dr. L. J. Karnosh of Cleveland addressed the Society that month on "Three Mile Posts of Modern Psychiatry: 1. Fever Treatment, 2. Vitamin Therapy in Deficiency Diseases, 3. Insulin Shock for Dementia Precox."

The Medical Society of the Sixth Councilor District held its meeting at Millersburg. The program consisted of an afternoon of golf, dinner at Fisher's Dining Room and two scientific papers in the evening. The Bulletin does not mention who or how many attended.

A series of eight lectures on Pathology by Herbert S. Reichle of the Cleveland City Hospital was scheduled to start in October.

There was a surplus of money on hand and Council authorized the Treasurer to buy some government bonds.

Ten Years Ago, September 1947

There was a great deal written in this issue about the new Board of Health and Health Commissioner for Youngstown. It seemed to be taken for granted that the plan would be adopted because much space was devoted to explanations of and proposals for the manner of its operation. Dr. Bunn was arranging for a survey of the health needs in Youngstown. Dr. Ryall who had served as Health Commissioner for fourteen years recommended that the Board should not be loaded with Doctors of Medicine but that all groups interested in the public health such as the druggists and the visiting nurses should be included. He urged that the Health Department be taken out of politics.

Dr. T. W. Craver wrote in favor of the amendment and requested that the veterinarians should be represented on the Board, citing the communicable diseases such as rabies, Weil's disease, tularemia, psitticosis and undulant fever which are carried by animals. Dr. Patrick said that a health department elevated from the slough of politics would be of lasting benefit to the citizens of Youngstown.

The doctors did a good job of persuading each other, but the public seemed apathetic and the administration leaning backward and the effort failed that time.

Now we are trying again. We have succeeded in getting the amendment on the ballot in spite of the opposition of small men who think more of political power than the public welfare. We are doing better this time but the battle is not won. We still may fail but failure is not final. Be sure that we will keep trying.

At the Youngstown Hospital Fred Schlecht was resident in General Surgery, Dean Stillson was resident in Internal Medicine, Edward A. Shorten was resident in Proctology and S. G. Patton was resident in Pathology. Internes were Donn Covert, William Gross, John Guju and Louis Loria.

—J.L.F.

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ODDS AND ENDS

Dr. and Mrs. W. O. Mermis have returned home after a seven-week vacation in the Northwest and West.

Peter Brandt, son of Dr. and Mrs. Albert J. Brandt, Fairway Dr., has gone to begin his junior year at Massachusetts Institute of Technology. Mrs. Brandt and daughters Erica and Heidi motored to Indianapolis, Indiana where Erica participated in the horse show at the Indiana State Fair. Nicki Brandt who has been touring Europe with the Boy Scouts has returned home.

Sincerest sympathies to Dr. Paul Klinke's family. Paul died recently from a cardiac illness of five years duration.

Dr. and Mrs. Paul Mahar recently spent a few days with their family at Atlantic City.

Dr. Bob McConnell and Dr. Geordan attended the North-Central Branch of The American Urological Society's Annual Meeting at Mackinac Island.

Dr. and Mrs. John Stotler spent their vacation at Saranac Lake.

Dr. E. Di Iorio spent some time in the East with some friends.

Dr. and Mrs. James Birch spent 10 days at Cape Vincent, N. Y.

Dr. and Mrs. Chevlin and Dr. and Mrs. Tornello drove in style to Greenbrier, W. Va. to attend the Medical Conference.

Dr. and Mrs. O. M. Lawton, Windsor Road, have returned home after a few days visit with their cousins in Utica, Michigan. While there they had a pleasant reunion.

Congratulations to Dr. and Mrs. Paul Ruth on the birth of their daughter at St. Elizabeth Hospital on Monday, August 19th.

Dr. and Mrs. Walter J. Tims, Burma Drive, have returned from a two-week visit at Lake Chautauqua, N. Y., and were accompanied home by their children, Joan and Jay who have been at Sunset Camp for three weeks.

Dr. Edgar C. Baker and his son, Robert B. Baker, were in New York attending the trade show of National Pet Industries.

Tommy Detesco passed the Junior Life Saving Course at Camp Fitch.

Dr. Rummell bought the former Att'y Stanley home.

Dr. and Mrs. Rappoport bought a cottage at Lake Chautauqua where they spend their summers.

Carol Rummell will attend DePauw University this fall. Many Noll and Jane Middleton attend the same college.

Congratulations to Dr. and Mrs. Donald Dockry on the birth of their new daughter.

Dr. Vernon Goodwin, Mrs. Goodwin and their daughter vacationed in New York.

Dr. and Mrs. Ray Hall have returned from Cape Cod.

Dr. Di Domenico, Dr. Gregg, and Dr. Boniface spent several days fishing in Canada.

Dr. and Mrs. Louis Zeller enjoyed a vacation at Lake Erie.

Dr. A. K. Phillips went to Interlocken, Michigan the week of August 11th to pick up his daughter, Diane who has been attending The National Music Camp there.

Dr. David Levy vacationed in Denver, Colorado.

Dr. and Mrs. John C. Harvey and children, Elizabeth, John C. Jr., and Billy, whose home is in Baltimore, are here for a few weeks' visit with Dr. Harvey's parents, Dr. and Mrs. J. P. Harvey, Gypsy Lane. The younger Dr. Harvey is on the staff at Johns Hopkins Hospital.

Congratulations to Dr. and Mrs. Joseph J. Soframec on the birth of their new daughter.

Memo to Physicians . . .

Need some Investment ideas or suggestions? Keep up on the latest market developments with our monthly booklet "March Of The Markets," and our monthly "Investment Suggestions." You will receive specific recommendation for buying and selling, timely news, and sidelights in the world of Investments.

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Congratulations to Dr. and Mrs. Simon Chiasson on the birth of their new son. This makes two boys and one girl for Dr. and Mrs. Chiasson.

Dr. and Mrs. Ivan C. Smith and their son Ivan Jr., Catalina Avenue have returned from Kahshe Lake, Ont., Canada, where they spent the past week.

Dr. D. W. Metcalf, Director, Department of Anesthesia, Youngstown Hospital Association, is attending the annual meeting of the Ohio Society of Anesthesiologists in Cincinnati September 14 where he will participate in a panel discussion entitled "Emergencies in Obstetrics".

INFLUENZA

By Dr. Leroy E. Burney*

The current epidemic of influenza in the Far East with sporadic outbreaks in the United States and elsewhere is caused by a new strain of type A virus known as the Far East strain. Experts in the field say there is little question that we will have an epidemic of Asian influenza in this country some time during the fall and winter months.

Isolation of the causative virus was made prior to the appearance of this strain of influenza in the United States; thus for the first time in history we are ahead of an impending epidemic. While the disease will probably be mild there is always the outside possibility of a repeat of the 1918 epidemic, especially in the event of a mutation which is antigenically different from the virus to which the population has previously been exposed. There is the further possibility that virulence of the infection will increase as reflected in case-mortality rates. Even though these are still only possibilities, any preparations, to be useful, must be made now.

Studies in the military reveal that a properly conditioned vaccine is 70 per cent effective under epidemic or endemic conditions and that reactions to the vaccine are quite rare. Individuals known to be sensitive to egg are not given the vaccine since virus is grown in embryonated eggs. The manufacturers of vaccines are able to produce satisfactory monovalent vaccine containing Asian strain in sufficient quantities for civilian use and are now working on a large-scale production basis.

In recent years the nature of influenza in this country has not warranted the use of influenza vaccine except on a group basis to minimize absenteeism in so-called priority groups. However, the present epidemic, with its rapidity of spread and high attack rate, is sufficiently unusual to press for immunization against the new strain of virus. As a properly constituted vaccine is the only preventive for this disease, the United States Public Health Service, the Association of State and Territorial Health Officers, and the American Medical Association plan to promote use of the vaccine as soon as it becomes available. To accomplish this we plan to embark on an educational and promotional campaign to encourage all persons who want it to seek influenza vaccine on a voluntary basis. Any such campaign must be conducted in an orderly fashion to avoid confusion and hysteria in the public and will call for the combined efforts of all of us.

*Surgeon General, U.S. Public Health Service, Department of Health, Education, and Welfare.

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LETTER TO THE EDITOR

Dear Doctor Pichette:

I would like to take this opportunity to thank the members of the Mahoning County Medical Society who cooperated so well in helping to obtain the necessary signatures to place the health amendment for a full-time qualified physician health commissioner and a board of health on the ballot in November.

On the other hand, I should like to caution members of our Society that the battle is only half won and that we will require the full support of every member of the organization when the issue comes up for vote in November.

The Robert A. Joyce Agency has been hired to assist the Mahoning County Medical Society in bringing an educational program to the people of Youngstown. This will involve pointing out to the electors the real meaning of a qualified health commissioner and a board of health, what it has done in other communities, and what it can do for Youngstown.

Special thanks are in order for Dr. Henry Shorr, Dr. J. M. Ranz, and Dr. A. Marinelli. Their girls won the prizes for obtaining the greatest number of signatures and checks have been sent to them. First prize went to Helen A. Davis, 1422 Bryson Street, Youngstown, Ohio; second prize to Dorothy Koon, 16 Cleveland Street, Youngstown, Ohio; third prize to Betty Jean Ray, 2430 Walden Court, Youngstown, Ohio.

Please remember this is a public service project of the Mahoning County Medical Society. It is a worthwhile endeavor and a responsibility of every doctor in the community. We must see to it that the public health of the community has the same fine professional status that we are trying to achieve in the private practice of medicine.

There will be more from this corner later. However, it is the opinion of the professionals planning the educational program that it should be carried out for the most part in the six weeks prior to election.

—John J. McDonough, M.D.

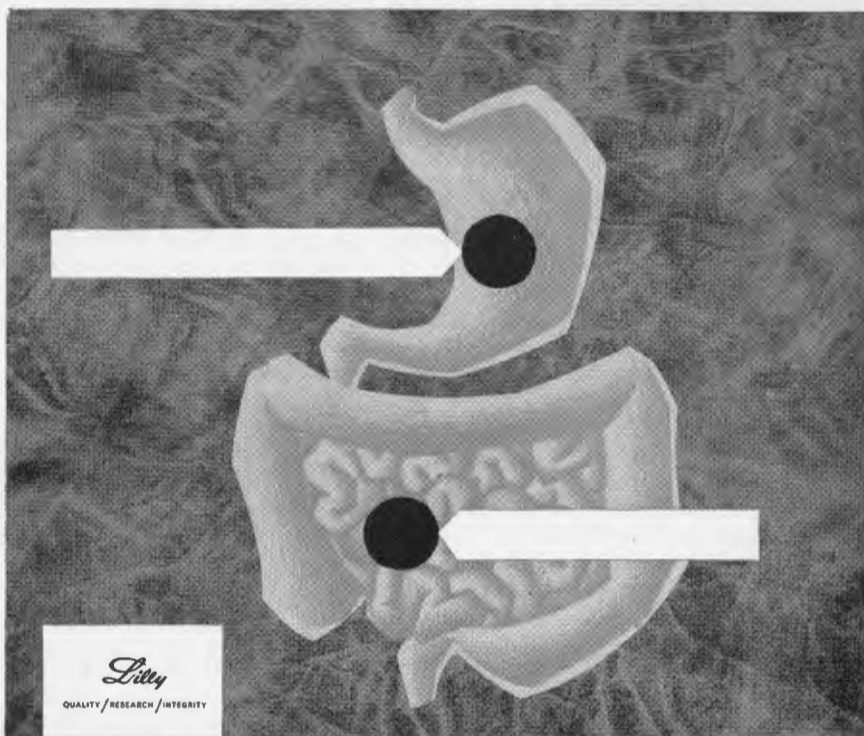
NEW EDITION OF MEDICAL ECONOMICS HELPS PREPARE YOUNG DOCTORS FOR PRACTICE

Some 35,000 residents, internes, and senior medical students now have a new source of help in preparing themselves for practice-connected business problems. The new source is a special edition of *Medical Economics*, to be published every month expressly for them.

The first issue (September, 1957) contains most of the material in the regular edition of *Medical Economics*, plus a special lead article entitled "What Practice Set-up Will Suit You Best?" Using charts, tables, and twenty pages of text, the lead article offers down-to-earth advice on the relative merits of solo practice, expense-sharing, partnerships, group practice, and salaried work.

Each month another special lead article will take up another big problem on the young doctor's horizon: how to find the best location, how to get a hospital connection, how to set up an office, how to establish fees, etc. "Month after month," the editors predict, "these special articles will add up to the equivalent of a full course in medical economics for the new doctor."

Many medical leaders have commented favorably on the new resident-interne-senior student edition of *Medical Economics*. A.M.A. President David B. Allman has told the editors: "The better informed these young men are about the things you publish, the better medical profession we're going to have. I could almost say it will be a public service to send *Medical Economics* to them."



Twin benefits in peptic ulcer therapy

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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.

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THINGS TO COME — AGAIN

AFL-CIO TO FIGHT MEDICAL SOCIETY ACTIONS. A firm stand against the actions of medical societies who fail to go along with union labor medical programs has been agreed upon by the AFL-CIO committee on social security according to the "Summer Newsletter" recently issued by the Association of Labor Health Administrators. The ALHA is a group of medical directors, lay administrators, and other representatives of union health center plans.

The publication calls for action in opposing the "attack and harassment of component medical societies against union plans, particularly in the states of Pennsylvania, Illinois and Colorado." It states that at a meeting on May 15 in Washington, D. C. "at the merged headquarters," the AFL-CIO executive committee approved funds to encourage and promote the work of the ALHA in providing "technical aid to the trade union groups in development of better health service programs for the benefit of workers and their families." The letter also stated that the association "will stand ready to bring experienced technical and legal counsel on request to the defense of the victims of any efforts on the part of medical power groups to destroy programs which endeavor to improve the quality and scope of prepaid health services available to working people and their families." The work will be carried out in cooperation with AFL-CIO through its department of social security.

The Newsletter used terms such as "medical power groups," "fee-minded physicians" and "monopolistic elements of organized medicine" in referring to the recent actions taken by medical societies in Pennsylvania, Illinois and Colorado.

Dr. Warren Draper's defense of the UMWA position opposing the "Suggested Guides to Relationships Between Medical Societies and the UMWA" was mentioned. These guides were adopted by the House of Delegates at its recent New York meeting.

—Sec'y Letter, July 1957



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Usual adult dosage:

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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.

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October

Stark County will be host in Canton, Ohio, Wednesday, October 23 for the annual assembly. All meetings, with the exception of the morning and afternoon panels in obstetrics and gynecology will be held at the Onesto Hotel. The obstetrics and gynecology meetings will be held at the Y. M. C. A. ½ block away until 4 P.M. at which time they will join in a large panel on "Adolescence" at the Onesto.

An excellent group of speakers from many sections of the United States has been obtained and their topics will be of interest to all physicians.

PROGRAM

"Are Lipoprotein Determinations Predictive of Coronary Disease?" Dr. John W. Gofman, Institute of Medical Physics, Belmont, California.

"Abdominal Tumors of Childhood", Dr. Orvar Swenson, Associate Professor of Surgery, Harvard, Boston, Massachusetts.

Panels in OB & GYN. "Habitual Abortion", Dr. Carl T. Javert, Director of OB and GYN, St. Lukes, New York City; *"Abnormal Bleeding of The Last Trimester of Pregnancy"*, Dr. Leon Israel, Chief of Gynecology, Graduate Hospital, University of Pennsylvania, Philadelphia, Pa.; *"Management-Diabetes in Pregnancy"*, Dr. William P. Given, Assistant Professor of Obstetrics and Gynecology, Cornell, New York City.

Panel, "Coronary Disease"; "Dietary and Pharmaceutical Approach in Prevention and Treatment" (moderator) Dr. William B. Bean, Professor of Medicine, University of Iowa, Dr. Gofman, Dr. Philip Tumulty, Associate Professor of Medicine, John Hopkins, Baltimore, Maryland.

"Fashions and Trends in Infant Nutrition", Dr. Paul Gyorgy, Professor of Pediatrics, University of Pennsylvania, Philadelphia, Pa.

Panel—"Management of Biliary Tract Diseases and Associated Conditions", (Moderator) Dr. Robert Zollinger, Professor of Surgery, Ohio State University, Dr. Cornelius Sedgwick, The Lahey Clinic, Boston, Dr. Swenson.

Panel — "Carcinoma of Endometrium", (Moderator) Dr. Javert, Dr. Israel, Dr. Given.

CT POST GRADUATE DAY

N, OHIO

23, 1957

The medical auxiliary has also planned an interesting day including luncheon and a style show. They will join their husbands at the pre banquet reception and banquet following the afternoon sessions.

Concluding the day will be our evening speaker Dr. William Bennett Bean, Professor of Medicine at The University of Iowa. He will entertain us with his satire on the present day practice of medicine as only he can present it.

RAM

"The Adolescent Clinic", Dr. J. R. Gallagher, Physician in Chief, Adolescent Clinic, Peter Bent Brigham, Boston, Mass.

"Collagen Diseases", Dr. Tumulty.

Panel—*"Amenorrhoea"*, (Moderator), Dr. Israel, Dr. Javert, Dr. Given.

"Epilepsy", Dr. Clark Randt, Director of Neurology, Western Reserve University, Cleveland, Ohio.

Panel—*"Management of Upper Gastro Intestinal Tract Bleeding"*, (Moderator) Dr. Zollinger, Dr. Bean, Dr. Stanley Hoerr, Cleveland Clinic, Dr. Sedgwick, Dr. Swenson, Dr. Tumulty.

Pathological Conference *"Ovarian Tumors"* Dr. Javert, Dr. Israel.

"The Use of The Newer Antibiotics", Dr. Robert Mercer, Head, Department of Pediatrics, Cleveland Clinic.

Panel — *"Treatment of Benign Diseases of The Colon"* (Moderator) Dr. Zollinger, Dr. Hoerr, Dr. Sedgwick.

"Medical and Surgical Treatment of Parkinsons Disease" Dr. Randt.

"Newer Concepts Regarding Cancer", Dr. Donald Eiffler, Chairman, Dept. of Thoracic Surgery, Cleveland Clinic.

Panel — *"Adolescence"*, (Moderator) Dr. Gallagher, Dr. Bean, Dr. Given, Dr. Gyorgy, Dr. Tumulty, Dr. Randt.

WILL IT COME TO THIS?

(A Satirical Paroxysm)

Inspired by

NEWS ITEM (UP, July 6, 1957) Lawyer Sues to Watch His Baby's Birth. Seeks Injunction Against Restraining Him from Presence in Delivery Room.

LEON H. DEMBO, M.D.

— Characters —

Dr. I. Pullem ----- Obstetrician
 Ima Chaser ----- A Lawyer
 Interne, nurses, anesthetists, etc.

Scene— The Delivery Room in a Maternity Hospital. As the scene opens the lawyer's wife is on the table being prepared for delivery. Anesthetist and nurses are busily engaged. Dr. Pullem, ready and waiting, approaches the perineal area.

Dr. Pullem—Are we all ready?

Anesthetist— Go ahead, doctor, she's under.

Pullem—We'll probably have trouble with this one. It's an occiput posterior, and she's a primipara. (He takes a seat on a stool. An orderly enters bearing an official-looking document.)

Orderly—This is for you, Dr. Pullem.

Dr. Pullem—I'm all scrubbed. What is it?

Orderly—It's an injunction signed by Judge Moron.

Dr. Pullem—What's it for?

Orderly—This patient's husband wants to watch the delivery. He's already scrubbed and gowned.

Pullem—Well for crying out loud! A legal gallery! Okay, send the joker in.

(The orderly exists and returns with the lawyer, who looks like a prize schmo. He stands leering at Pullem.)

Pullem—Why do you want to watch this delivery?

Ima Chaser—I have a right to. I want to see that everything goes along okay and I want to know what I'm paying for.

Pullem—You'd be much better off waiting with the rest of the prospective fathers.

Chaser—That is irrelevant, incompetent and immaterial. In the case of Schlamiel and Schlamazzle, Ohio 2365, the court ruled that—

Pullem—I don't give a damn *what* they ruled. Do you mind? Stand to one side before you contaminate everything.

Chaser—Are you insinuating that I'm a slob?

Pullem—I refuse to answer on the grounds that a witness need not incriminate himself.

(Meanwhile the uterine contractions are increasing and Pullem makes an examination.)

Chaser—What are you doing?

Pullem—What does it look like? This is an abnormal case.

Chaser—You mean she's going to have trouble?

Pullem—Not she—we . . . *Us*. (He proceeds) It's a case of *Res Ipsa Loquitor*. *Ipsa facto*, it's an occiput posterior.

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1. J.A.M.A. 163:356 (Feb. 2) 1957.

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Riboflavin (B ₂)	2.5 mg.
Vitamin B ₁₂	1 mcgm.
Niacinamide	50 mg.
Pyridoxine HCl (B ₆)	1 mg.
Pantothenic Acid (as panthenol)	10 mg.
Choline (as tricholine citrate)	100 mg.
Inositol	100 mg.
Calcium (as Ca glycerophosphate)	48 mg.
Phosphorus (as Ca glycerophosphate)	39 mg.
Iodine (as KI)	1 mg.
Potassium	10 mg.
Magnesium (as MgCl ₂ •6H ₂ O)	2 mg.
Zinc (as ZnCl ₂)	2 mg.
Manganese (as MnCl ₂ •4H ₂ O)	2 mg.
Iron (as ferrous gluconate)	20 mg.
Alcohol	18%



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PEARL RIVER, NEW YORK

*Reg. U. S. Pat. Off.

Chaser—Oh, wise guy, huh? Never mind the double talk.

(He goes over to the anesthetist.)

What's this?

Anesthetist—That's an oxygen tank.

Chaser—And this . . . ?

Anesthetist—Go away, son, you bother me.

(Chaser moves over to Pullem who, by this time, is busy with the rotation.)

Chaser—What are you up to now?

Pullem—(sighing wearily) I'm trying to deliver your baby. I've got to turn it. It's in an abnormal position.

Chaser—Well, why didn't you take care of it before?

(He gets his head in the way of Pullem, trying to get a better view of the field. The interne runs interference and "accidentally" kicks him in the shins.)

Ow—ouch! What goes on here!

Pullem—Will you kindly stand out of the way?

Chaser—I have a right to be here. I've got an injunction!

Pullem—You'll have an accident if you don't watch your step.

(Pullem is now sweating with the difficult delivery.)

Chaser—Whatsamatter? Can't you get the baby out?

Pullem—Maybe you can get it out with a writ of *habeas corpus*.

Chaser—This is no time for jokes:

Pullem—Exactly. So what are you doing here?

(Nurses, et al., begin to snicker.)

Chaser—I'll see the Superintendent about this!

Pullem—Yeah. Write the Board of Trustees, too. . . .

Anesthetist—(To Pullem) Her pressure is dropping.

Pullem—(concerned) I'll have it in a moment.

Chaser—(moving to anesthetist) Something's wrong, huh?

(The anesthetist ignores him.)

Well, what is it? . . . Answer me!

(By this time Pullem has completed the delivery and has handed the baby to a nurse and interne.)

Chaser—(looking at the baby who has not started to breathe yet) Why doesn't he cry. He's dead!

(They ignore him.)

Interne—Why don't you shut up!

Chaser—(greatly agitated) My baby's dead! I'll sue you all for malpractice! (He goes over to Pullem who is working on a perineal repair. The field looks gory with blood.)

Chaser—And my wife is bleeding to death! . . . Look!

(His face takes on a beautiful sea-green color and he slumps to the floor in a faint. Pullem takes a nonchalant glance at him, and goes on with his work.)

Pullem—(to orderly) Take that bum out of here and book him for vagrancy!

— Curtain —

More babies are being born in hospitals and with a doctor in attendance than ever before, Health Information Foundation reports. In 1935 only 37 percent were born in hospitals and 13 percent of all births were unattended by doctors. In 1956 almost 95 percent were hospital-born, and doctors attended 97 percent of all births.



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GUIDES FOR RELATIONS WITH UMWA FUND

In a key action on the basic issue of third-party intervention, as it affects the patient's free choice of physician and the physician's method of remuneration, the House adopted the "Suggested Guides to Relationships Between State and County Medical Societies and the United Mine Workers of America Welfare and Retirement Fund," which were submitted by the A.M.A. Committee on Medical Care for Industrial Workers. In approving the guides, the House also recommended that the Board of Trustees study the feasibility and possibility of setting up similar guides for relations with other third-party groups such as management and labor union plans.

The statement, which outlines both medical society and UMWA responsibilities, contains these "General Guides":

"1. All persons, including the beneficiaries of a third-party medical program such as the UMWA Fund, should have available to them good medical care and should be free to select their own physicians from among those willing and able to render such service.

"2. Free choice of physician and hospital by the patient should be preserved:

"a. Every physician duly licensed by the state to practice medicine and surgery should be assumed at the outset to be competent in the field in which he claims to be, unless considered otherwise by his peers.

"b. A physician should accept only such terms or conditions for dispensing his services as will insure his free and complete exercise of independent medical judgment and skill, insure the quality of medical care, and avoid the exploitation of his services for financial profit.

"c. The medical profession does not concede to a third party such as the UMWA Welfare and Retirement Fund in a medical care program the prerogative of passing judgment on the treatment rendered by physicians, including the necessity of hospitalization, length of stay, and the like.

"3. A fee-for-service method of payment for physicians should be maintained except under unusual circumstances. These unusual circumstances shall be determined to exist only after a conference of the liaison committee and representatives of the Fund.

"4 The qualifications of physicians to be on the hospital staff and membership on the hospital staffs is to be determined solely by local hospital staffs and by local governing boards of hospitals."

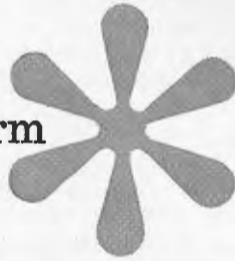
—House of Delegates, AMA, June 1957

SURVEY OF MEDICAL COSTS UNDER PUBLIC ASSISTANCE

The Bureau of Public Assistance reports that incomplete statistics indicate that hospital care is the most expensive item involved in the medical care of individuals supported by federal-state public assistance programs. Involved are four categories: the needy aged, blind, dependent children and permanently and totally disabled. In addition to helping states pay for these people's support, the U. S. also sets aside additional money for their medical bills, money which must be matched in part by the states. The bureau's survey, for July-December, 1956, includes data from 20 states. Hospital care accounted for 37.9% of the medical costs, nursing homes and home care maintenance for 29.5%, drugs and supplies for 13.8%, physicians' services for 13% and other services for 7.9%. The bureau now is attempting to obtain more complete information from a larger number of states on the cost breakdown in the various items of medical care under PA.

—AMA Washington Letter 85-53

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MEETINGS — October, 1957

- INTERNATIONAL CONGRESS OF INTERNATIONAL SOCIETY OF ANGIOLOGY, Atlantic City, N. J., Oct. 10-13. Dr. H. Haimovici, 105 E. 90th St., New York 28, N. Y. Sec.
- AMERICAN ROENTGEN RAY SOCIETY, Washington, D. C., Oct. 1-4. Barton R. Young, Germantown Hospital, Philadelphia 44, Pa.
- AMERICAN ACADEMY OF PEDIATRICS, Chicago, Ill., Oct. 7-10. E. H. Christopherson, 1801 Hinman Ave., Evanston, Ill.
- AMERICAN COLLEGE OF SURGEONS, Atlantic City, N. J., Oct. 14-18. Michael L. Mason, 40 E. Erie St., Chicago 11, Illinois.
- AMERICAN SOCIETY OF ANESTHESIOLOGISTS, Los Angeles, Calif., Oct. 14-19. J. E. Remlinger, Jr., 188 W. Randolph St., Chicago 1, Illinois.
- AMERICAN HEART ASSOCIATION, Scientific sessions—Chicago, Illinois, Oct. 25-28. American Heart Assoc., 44 E. 23rd St., New York 10, N. Y.
- NINTH POSTGRADUATE ASSEMBLY IN ENDOCRINOLOGY AND METABOLISM, Augusta, Ga., Oct. 21-25. Dr. Robert Greenblatt, Medical College of Georgia, Augusta, Ga.
- AMERICAN ASSOCIATION for the SURGERY OF TRAUMA, Annual meeting, Oct. 31-Nov. 2, The Homestead, Hot Springs, Va., James K. Stack, 700 N. Michigan Ave., Chicago 11, Illinois, Sec.
- AMERICAN CANCER SOCIETY, annual meeting, Oct. 28-29, Park-Sheraton Hotel, New York, N. Y.
- NEW ENGLAND SURGICAL SOCIETY, annual meeting, Oct. 4-5, Mount Washington Hotel, Burton Woods, N. H., Dr. Richard Warren, Peter Bent Brigham Hospital, 721 Huntington Ave., Boston 15, Mass., Sec.
- ST. LOUIS UNIVERSITY, course in recent advances in hematology for general practitioners, Oct. 8, Francis Hospital, Washington, Mo.
- TENTH ANNUAL MEETING GERONTOLOGICAL SOCIETY, Cleveland Hotel, Cleveland, O., Oct. 31-Nov. 2, Dr. Austin Chinn, 2073 Abington Road, Cleveland 6, Ohio.

MEETINGS — November, 1957

- AMERICAN ACADEMY OF NEUROLOGICAL SURGERY, The Cloister, Sea Island, Georgia, Nov. 11-13, Eben Alexander, Jr., Bowman Gray School of Medicine, Winston-Salem, N. C., Sec.
- CONGRESS OF NEUROLOGICAL SURGEONS, Statler Hotel, Washington, D. C., Nov. 7-9, Philip Gordy, Suite B-1, Professional Bldg., Wilmington, Del., Sec.
- AMERICAN SOCIETY for the STUDY OF ARTERIOSCLEROSIS, Chicago, Ill., Nov. 3-4, Dr. O. J. Pollak, P.O. Box 228, Dover Del.
- AMERICAN PUBLIC HEALTH ASSOC., Cleveland, O., Nov. 11-15, R. M. Atwater, 1790 Broadway, New York 19, N. Y.
- RADIOLOGICAL SOCIETY OF NORTH AMERICA, Chicago, Ill., Nov. 17-22, D. S. Childs, 713 E. Genesee St., Syracuse 2, N. Y.

HAPPY BIRTHDAY !!!

W. H. Bennett	E. H. Jones, Jr.	C. E. Pichette
D. E. Beynon	M. J. Kocialek	J. A. Renner
L. G. Coe	P. Krupko	R. J. Scheetz
W. J. Flynn	D. H. Levy	F. Schlecht
P. H. Fuscoe	R. G. Mossman	D. Stillson
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BROAD SOCIAL SECURITY CHANGES PROPOSED; DOCTORS WOULD BE COVERED

More changes in the much-amended social security law have been proposed in a bill (H.R. 8883) introduced July 24 by Rep. Robert W. Kean of New Jersey, a Republican member of the House Ways and Means Committee before which the legislation would be heard. The bill is not an administration measure. Mr. Kean claimed that the amendments could be financed without increasing social security tax rates. His explanation: present full employment at higher wages and increased earnings of the Social Security Trust Fund. (However, another \$600 of income would be taxed at present rate.)

One of eight major points in his bill calls for the compulsory inclusion of physicians under the system, thereby making them eligible for old age and survivors insurance at age 65 or age 50 if totally and permanently disabled.

Other proposals include: (1) Increase maximum wage base from \$4,200 to \$4,800; under present contributory rates, there would be a \$13.50 a year increase in OASI taxes for earnings of \$4,800 or more, (2) pay benefits to dependents of those receiving disability payments, (3) authorize payments from the trust fund toward rehabilitation of those now receiving disability benefits, (4) increase ultimate benefits for those who continue to work after age 65 by a 1% a year delayed retirement benefit, (5) increase maximum family benefits for widows and dependent children from \$200 to \$296.25 a month, (6) increase widow's benefits from 75% to 80% of the worker's primary insurance amount, and (7) cover tips received as wages.

Mr. Kean said he is "very much in favor" of the coverage of physicians.

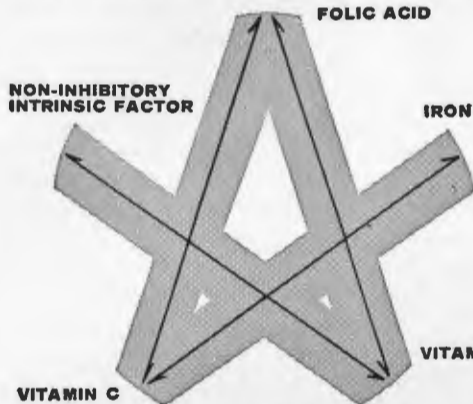
—AMA Washington Letter 85-53



"Well, that's why we have to operate, stupid!"

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Vitamin B ₁₂ (additional)	15 mcgm.
Powdered Stomach	200 mg.
Ferrous Sulfate Exsiccated	400 mg.
Ascorbic Acid	150 mg.
Folic Acid	4 mg.



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AGING PERSONS NEED MOTIVE FOR LIVING

When some centenarian explains his long life as the result of not arguing before breakfast or of drinking a pint of corn whiskey with lunch, scientists listen with interest.

They have discovered that comments like these fortify a medical conviction that sustained growth and vigor in old age depend to a large degree on some positive motive for living.

Without motive, a person might be "old" at 35, with it he might be "young" at 70, according to a special article on aging in the current (July 27) Journal of the American Medical Association.

The population of Americans over 65 is increasing at twice the rate of the over-all population rise, the article said. With the increase in numbers there is developing the problem of "how to create a proper climate for senior citizens to grow with their age rather than stagnate in a tremendously expensive wait for death," an accompanying editorial said.

"Since medical science is largely responsible for this increased longevity, physicians everywhere must bear much of the burden of also prolonging man's span of vigor. It is a mammoth task, calling for action and planning in many fields besides medicine," the editorial said.

The aged population represents a still-untapped source of "manpower and brainpower that can be turned from an economic liability into a total asset," the editorial said. However, there must be careful community planning and coordination of various agencies and facilities.

The A.M.A., through its committee on aging, soon will publish guides for state and county medical societies to help them organize with allied medical and lay groups in meeting specific needs of the aging in their own areas.

Many community projects, including housing developments, planned recreation, and medical care facilities, have been set up throughout the country. In Chicago, a Commission on Senior Citizens is making headway toward better health, reduced transit fares, specially designed public housing, expanded recreational facilities and a more enlightened retirement policy by business and industry.

The A.M.A. committee on aging has agreed that "retirement should not be based arbitrarily on chronological age," but that employment in all age brackets should be a matter of proper assignment of skills.

The committee is drafting a physical examination form which will help companies and physicians evaluate a worker's particular capabilities. It is also trying to devise an A.Q. (aging quotation) test based on physiological and psychological factors. Such a test would help the employer decide whether a man should retire or be moved to a less taxing job.

"There is little doubt, from a medical standpoint, that when men have their occupations taken away many of them become lost—experiencing a distinct deterioration of personality, a marked depression, and a great acceleration in the aging process," the article said.

"Lack of work, even when there is a pension, almost always presents a severe problem in economics, as well, to the elderly. At a time when his medical needs normally are the greatest, the earning power of the oldster is at its lowest. Multiplied by the millions, it is this factor—more than any other—which challenges the entire community in every corner of the nation," it said.



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DIAGNOSTIC X-RAY EXAMINATIONS

Note: It is interesting to note the action of the OSMA in regard to this matter. You will recall that it was discussed at one of our previous meetings, and the following resolution was adopted by the State after being presented by our delegates at the 1957 Annual Meeting. Copies of the resolution have been sent to appropriate insurance companies.

"WHEREAS, Some Blue Cross, Blue Shield and commercial insurance policies contain the following clauses, or similar provisions:

"Benefits are provided as specified below for diagnostic X-Ray examinations, either in or out of the hospital, which are required in the diagnosis of any condition of disease or injury and which are either:

"(a) Ordered by a licensed physician or a doctor of dental surgery who is engaged in general or special practice other than radiology, and when so ordered, are made by a licensed physician (excluding a doctor of dental surgery or the doctor ordering such X-Rays), who limits his practice to radiology.

"(b) Made by a licensed physician (excluding a doctor of dental surgery) qualified to undertake radiologic examinations within the confines of a single specialty, and,

"WHEREAS, The above is restrictive and monopolistic and not in accord with sound medical practice or ethics, and

"WHEREAS, The above interferes with free choice, enterprise policies and principles of medical societies throughout America.

"THEREFORE BE IT RESOLVED, That the Ohio State Medical Association oppose the use of such clauses as restrictive and monopolistic, and

"BE IT FURTHER RESOLVED, That the Ohio State Medical Association recommend the following amendment to such clauses to be submitted to companies whose policies contain such clauses:

"Benefits are provided as specified below for diagnostic X-Ray examinations either in or out of the hospital which are required in the diagnosis of any condition of disease or injury".

A CHANGE IN THE POLIO PICTURE

With the introduction of the Salk vaccine the polio picture in this country has undergone a radical change.

Here's what has happened in the past few years:

Children from five to nine years old used to be one of the largest group of victims. In 1952 they accounted for 24 per cent of all paralytic cases. By now most of these school youngsters have been vaccinated and the proportion of cases among them is declining. In 1956 it dropped to 16 per cent of all cases. That's the bright side of the polio picture.

Of course, with a decline in one age group, there has been a corresponding rise in percentages among other age groups not yet protected by Salk vaccine.

Take pre-school youngsters under five years old, for instance. In 1952 they comprised 29 per cent of paralytic cases. In 1956 the proportion had climbed to 39 per cent. Infants one and two years old had the highest percentage of all. That's why polio authorities like the National Foundation for Infantile Paralysis urge that they be first on the vaccination list.

The next most vulnerable group in the new polio picture are teenagers and young adults from 15 to 40 years. In 1952 they comprised 33 per cent of paralytic cases. In 1956 the percentage was 34 per cent. Since polio paralysis is especially disastrous to wage earners in a family, they need protection urgently.

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SEXUAL DEVIATION RESULTS FROM PARENTS' ATTITUDES

Most cases of sexual deviation result from unconscious, or even conscious, fostering of such behavior in early life by the parents, two Minnesota psychiatrists said.

And these parents behave as they do because of the way their own parents acted toward them, Drs. Adelaide M. Johnson and David B. Robinson, Rochester, Minn., said in the current (Aug. 3) *Journal of the American Medical Association*. They also said these parents all have unsatisfactory marital sexual relationships.

Psychiatric treatment of the adult sexual deviant is a "prodigious task," but prevention in the early years is possible, they said. It is up to the family doctor and pediatrician to watch for early signs of deviation and warn and treat both child and parents.

Drs. Johnson and Robinson recommended that the terms "sexual psychopath" and "psychopathic personality with pathological sexuality" be replaced by the more objective terms "sexual deviant" and "sexual deviation." These terms include any hostile, destructive sexual behavior manifested toward or accepted from others of the opposite or same sex, and all unacceptable forms of overt sexual behavior.

Parental fostering of sexual deviation parallels that in other types of delinquency, they said. An earlier study showed that repeated stealing, arson and vandalism are stimulated by unconscious or occasionally conscious anti-social impulses in the parents. The parents derive unconscious but real gratification from the enactment by the child of impulses socially forbidden the parent.

In the same way, parents derive satisfaction from their children's abnormal sexual behavior, which the parents have encouraged in some way. Direct, hostile sexual misbehavior usually derives from conscious overt parental fostering, while perverse sexual aberrations usually result from unconscious stimulation by a parent.

"In either case, it is clear that parents who so distort their child's psychosexual development are emotionally very confused, badly maladjusted and definitely sick, helping every outward appearance of their stability in the community. All such parents reveal an unsatisfactory marital sexual relationship," they said.

Antisocial behavior of almost any kind may be fostered by vacillation or "double talk" by the parents. For instance: "Fire-setting is prohibited, but if you must light a fire, let us burn papers in the sink." Another form of double talk is the parentally expressed concern for imagined future sexual misdeeds by the child.

"There may be dire warnings of future sexual misconduct quite foreign to the child's conscious inclinations. . . . The child senses that he is expected to misbehave sexually. The parent's fantasy that their small child will probably get into sexual trouble during adolescence provides a compelling guide. Unconsciously, the parents gradually maneuver this child into adolescent sexual acting-out," they said.

There may also be actual parental seduction—"the pathological sensual tempting and sexual stimulation"—of the developing child. It may be "as subtle as a caress or as blatant as actual incest." The authors also noted the "disquieting but demonstrable fact" that all degrees of parental seduction of the child occur "more commonly than it is comfortable to contemplate," even in families with "every outward aspect of respectability, decency and conformity with convention."



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MEDICINE AND POLITICS DON'T MIX

"We have had amply demonstrated to us that medicine and politics do not mix." That quote is from a magazine which can speak with authority—the British Medical Journal. Britain has had socialized medicine for many years, and her National Health Service employs something like 99 per cent of all British doctors.

The Service's current troubles have been much in the news lately. The most publicized issue has been doctor's pay—by any reasonable standard, it is low and the government so far has refused to make adequate adjustments. But there is more to the matter than this economic factor. As the British Medical Journal puts it, "The employes have lost all trust and confidence in their monopoly employer." As evidence, it cites the fact that in recent months there has been a striking increase in the number of doctors investigating the possibility of leaving England for one of the Dominions.

What are the troubles, other than the salary problem, that socialized medicine has brought to Britain's doctors? The Journal has this to say: "The pettifogging arguments about whether a food is a drug, the form-filling, the regulations, earnest discussions on whether a week's leave not taken one year can be carried on to the next, the ever-increasing intrusion of the administrator both centrally and locally—all this and much more is turning medicine into an administrator's maze. . . ."

Then the Journal makes the most ominous statement of all—"The unfortunate doctor soon loses his sense of direction and will end up by losing his sense of profession."

We can profit by Britain's costly example—and avoid such schemes like the plague.

The parents must be treated as well as the child, they said. Treatment of a child or young adolescent while he is still living with untreated parents yields disappointing results.

Treatment of the adult deviant is "indeed formidable" and should not be started if there is no motivation for treatment, the authors said. This is a frequent occurrence since many deviants lack a feeling of guilt. This lack results from the permissiveness of the parents during the early years of conscience formation.

For these persons, segregation from society may be necessary, since deviants with the ordinarily less physically harmful perversions may unpredictably break through into more destructive action. Such deviants may suddenly become dangerous physically, because of the hate and anger that is involved in their psychiatric problems.

Drs. Johnson and Robinson said the first step in preventing deviation is education of the parents by doctor and pediatrician.

Many well-intentioned parents unwittingly harm their children by their efforts to be "modern" and "hide nothing from the child." The conventional restraints of common modesty respected outside the home are ignored when the children are concerned.

"Dangerously little knowledge has led them to believe that . . . an open approach to sexuality provides an emotionally healthful climate. The resulting multiple forms of bodily exposure may result in unwitting and excessive overstimulation of the child," they said.

By a few simple questions, the doctor can usually learn of an unhealthy home atmosphere and can counsel accordingly, either by simple and direct discussion with the parents or by referral for competent psychiatric treatment.

Such a program holds genuine promise for prevention, "for sparing many children a miserable life outlook, for strengthening the fiber of the public character and for preserving society from an unhappy quota of hurt and violence," they concluded.

Dr. Robinson is associated with the Mayo Clinic at Rochester, and Dr. Johnson, formerly with the Mayo Clinic, is clinical professor of psychiatry at the University of Minnesota.

THE DOCTOR WHO DIDN'T FORGET

Reprinted from Joe E. Brown's book, "Laughter is a Wonderful Thing."

I believe, like the Bible says, that every piece of bread you cast on the waters will return to you tenfold.

Here's one example I'll never forget!

Our daughter, Mary Elizabeth, was critically hurt in an auto accident. The emergency hospital was filled to overflowing—the staff overwhelmed. Frantically I tried to get a doctor or even a nurse. Everyone was too busy.

Finally I spotted one doctor, wearily dragging off duty after a day and night of work. He took one look at me and nodded "yes." Tired as he was, that doctor worked over my daughter for seven hours and pulled her out of danger.

I stammered my thanks and tried to express my deep gratitude. The doctor told me. "On Christmas Eve fifteen years ago I sent out a call for movie stars to help cheer up the children at the Orthopedic Hospital. The only ones who came were you and Bill Robinson."

Yes indeed. Bread cast upon the waters returns tenfold . . . and more!

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