



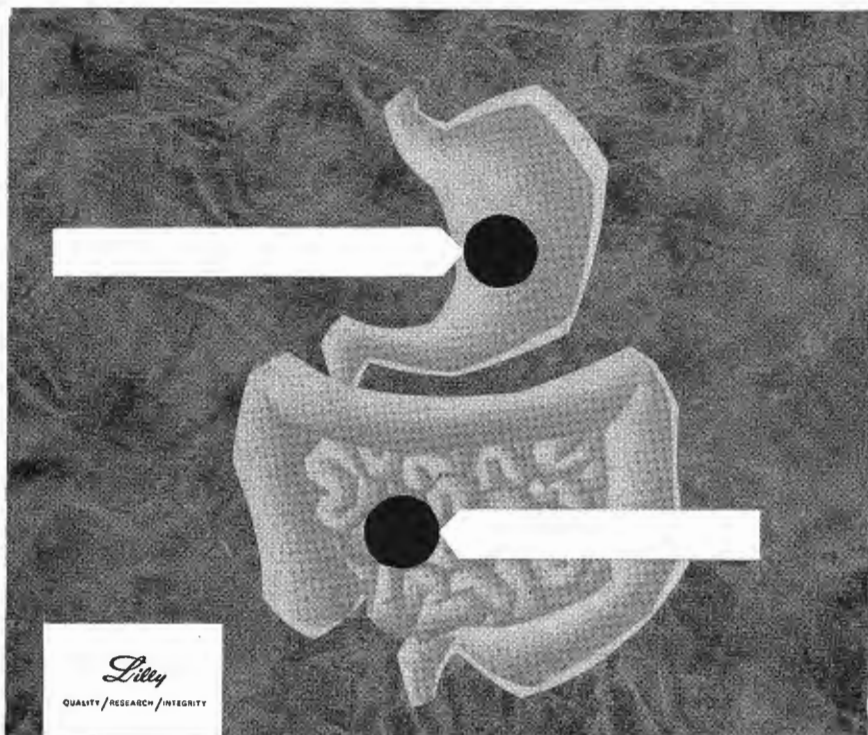
BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

November • 1957

Vol XXVII • No. 11

Xenia, Ohio



Twin benefits in peptic ulcer therapy

ELORINE CHLORIDE

(Tricyclamol Chloride, Lilly)

Reduces gastric acidity and gastro-intestinal motility

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

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

*'Elorine Sulfate' (Tricyclamol Sulfate, Lilly)

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

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

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.

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NOVEMBER

ANNUAL BUSINESS MEETING

Elks Club

Tuesday Evening, 8:30, December 17, 1957

ELECTION OF OFFICERS

President-Elect

Secretary

Treasurer

Delegate (Three year term)

Three Alternate Delegates

A free buffet supper will be served following the Election



Also — at 8:00 P.M.

Annual Meeting — Medical Service Foundation

This meeting will be held in conjunction with the annual meeting of the Mahoning County Medical Society. IT WILL START AT 8:00 P.M., just prior to the regular Society meeting. There will be election of Trustees, approval of the reports of the Treasurer and Secretary and such other business as may properly come before the meeting.

EVERY MEMBER OF THE COUNTY MEDICAL SOCIETY IS A MEMBER OF THE MEDICAL SERVICE FOUNDATION. ATTEND AND PARTICIPATE IN THE CONDUCT OF ITS BUSINESS.



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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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**November, 1957****Number 11**

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

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O.A.S.I.

In the previous article on O.A.S.I., it was pointed out that Social Security was not insurance in as much as no contract exists. This fact makes it possible for the Government to change without consultation any or all terms even to the point of repudiation.

There is always the desire within all of us to get something for nothing or as close to it as possible. When we are told that if we join the social security club we get almost \$37,000 of life insurance coverage it is certainly enticing. Especially is it so to the younger physician who is long on family and obligations but short on income.

According to Webster and Coffey, to qualify for this maximum family coverage \$37,000 one would first have to pay maximum social security taxes for 18 months. The next day his wife must give birth to twins. Thirdly, he must die that same day.

The widow and twins could then be paid survivors benefits of \$200.00 a month for 18 years or \$36,920. Certain stipulations would have to be met. The widow would have to apply for the benefits. She could not remarry else she would lose the benefits. If either child were to marry he could get no benefits. As soon as the twins were 18 years old, all benefits would cease to them and the widow. She would then get *nothing* until the age of 65 (as of 1956) when she might become eligible to receive \$81.00 a month.

If either child or widow earned more than \$1200 per year (roughly \$25.00 per week) maximum benefits would drop. If she or either of the twins were to earn \$2080.01 or more per year (roughly \$40.00 per week) no survivors benefits could be paid to the earner. There are other limiting clauses but the above will suffice to start a cost comparison.

Let us assume that you now qualify for maximum benefits under social security. The chances are that you would have paid the maximum social security tax since it is most likely that your income would have been at least \$4800. For the 18 months that you must have belonged in order to qualify you would have paid a premium of \$189 ($\$4800 \times 3\% \times 1\frac{1}{2}$ years.)

As a young physician, you can buy much better *guaranteed* coverage for your family from private insurance companies without all the above provisions.

(Continued on page 436)

FROM THE BULLETIN

Twenty Years Ago—November 1937

In an unsigned article someone complained about the difficulty in securing an internship in the local hospitals. To quote: "He discovered that he must have an influential person who is well acquainted with a very big influential staff member who in turn is a very good friend of one of the members of the Interne Committee in order to procure a place to spend the year after his graduation." My, how things have changed!

And after his internship, to quote from the same article: "He sits in his office and sees very few patients. He doesn't go many places because of his financial instability. But he is still interested in Medicine and attempts to secure a regular staff appointment. He finds again that he must go through the same whirlwind that he did in procuring his internship."

There seems to be some slight exaggeration here, but it must have been some member's experience. How different from the present day when well trained and able young men are avidly sought for internes and after their hospital training is over they are eagerly welcomed into practice to help the older men. It is the usual experience here that after a man has been out in practice two years he is so busy that he is no longer interested in taking night calls or stand-by work unless the man who requests it is willing to do the same in return.

The late Dr. Rosenfeld wrote that sulphanilamide was generally believed to be a valuable therapeutic agent, but it possessed definite toxic qualities and should never be employed without thorough knowledge of its indications, dosage and toxic manifestations.

Fred Coombs was at the Massachusetts General Hospital for a year in internal medicine. Al Cukerbaum was back from two years in New York to practice Dermatology and Allergy. James Brown was back from studying surgery at the New York Polyclinic. John Renner was at the Post-Graduate School of the University of Pennsylvania studying surgery. P. R. McConnell, W. E. Maine, J. K. Herald, M. J. Sunday and M. M. Szucs were appointed to the Staff of St. Elizabeth's Hospital.

New members of the Society were: Craig Wales, Milton Yarmy, Gabriel De Cicco, Barclay Brandmiller and M. M. Szucs.

Dr. Murrill Szucs married Mary Louise Davis on October 2nd. It was a notable month for Dr. Szucs.

Ten Years Ago—November 1947

Dr. John H. Dingle of Western Reserve University addressed the Society on "Upper Respiratory Infections."

Dr. Wm. H. Evans presented a paper on "Antibiotics in Ear, Nose and Throat Practice" to the Staff of St. Elizabeth's Hospital.

According to the "Medical Crier" the popular method of treating upper respiratory infections was by spraying the nose and throat with penicillin in an aerosol. This treatment was soon discontinued because of the severe local reactions.

President McKelvey was concerned about the difficulty reported by some people in obtaining a doctor at night. He reminded the public that it was advisable to have a family doctor who would be interested in their welfare; that doctors often take great risks answering calls at night to unknown persons. Apropos of this is the recent experience of Dr. Getty who was held

FOR THE ENTIRE RANGE OF RHEUMATIC-ARTHRITIC
DISORDERS — from the mildest to the most severe

many patients with MILD involvement can be effectively
controlled with

'MEPROLONE'

many patients with MODERATELY SEVERE involvement
can be effectively controlled with

'MEPROLONE'

NEW
MULTIPLE COMPRESSED TABLETS

and NOW for patients with
SEVERE involvement

'MEPROLONE'

The first meprobamate-prednisolone therapy

the one antirheumatic, antiarthritic
that simultaneously relieves:

(1) muscle spasm (2) joint inflammation
(3) anxiety and tension (4) dis-
comfort and disability.

SUPPLIED: Multiple Compressed Table-
ts in three formulas: 'MEPRO-
LONE'-5—5.0 mg. prednisolone, 400
mg. meprobamate and 200 mg. dried
aluminum hydroxide gel. 'MEPRO-
LONE'-2—2.0 mg. prednisolone, 200
mg. meprobamate and 200 mg. dried
aluminum hydroxide gel. 'MEPRO-
LONE'-1 supplies 1.0 mg. predni-
solone in the same formula as
'MEPROLONE'-2.



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up and severely injured while making a night call. Nowadays many people go to the hospital emergencies at night where the internes screen them and only the severe cases are seen by the physician.

The Receiving Hospital had then a capacity of only 80 beds which were largely occupied by senile cerebral arteriosclerotics, mental deficient and alcoholics.

In order to maintain space for the acute cases of mentally ill patients, Dr. Elder urged limitation of admissions to those with acute, active psychotic episodes.

Dr. J. P. Harvey was taking a course in Cardiology at the Massachusetts General Hospital. Martin Conti was home from naval service and opened an office in the Home Savings & Loan Bldg. J. E. L. Keyes was in Chicago conducting examinations for the American Board of Ophthalmology.

New members of the Society were Eugene Elder, Robert M. Kiskaddon, Stephen Ondash, Andrew Detesco, Herbert Hutt, James Miller, Durbin T. Yoder, Charles Stertzbach, and Bernard M. Schneider.

From new member to President in ten years is quite an achievement and Dr. Ondash is to be congratulated for being one of the best Presidents the Society ever had.

J. L. F.

PERIOD OF SALK VACCINE SHORTAGE IS OVER

In a recent letter to A.M.A. Trustee Julian Price, the U.S. Department of Health, Education and Welfare reported that the period of polio vaccine shortage is almost over.

Deputy Surgeon General W. Palmer Dearing said that "we are receiving an increasing number of reports from the states that vaccine supplies are ample to meet current demands and that prospective purchasers are able to receive delivery of the vaccine on relatively short notice."

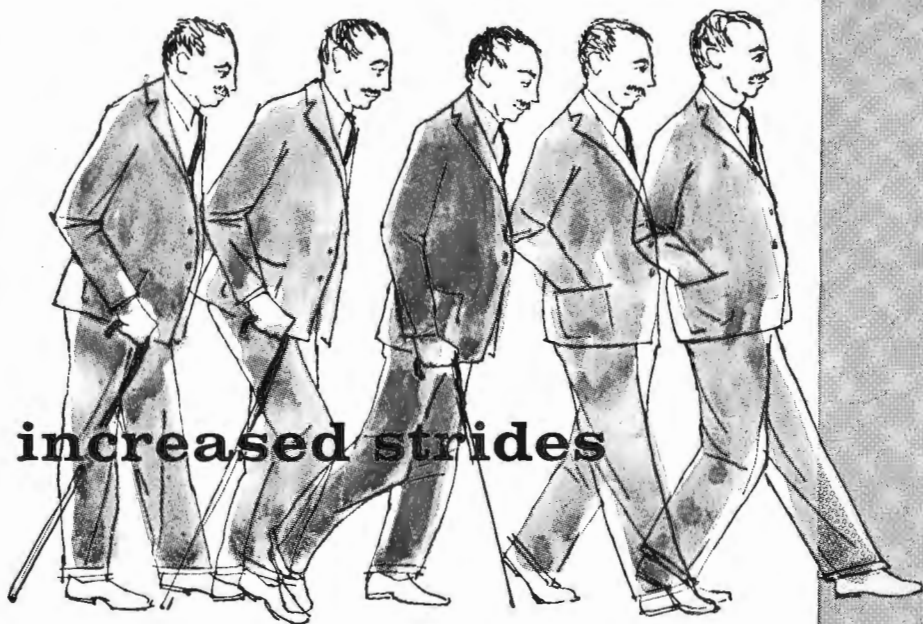
More than 12 million cc. of vaccine were released during August, and Dr. Dearing estimated that this would be increased considerably during September and October.

In the light of this information, state and local medical societies are urged to reactivate or initiate polio vaccination programs.

"There are still almost 40,000,000 people under 40 years of age in the U.S. who have not received a first injection," Dr. Dearing said. "In addition, there are over 40,000,000 more who have not received all three injections. Thus, the task which remains to be accomplished is a major one if the maximum public protection against paralytic poliomyelitis is to be achieved before the next polio season. Many individuals who received their first and second injections in the early months of this year are due for their third injections now."

Dr. Dearing praised the medical profession's role in initiating and sponsoring vaccination programs and then said: "The success of the programs initiated or participated in by local medical societies early this year gives ample evidence of the important part which local practicing physicians can play in community-wide vaccination programs. I am confident that a repetition this fall of these medical society sponsored programs . . . will ensure equally successful results."

Secy. Letter



increased strides

in rheumatoid arthritis

on only 12 mg. daily average maintenance dosage†

METICORTELONE®

prednisolone

- ...rapidly reduces swelling, tenderness and pain on motion
- ...overcomes disabling muscle spasm
- ...maintains therapeutic benefits by minimizing sodium retention, edema and hypokalemia associated with older corticosteroids

†in rheumatoid arthritis—daily maintenance dosage averages only 12 mg. (may be as low as 5 mg.) after initial suppression of symptoms

*"Meti"*steroids mean minimal maintenance dosage*

dosage: In rheumatoid arthritis—initially 20 to 30 mg. a day until favorable response is obtained. Dosage is gradually reduced by 2.5 to 5 mg. daily until maintenance levels between 5 and 20 mg. are reached. Buff-colored tablets of 1, 2.5 and 5 mg.

In Memoriam

M. J. Kocialek, M. D.

1897 — 1957



P. B. H. Smith, M. D.

1878 — 1957

ODDS AND ENDS

Doctor Raymond A. Catoline helped a family in distress on a recent weekend at Lake Erie. When one of the vacationers became sick, friends were searching for a doctor. Dr. Catoline, in beach attire, made the diagnosis, gave emergency treatment, and declined payment.

Doctor and Mrs. James D. Brown, have returned from a trip to Michifan. They visited their daughter and son-in-law in Ann Arbor part of the time and visited their other daughter and family who were visiting in Owosso.

Doctor and Mrs. Ivan C. Smith are the proud grandparents of the son born to their daughter, Ann in Lake Worth, Florida. Mrs. Smith left for a stay in Lake Worth.

Doctor John A. Rogers, president of the Youngstown Area Heart Association, headed a local delegation who were in Chicago attending the 33rd annual convention and the 30th annual scientific sessions of the American Heart Associations. Also attending were; Doctor W. H. Bunn, past president, Doctor Hugh N. Bennett, Doctor J. L. Calvin, Doctor J. N. McCann, Doctor R. B. Poling, Mrs. O. W. Haulman, Mrs. James H. Walls, executive secretary, and Miss Vera Welch, director of Nursing Services.

In the new and 6th addition of "Surgical Technique and Principles of Operative Surgery" by Dr. Partipilo edited by Lea and Febiger, Doctor Stephen Ondash wrote with Dr. Partipilo the chapter on Salivary Gland, (Chapter 20).

Doctor and Mrs. Leonard F. Fagnano are in their new home on Rita Lane.

Doctor Herman Ipp gave a talk to The Society For The Blind on October 3, 1957 entitled Diabetes.

Our sympathy to Doctor and Mrs. Frank Morrison and family on the recent loss of Doctor Morrison's father.

Doctor and Mrs. Paul J. Mahar recently spent the weekend with their son, Paul J. Mahar, Jr. a freshman in pre-medical school at Notre Dame University, South Bend where they attended the Notre Dame-Pitt football game.

Doctor and Mrs. J. M. Benko and daughter, Duchess, Poland, spent a week in Harrisburg, Pa., where they attended the Pennsylvania National Horse Show.

Congratulations to Doctor and Mrs. John Kalfas on the birth of their son at St. Elizabeth Hospital.

Dr. and Mrs. Henri Schmid returning from Chicago, stopped at Sawyer Sanitarium in Marion Ohio, to visit Dr. W. W. Ryall.

Condolences to Dr. W. E. Sovik on the passing of his father.

Dr. Sidney Franklin has been appointed Secretary of the Medical Legal Committee and Secretary of the Practicing Law Institute of the Cuyahoga County Bar Association.

Doctor and Mrs. Ivan C. Smith, Catalina Avenue, have returned from Elmira, N. Y., where they visited Mr. and Mrs. William Armstrong and attended the Cornell-Syracuse game on Saturday. Mr. Armstrong formerly lived in Youngstown.

Congratulations to the following Medical Detail men, all of whom recently became the proud fathers of boys.

Barry Pryn—Wyeth Territory Manager

Bill Jones—Ciba Salesman

Ed Renehan—Burroughs Wellcome Co.

Those who recently enjoyed a weekend at Warm Springs, Va. were: Doctor and Mrs. George McKelvey, Doctor and Mrs. Howard Mathay, and Doctor and Mrs. John Wasilko.

(Continued on page 428)

POSTGRADUATE DAY 1957

It rained all day on Wednesday, October 23rd. It rained in Youngstown, it rained in Canton, and it rained on the Hotel Onesto. Dr. Andy Detesco drove all the way to Canton with no windshield wiper. Dr. Gene Fry was navigator.

Despite rain, stubborn windshield wipers, Asian flu and Thursdays off, the meeting in Canton was a huge success. There were over six hundred physicians present, breaking all previous records, including ours in Youngstown last year (on a beautiful sunny day). The meeting was held in the Hotel Onesto, except for the Ob-Gyn section which, for the most part, was held in the YMCA. It rained on them too. The lectures were interesting, timely, and well punctuated with movies and slides to keep every-one awake. Such old favorites as gastrointestinal hemorrhage, endometriosis, and fetal salvage were thrashed out again, along with the newer matter such as serum phospho-lipids and intra-cardiac surgery. Nearly every lecture room had standing room only, which speaks well for the attractiveness of the program. On the other hand, there were only about thirty Youngstown physicians present, plus about eight residents from St. Elizabeth Hospital and only three from Youngstown Hospital.

Even the ladies managed to overcome such obstacles as the weather, the flu, and baby sitters, to turn out in substantial numbers for the style show and luncheon in Mergus' dining room.

Following the meeting there were the usual cocktail parties. It seems only fair to mention that the party given by the Bowman Company was a tremendous undertaking and was a very impressive and enjoyable event.

The banquet was held in the ballroom of the Hotel Onesto, followed by a remarkably interesting talk by Dr. William B. Bean covering the history of the diseases of the Ambilicus, and every bit of it in rhyme.

The success of this meeting, and of the previous meetings in Warren and Youngstown, is a remarkable thing. We have always worried about that "rainy day" when the whole thing flops, when our big shiny bubble bursts. This year we had not only rain but a flu epidemic, and still the bubble got bigger.

Maybe we are looking for the wolf behind the wrong tree. These meetings represent an increasingly big undertaking in time and expense, all teetering nervously on a rather shaky financial foundation. Sure, we need all you members to attend, but you only pay half the bill. Who pays the rest? The concessions, of course. And the bigger the meetings get, the more *they* pay. We can't continue to cram them into a corner and expect them to come back next year. And we have to arrange our lecture schedule to allow for at least one break during the morning and afternoon sessions for visiting their exhibits.

Next year the meeting will be in Akron. It will be their problem to decide how big a meeting one can build on this shaky foundation. Let's hope they look first to see how much space they have first for concessions, and then plan how big their meeting will be . . . and let it rain.

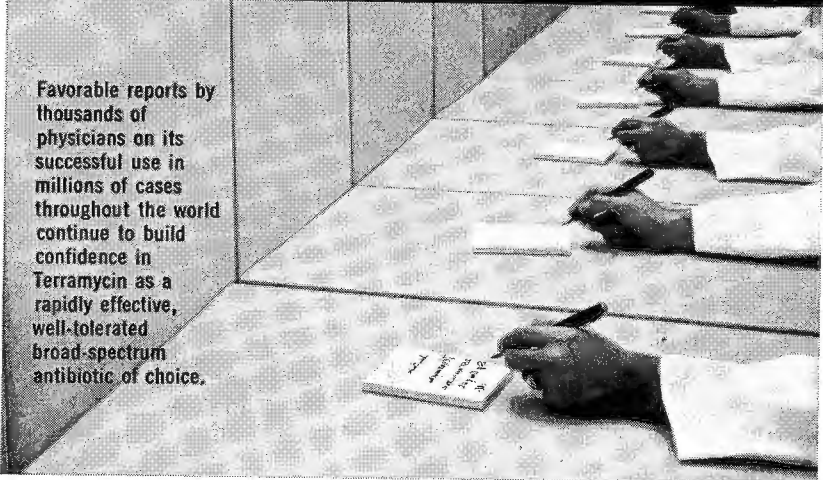
R. R. F.

In acute diseases it is not quite safe to prognosticate either death or recovery.
—Hippocrates, Aphorisms, Section II, Number 19

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A convenient dosage form for every need in broad-spectrum therapy
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(Continued from page 425)

Doctor and Mrs. R. J. Scheetz attended the American Roentgen Ray Society in Washington, D. C. at the Shoreham Hotel from October 1st to the 5th.

Doctor and Mrs. Joseph Sofranec along with their daughters, Pat and Kathie were in Columbus where they attended the Ohio State-Illinois game. While there they stayed at the Fort Hayes Hotel.

Doctor and Mrs. Alex Phillips spent some time in Atlantic City, N. J. recently.

Doctor and Mrs. Stephen Ondash were in Atlantic City attending the College of Surgery Meeting. They also attended the Meeting of the 4th Surgical Auxiliary of which Doctor Ondash is President. (How do you do it—Steve?)

Doctor and Mrs. A. J. Bayuk attended the International College of Surgeons in Chicago at which Dr. Bayuk received his diploma.

Doctor and Mrs. Peter J. McOwen recently returned from a months' vacation in California where they went to see their daughter and family and their son Robert who is attending Loyola University in Los Angeles.

WOMAN'S AUXILIARY NEWS

Six other outstanding women's groups of the area met in combined session with the Woman's Auxiliary to the Mahoning County Medical Society for a 12:30 luncheon on Wednesday, Oct. 16, at Tippecanoe Country Club. Mrs. Cary S. Peabody, President, extended cordial greetings to the large group which included members of the Woman's Auxiliary to the Mahoning Bar Association, Corydon-Palmer Dental Auxiliary, Woman's Auxiliary to Mahoning Valley Professional Engineers, League of Women Voters, Women's Auxiliary to the Columbiana County Medical Society, and the Junior League of Youngstown.

Mrs. Frederick Coombs gave the Invocation. Dr. John J. McDonough, Chairman of the Medical Society's Public Health Committee, urged the group to support Issue No. 6 on the ballot on November 5. The proposed charter amendment would set up a five-man Board of Health with a full-time health commissioner, a physician trained to improve the health of the community.

Guest speaker for this special occasion was Dr. Nicholas P. Dallas, practicing psychiatrist in Toledo, who is the creator of Rex Morgan, M.D. and Judge Parker. Dr. Dallas has been awarded citations by the American Medical Association, the American Bar Association, the Distinguished Service Award by the President's Committee on the Physically Handicapped, and the Freedom Foundation Award. He was presented to the group by Mrs. Edward G. Rizk, Program Chairman. Mrs. Edward A. Shorten was Co-chairman. Social committee for the day included Mrs. Edward M. Thomas, Chairman; Mrs. Rollis R. Miller, Co-chairman; Mrs. Bryan Hutt, Mrs. J. Allan Altdoerffer, Mrs. James D. Miller, and Mrs. Edward H. Jones, Jr.

HAPPY BIRTHDAY!!!

W. L. Agey
H. N. Bennett
M. I. Berkson
J. B. Birch
D. R. Brody
R. V. Bruchs
F. R. D'Amato

G. D. Fry
C. N. Geiring
L. O. Gregg
K. J. Hovanic
J. P. Kalfas
D. D. Krongold
C. S. Lowendorf

P. J. McOwen
A. C. Marinelli
R. R. Morrall
H. Schmid
S. V. Squicquero
S. Tamarkin
C. H. Weidenmier

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New authoritative studies prove that KYNEX dosage can be reduced even further than that recommended earlier.¹ Now, clinical evidence has established that a single (0.5 Gm.) tablet maintains therapeutic blood levels extending beyond 24 hours. Still more proof that KYNEX stands alone in sulfa performance — • Lowest Oral Dose In Sulfa History — 0.5 Gm. (1 tablet) daily in the usual patient for maintenance of therapeutic blood levels • Higher Solubility — effective blood concentrations within an hour or two • Effective Antibacterial Range — exceptional effectiveness in urinary tract infections • Convenience — the low dose of 0.5 Gm. (1 tablet) per day offers optimum convenience and acceptance to patients.

NEW DOSAGE The recommended adult dose is 1 Gm. (2 tablets or 4 teaspoonfuls of syrup) the first day, followed by 0.5 Gm. (1 tablet or 2 teaspoonfuls of syrup) every day thereafter or 1 Gm. every other day for mild to moderate infections. In severe infections where prompt, high blood levels are indicated, the initial dose should be 2 Gm. followed by 0.5 Gm. every 24 hours. Dosage in children, according to weight; i.e., a 40 lb. child should receive $\frac{1}{4}$ of the adult dosage. It is recommended that these dosages not be exceeded.

Tablets: Each tablet contains 0.5 Gm. ($7\frac{1}{2}$ grains) of sulfamethoxy pyridazine. Bottles of 24 and 100 tablets.

Syrup: Each teaspoonful (5 cc.) of caramel-flavored syrup contains 250 mg. of sulfamethoxy pyridazine. Bottle of 4 fl. oz.

¹Nichols, R. L. and Finland, M.: *J. Clin. Med.* 49:410, 1957.

KYNEX*

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*Reg. U. S. Pat. Off.

DOCTOR'S ASSISTANTS ORIENTED

On Thursday, October 3rd., the Mahoning County Medical Society held the first Doctor's Assistants Orientation Course at the Mural Room in the V.F.W. Prior to the program a "get-together-punch" and delightful dinner was served to a tremendous turnout.

The panel of speakers consisted of Dr. A. Detesco, Pres.-Elect of the Mahoning County Medical Society; Attorney Phillip Millstone who spoke on the medical-legal aspects of office procedures; Mrs. Dorothy Walls, Executive Secretary of The Mahoning County Heart Association who spoke on the handling of mail and circulars that come into the doctor's offices from various campaign organizations; Mrs. Ann Kirkner from Associated Hospital Service gave a talk on filling out various types of hospitalization forms, and Miss Betty Daichendt, representing the Kelly girls talked on the personal qualifications that go into making a good office assistant.

Dr. Lewis Shensa acted as moderator and various questions were brought up before the panel.

A great deal of interest was evidenced by assistants after the meeting as many asked how soon we would have a repeat performance. It is believed that this program should be repeated at least every 6 months. Many of the doctors commented upon that fact that their secretaries were very interested in this type of program and that they learned a great deal from the speakers.

A great deal of credit for this successful affair should be given to Dr. Al Geordan member of the committee in charge of this affair and Miss Dorothy Klein, Secretary to the Administrator at St. Elizabeth Hospital for their cooperation in helping this event succeed.

(See Last Month's Bulletin for Pictures of the Event)

WHAT MEDICAL STUDENTS THINK ABOUT INCOMES

A medical student expects a net annual income of over \$15,000 within ten years of graduation. He also expects, on the average, to reach \$22,000 net annually during his career.

These figures are based on a survey of 1,086 students from medical schools throughout the country. The study was completed in June, 1956, and has just been reported in the *Journal of Medical Education* (October).

The reasons given for studying medicine were the same for both beginning freshmen and the graduating seniors and centered around the doctor-patient relationship. Most reported that "helping others," "being useful," or "working and dealing with people" would be the most satisfying part of being a doctor. Only one per cent of the total number reported they could not think of any other careers that would be more satisfying.

A few disadvantages were listed. These included the idea that long hours and night calls might interfere with personal or family life.

Only one fourth of the group of students expected to become general practitioners. Those who did were more concerned about doctor-patient relationships than the others, while students who planned to specialize were more interested in the "intellectual" aspects of medicine, such as research.

Going into debt while studying medicine is fairly common, the survey showed. One out of three students said he was in debt and senior students reported average indebtedness of \$2,800.

The study was done by the National Opinion Research Center, University of Chicago, and written by Don Cahalan and Miss Patricia Collette of the Center and Capt. Norman A. Hilmar, Medical Service Corps, U. S. Army.

Medical Science, Vol. 2—No. 8.



WRITE OFF COUGH...

AMBENYL® EXPECTORANT

... an effective cough preparation, combining: **AMBODRYL®**— potent antihistaminic; **BENADRYL®**— proved antihistaminic-antispasmodic; and other recognized antitussive agents. **AMBENYL® EXPECTORANT** quickly quiets the cough reflex, facilitates expectoration, decreases bronchospasm, relieves mucosal congestion, and makes the coughing patient more comfortable.

AMBENYL EXPECTORANT contains in each fluidounce:

Ambodryl hydrochloride	24 mg.
(bromodiphenhydramine hydrochloride, Parke-Davis)	
Benadryl hydrochloride	56 mg.
(diphenhydramine hydrochloride, Parke-Davis)	
Dihydrocodeinone bitartrate	1/8 gr.
Ammonium chloride	8 gr.
Potassium guaifacolsulfonate	8 gr.
Menthol	q.s.
Alcohol	5%

Supplied in 16-ounce and 1-gallon bottles.

dosage: Every three or four hours — adults, 1 to 2 teaspoonfuls; children, 1/2 to 1 teaspoonful.



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PROCEEDINGS OF COUNCIL October 21, 1957

The regular monthly meeting of the Council of the Mahoning County Medical Society was held at the offices of Dr. M. W. Neidus, 318 Fifth Avenue, Youngstown, Ohio, on Monday, October 21, 1957. The following doctors were present: S. W. Ondash, President, presiding: M. W. Neidus, C. S. Stertzbach, P. J. Mahar, G. E. DeCicco, C. E. Pichette, A. A. Detesco, and C. C. Wales.

Meeting was called to order at 9:00 p. m.

Minutes of the previous meeting held June 10, 1957 were read and approved.

Dr. Ondash reported that we are still awaiting final approval of our revised Constitution and By-Laws by the Ohio State Medical Association before they can be adopted. He reported that it is unlikely that the State Association will act on the matter until the December meeting. *In such event the conduct of the election of officers for the coming year will conform to the provisions of the present constitution.*

Dr. Ondash explained the financial situation of the Society for the remainder of the fiscal year. A motion was made, seconded and duly passed authorizing the sale of government bonds in the net amount of \$5,000.

By letter, L. H. Moyer, M. D., tendered his resignation in the Society as he is currently a resident of Florida. The resignation is to be effective January 1, 1958.

The Secretary read a letter from Dr. A. E. Rappoport, Director of Laboratories, Youngstown Hospital Association. Dr. Rappoport referred to the excellent organizational management of the medical exhibit of the Mahoning County Medical Society and the Allied Professions and complimented the Fair Committee headed by Dr. McGregor. Specifically, he referred to the excellent organizational management of Mr. Paul Herald whose interest in the matter was far beyond the actual call of duty. He indicated that Mr. Herald shows much promise and it could well be that he could be a person trained to assume the ever increasing amount of responsibility in an executive level as executive secretary of the Society.

The president emphasized the growing responsibility connected with rapidly expanding Society activity and indicated the need to seriously consider the appointment of a part time or full time executive secretary wherein a specific time period will be spent solely in the interest of the Society. He stated that he would appoint a committee to study the feasibility of such a post and the ways and means of procuring the proper individual for the assignment.

The president referred to the increasing need for a very definite policy in the administration of vaccines. After considerable discussion of the position of organized medicine relating to orderly procedure in this matter and in other matters affecting patient-physician relationship, the president stated that a Committee would be appointed to study those matters and to present strong recommendations for setting up definite policy and a system of regulations such as will pertain to all members of the Society.

The following applications were presented by the Censors:

ACTIVE

R. W. Wiltsie, 21 N. Wickliffe Circle, Youngstown, Ohio
Jack Malkoff, 1005 Belmont Avenue, Youngstown, Ohio
B. Katz, 275 W. Federal Street, Youngstown, Ohio.
I. Berke, 1005 Belmont Avenue, Youngstown, Ohio.

Vitamins and viral infections

References: 1. Shibley, C. S., and Spies, T. D.: J.A.M.A. 103:2021, (Dec. 29) 1934. 2. Cameron, H. C.: J. Am. Diet. Assn. 11:189, (Sept.) 1935. 3. Franz, W. L., Sands, W. G., and Heyl, H. L.: J.A.M.A. 162:1228, (Nov. 24) 1956. 4. Tebrock, H. E., Arminio, J. J., and Johnston, J. H.: J.A.M.A. 162:1227 (Nov. 24) 1956. 5. Sprunt, D. H.: J. Exp. Med. 104:687, (Nov.) 1956. 6. Klein, M.: Science 101:587, 1945. 7. Feller, H. E., Roberts, L. B., Ralli, E. P. and Francis, T.: J. Clin. Invest. 21:121, 1942. 8. Foster, C., et al.: J. Exp. Med. 79:221, 1946. 9. Rasmussen, A. F., et al.: J. Infect. Dis. 74:84, 1944. 10. Pollack, H. L.: Altered Prognosis in Diabetes Mellitus, read at 64th Ann. Mt. Life Insur. Med. Dir. Amer., Oct. 19-21, 1955. 11. Nutrition Reviews, 15:47, (Feb.) 1957. 12. Nutrition Reviews, 10:353, (Dec.) 1952. 13. Axelrod, A. E., Carter, B. B., McCoy, R. H. and Geisinger, R.: Proc. Soc. Exper. Biol. & Med. 66:137, 1947. 14. Axelrod, A. E. and Pruzansky, J.: Ann. N. Y. Acad. Sci. 63:202, 1955. 15. Axelrod, A. E.: Symposium, National Vitamin Foundation, NYC. (Mar.) 1957. 16. Bessey, C. A.: J.A.M.A. 164:1224, (July 13) 1957. 17. Robertson, E. C. and Tisdall, F. F.: Canadian M.A.J. 40:282, 1939. 18. Tisdall, F. F.: Clinical Nutrition, ed. by Joliffe, N., Tisdall, F. F. and Cannon, P. R., Paul B. Hoeber, Inc., New York, 1950, p. 748. 19. Halpern, S. L.: Ann. N.Y. Acad. Sci. 63:147, (Oct. 28) 1955. 20. Kolmer, J. H.: Dietotherapy, ed. by Wahl, M. G., W. B. Saunders Co., Philadelphia, 1945, p. 320. 21. Pollack, H. and Halpern, S. L.: Therapeutic Nutrition, National Academy of Sciences and National Research Council, Washington, D. C., 1952, p. 18. 22. MacBryde, C. M.: Sign and Symptoms, ed. 3, Philadelphia, J. B. Lippincott Co., 1957, p. 818.

At present, no convincing evidence links vitamin deficiencies and resistance to viral infections such as the common cold,¹⁻⁴ influenza⁵⁻⁷ or poliomyelitis.^{8,9}

However, in bacterial complications of viral infections, many clinicians¹⁰⁻²² indicate that natural and acquired immunity depends upon adequate vitamin levels.

MacBryde²² states that "there is no evidence to support the view that a higher than adequate normal intake of any or all vitamins will improve health or energy production or will facilitate growth or resistance to infection. However, when one or more vitamin deficiencies exist the effect of supplying the factors lacking is strikingly beneficial."

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see may need nutritional
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...the time-tested, clinically proved Theragran for
molds especially adapted for children and adolescents

Bottles of 30 and 100 capsules

JUNIOR ACTIVE

W. H. Bunn, Jr. 275 W. Federal Street, Youngstown, Ohio.
 A. T. Laird, Youngstown Hospital Assn., Youngstown, Ohio.
 F. W. Dunlea, 1005 Belmont Avenue, Youngstown, Ohio.
 Wm. Taake, Fifth Street, Struthers, Ohio.

INTERN

A. V. Banez, Youngstown Hospital Assn., Youngstown, Ohio.

Bills were read, a motion was made, seconded, and duly passed to pay each one.

Meeting was adjourned at 10:30 p. m.

M. W. Neidus, M. D.
 Secretary

MEETINGS—November, 1957

- AMERICAN ACADEMY FOR CEREBRAL PALSY, Roosevelt Hotel, New Orleans, La., Nov. 25-27. Dr. Raymond R. Rembolt, University Hospitals, Iowa City, Ia., Secretary.
- RADIOLOGICAL SOCIETY OF NORTH AMERICA, Palmer House, Chicago, Nov. 17-22. Dr. Donald S. Childs, 713 E. Genesee St., Syracuse 2, N. Y., Secretary.
- POSTGRADUATE COURSE IN CLINICAL ENDOCRINOLOGY, Albert Einstein Medical Center, Philadelphia, Pa., starting Nov. 27 (39 hrs.), Dr. George L. Blumstein, Chairman.

MEETINGS—December, 1957

- AMERICAN MEDICAL ASSOCIATION, Philadelphia, December 3-6. George Lull, 535 N. Dearborn St., Chicago 10, Illinois.
- SOUTHERN SURGICAL ASSOC., annual meeting, Dec. 10-12, Greenbrier Hotel, White Sulphur Springs, W. Va., Sec., George G. Finney, 2947 St. Paul St., Baltimore 18, Md.
- ASSOC. FOR RESEARCH IN NERVOUS AND MENTAL DISEASE, Hotel Roosevelt, New York, N. Y., Dec. 13-14, Dr. Rollo J. Masselink, 700 W. 168th St., New York 32, N. Y., Sec.
- ACADEMY OF DERMATOLOGY & SYPHILOLOGY, Chicago, Ill., Dec. 7-12. James R. Webster, 55 E. Washington St., Chicago 2, Illinois.
- AKRON ACADEMY OF OPHTHAMOLOGY AND OTOLARYNGOLOGY, Akron, Ohio, Dec. 6-8. Dr. Richard H. Stahl, 2674 North Haven Boulevard, Cuyahoga Falls, Ohio. (Subject: Inhalant and Food Allergy).

MEETINGS—January, 1958

- NEUROSURGICAL SOCIETY OF AMERICA, Key Biscayne, Florida, Jan. 15-18. Dr. Frank Smith, 260 Crittenden Blvd., Rochester 20, N. Y., Secretary.
- AMERICAN UROLOGICAL ASSOC., Southeastern Section, Hollywood Beach Hotel, Fla., Jan. 12-16.
- AMERICAN COLLEGE OF SURGEONS, Sectional meeting—Statler Hilton Hotel, Dallas, Texas, Jan. 9-11.
- AMERICAN COLLEGE OF SURGEONS, Sectional meeting — Hotel Heidelberg, Jackson, Mississippi, Jan. 16-18.



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For ophthalmic use: ¼ oz. tubes.



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(Continued from page 419)

This can be done by purchasing decreasing term insurance (family income rider), without any other life insurance, to guarantee your family \$200.00 per month for 18 years. The maximum coverage goes into effect with the first premium (not after 18 months). The yearly premiums would be \$92.00 if you are 25 years old, \$120.00 if you are 30 years old, and \$164 if you are 35 years old. So few fathers are over 40 years of age when the last child is born that a more realistic solution for him would probably be a 10 year "family income" with an annual premium of about \$60.00. A similar policy (10 year) for a 45 year-old-father would cost \$83.00 annually.

If one were to survive until his children were 18 and then die, how much money would he have paid under either system? Unless his wife is 65 (1956), there can be no collection of any kind under either system.

Pretending that there are no changes except those now in the law and pretending that compulsory coverage had been in effect since mid 1956, let 19½ years of social security taxes be totaled. In 1956, \$63.00 will have been paid; from 1956-1959, \$126.00 will be paid; \$157.50 from 1960-1964; \$189.00 from 1965-1969; \$220.50 from 1970-1974; and \$252.00 in 1975. The absolute minimum social security tax that would be paid were one to die at the start of 1976 would be \$3528.00

With private insurance, the costs would be \$1656.00 if one were 25 years old the day the twins were born; \$2160 if one were 30 years old that day; and \$2952.00 if one were 35 years old that day. Note that the younger one is, the less is paid in premiums.

Compare these figures with the absolute minimum of \$3528.00 one would have to pay under social security. Is this "Insurance" so cheap? Should one rush to get on the bandwagon?

All the above is based on the assumption one would die early. Suppose one were to live to the age of 72. Private insurance costs would end 18 to 20 years after the birth of the twins. Social security taxes go on as long as \$400.00 or more is earned. Only one doctor in seven between the ages of 65-75 is retired.

If an individual earns over \$2080.00 he can get no retirement benefits until he is 72 years old. Each doctor therefore has a 6/7 chance of paying social security taxes up to the age of 72 without collecting retirement benefits.

Assuming our young physician was 25 years old when his twins were born, (early 1958) he will have paid in \$10,838 in social security by the age of 72; if he were 30 years old, he will have paid \$9,576; for 35 years of age the figure is \$8,316.

This then is the bonanza that seems so alluring to many of the younger doctors.

Practically speaking there is almost no chance to collect the theoretical maximum benefits referred to above.

To compute your own actual family circumstances the following formula can be used:

- (1) Assume that after 18 months of paying maximum taxes you become eligible for survivors benefits at the beginning of 1958. On that day if you die, your youngest child, your next-to-the-youngest child, and your wife become eligible for \$200.00 per month of survivors benefits until your next-to-the-youngest child reaches age 18.
- (2) Determine the age of your next-to-the-youngest child at the beginning of 1958. Subtract this age from 18. This will give you the number of years of possible \$200.00 per month payments.

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Each gram contains:

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acetate 5 mg. (0.5%)

Neomycin sulfate
5 mg.
(equiv. to 3.5 mg. neomycin
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0.2 mg.

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Supplied: 5-gram tubes

EYE-EAR OINTMENT

Each gram contains:

Delta-1-hydrocortisone
acetate . . . 2.5 mg. (0.25%)

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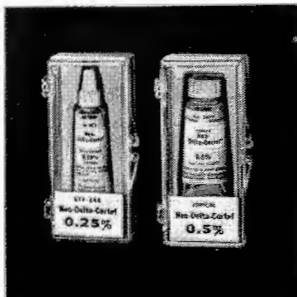
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- (3) Next determine the age of your youngest child at the beginning of 1958. Subtract this age from the age of your next-to-the-youngest child as of the same time. This will give you the number of years your widow and youngest child might get paid \$162.80 per month after your next-to-the-youngest child becomes 18 and your \$200.00 per month payments are stopped.
- (4) Add the totals of the last two computations to get the maximum family coverage that you can hope for from social security.
- (5) Now call your insurance man and ask him what comparable private insurance coverage under a family income rider would cost you. It is believed you will be pleasantly surprised.
- (6) Compare your premium costs with your costs under the social security system. (see above).

It should be immediately apparent that the younger you are, the more it will cost you to be brought under the compulsory social security system. More later!

C. E. Pichette, M. D.

DO IT NOW

If with pleasure you are viewing any work a man is doing,
 If you like him, or you love him, tell him now
 Don't withhold your approbation till the parson makes oration
 And he lies with snowy lilies o'er his brow;
 For no matter how you shout it, he won't really care about it;
 He won't know how many teardrops you have shed;
 If you think some praise is due him, now's the time to slip it to him,
 For he cannot read his tombstone when he's dead.
 More than fame and more than money is the comment kind and sunny
 And the hearty, warm approval of a friend,
 For it gives to life a savor and makes you stronger, braver,
 And it gives you heart and spirit to the end;
 If he earns your praise bestow it; if you like him, let him know it;
 Let the words of true encouragement be said;
 Do not wait till life is over and he rests beneath the clover,
 For he cannot read his tombstone when he's dead!

—Berton Braley

THE BOARDS

It was with great interest that we read the article in "Massachusetts Physician," August-September, 1957, entitled "Compulsory Certification."

The time is not too far off before this will become a major problem.

The Board's intentions when inaugurated were honest, honorable and for the good of Medicine and Patient. These intentions like all good intentions have become tainted.

The only disagreement one could have with the article was "that the Boards be placed under the jurisdiction of the A.M.A."

Instead, we would like to suggest that the Board, in seeking doctors, be judged by the Staff they work with; who after a period of observation, could evaluate his training and the application of it and on this basis recommended him for Board membership.

Worcester Medical News



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ACTIVITY RECOMMENDED AS FATIGUE TREATMENT

Rest is not "a universal panacea" for fatigue, even among aging persons, a New York physician said today.

In many cases, activity is a better remedy, especially when the fatigue results from "atrophy of disuse," Dr. Theodore G. Klumpp, president of Winthrop Laboratories, Inc., said.

In the absence of specific disease as a cause of fatigue, it arises in older persons from the normal physiological processes of aging which reduce the body's endurance; from loss of incentive, motivation, and interest; from a decline of glandular activity, and from "atrophy of disuse."

Fatigue is "a normal incident of normal living," but when its pattern changes radically or it interferes with ordinary activities, it becomes a serious problem and needs medical attention, Dr. Klumpp said in the current (Oct. 5) Journal of the American Medical Association. His article is one of a series on aging.

"For a long time, the approach to the problem of fatigue was thought to be simple. A brief history of the patient's mode of life was obtained with one objective in mind—to cut out something.

"It made little difference how little the individual was doing—if the patient was tired, something had to go. . . if the patient did nothing more than sit in a rocking chair all day long, he was no doubt advised to stop rocking and go lie down," he said.

Now physicians know better. Following the surgeons' practice of getting patients up soon after surgery, they now prescribe physical activity.

The pattern of American life is specifically designed to avoid physical activity and stress—to the point where physical exertion is virtually eliminated, the author said. Young people are able to keep in relatively good physical condition through sports and play, but, as they grow older, they tend to give up these things. With the help of "labor-saving devices, now including electric golfmobiles," they begin to suffer rapidly and too early in life from atrophy of disuse.

This brings with it a loss of muscular tone and functional reserve of all parts of the body, so that the slightest added stress causes undue fatigue. Maintaining an adequate physical reserve against stress is the best preventive for such fatigue.

Fortunately some degree of fitness can be regained through a program of graded exercise at any time, except where its loss is due to advanced organic disease. The exercise should be fun for the patient and should not be drudgery. Along with the exercise, the aging patient also needs an adequate amount of sleep at night and if necessary a short nap at midday.

Undue fatigue occurs more commonly among overweight persons. In addition to the obvious diet, the doctor should prescribe some type of exercise, despite the traditional "hearsay to the contrary," Dr. Klumpp said. Its greatest value lies in its stimulating effect on endocrine gland activity and in over coming the tendency "to sleep and snooze too much — a common counterpart of obesity."

Dr. Klumpp also noted that much fatigue in aged persons occurs because they lose their incentive and interest in life. Then the doctor must help the patient find a "new and absorbing interest."

Expectant mothers average nine consultations with their doctors before the birth of their babies, the Health Information Foundation reports.

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ACCIDENTS

Despite much progress in their prevention, accidents are still the fourth leading cause of death in this country, according to an analysis released by Health Information Foundation today.

The October issue of the Foundation's statistical bulletin, *Progress in Health Services*, points out that the annual number of accidental deaths has remained fairly constant at about 100,000 since 1932. But death rates per 100,000 population have gone down 40 per cent in the last half century. Recent medical advances have had much to do with the improvement.

In addition to the death toll last year, accidents caused 9.5 million injuries and financial losses of over \$11.2 billion. This is almost as much as Americans spend on all private medical services in a year, the Foundation notes.

"In general," the bulletin states, "safety against accidents has achieved the greatest success where society has been able to bring its organized influence to bear . . . Where the individual himself must assume most of the responsibility for his own safety, progress has been slower."

Strict enforcement of safety regulations and the growth of safety consciousness, as well as improved work conditions, living standards, and medical care, have resulted in a sharp decline in deaths from industrial accidents, the Foundation says. Accidental deaths involving railroads and scheduled airplanes have also diminished greatly.

Less improvement has been shown in the American home, where about 30,000 accidental deaths occur each year. Most of them are caused by falls or fire, with old people and small children the most frequent victims.

Although the 1956 motor-vehicle death toll, 40,000, was the largest in history, there are signs that automobile travel is becoming safer in terms of actual miles driven. The number of deaths per 100 million miles fell from 16.7 in 1934 to 6.4 in 1955 and 1956.

Although the over-all accident picture has improved, the Foundation comments, too many people still ignore the rules of safety, "just as they ignore the opportunities provided by modern medical care.

"Clearly, accident tolls and costs could be reduced further — as could incidence of illness and premature death if the public gave greater attention to preventive health measures, better health habits and early consultation with physicians."

PREPAID MEDICAL PLANS—FACT AND FANCY

Michigan doctors learned last week that most people in Michigan who subscribe to prepaid medical plans want more services, and are willing to pay for them.

The answers came through a public opinion survey conducted by the Michigan State Medical Society during the past four months. The Study of Prepaid Medical Care Coverage in Michigan included results from an interview survey of 1,000 persons, a questionnaire mailed to more than 60,000 Michigan residents, a separate survey of doctor opinion and a compilation of facts from other surveys on this subject.

Results of the cross-section opinion study involving the views of more than 12,000 persons were reported to the MSMS House of Delegates Sept. 23.

With 81% of the population of Michigan covered by some form of health insurance, the vast majority are satisfied with the situation, the survey indicated.

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CLIMATROPIC (INJECTION)

Each 10 cc Vial Represents:

2500 I. U. (Dried) Gonadotropin
250 mg Thiamine Hcl.
L (+) Glutamic Acid 52.5 P.P.M.

For intramuscular use only

1. A valuable aid in male impotence.
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3. Angina Pectoris & Coronary Thrombosis.

No side reactions have been reported.
May be used in any age group.
No drug antagonism has been reported.

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Riverside 3-2693

Of those covered 64.6% have Blue Shield. Only 10% expressed unfavorable opinion of the service; 64% liked it, and 26% were noncommittal.

The survey showed that Blue Shield subscribers believed they pay an average of \$5.95 a month for medical and surgical coverage. The actual average is \$2.83. The majority are willing to pay up to \$6.95 a month in order to obtain additional benefits.

The added benefit that most people would like to have is diagnostic service in hospitals. There is no overwhelming clamor for any single benefit, but many were mentioned.

Many people said they would like to have Blue Shield pay for such things as x-rays, emergency house calls, vaccinations, surgery in doctors' offices, and medical consultations.

Questioned regarding deductible medical-surgical cost payment, the result was almost an even division for and against.

The majority of those in favor of such partial coverage voted for \$25 deductible per case rather than \$50 or \$100.

Dr. George Slagle, MSMS president, said in a discussion of the survey before the House of Delegates, the report indicates that if a deductible plan were introduced, "there would be definite public acceptance."

The doctors' main complaint against Blue Shield is "unfairness in the schedule of payments they received for their services." They felt that fee schedules have not kept pace with the rising cost of living, he said.

A conclusion in the 240-page, 10-pound report said: "There is evidence of sufficient dissatisfaction with various and sundry aspects of Blue Shield to warrant investigation of changes which might improve it."

The Michigan Health Council co-sponsored the mail survey with MSMS. Dr. D. Bruce Wiley, chairman of the council of MSMS, was survey committee chairman, and Hugh W. Brennehan, public relations counsel, was the executive in charge of the study.

On Wednesday, Sept. 25, the Michigan House of Delegates adopted the first major alteration in the Blue Shield program in nearly 17 years, reflecting the wishes of the public and doctors concerned with prepayment health insurance plans.

These broad principles were outlined:

—Broader benefits for subscribers.

—A deductible and co-insurance type of contract, providing full payment for some services and partial payment for others.

—An increased income-limit clause so that Blue Shield will cover the major costs for families up to \$7,500 of annual income.

—Adoption of a series of unit values for various phases of medical care, including work by the family doctor, diagnosis, x-rays, surgery and all other treatment.

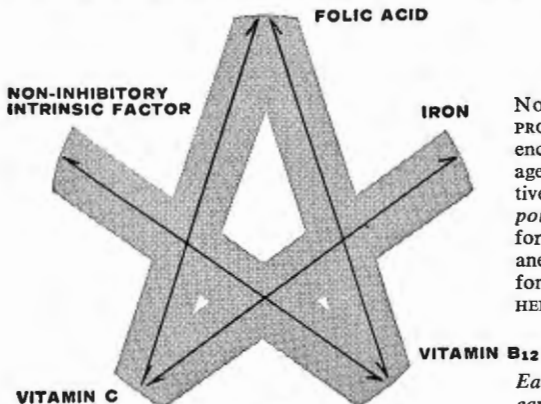
—Endorsement of other insurers who want to set up the same type of coverage as Blue Shield, provided they live up to specified criteria.

Among the broader benefits mentioned were such services as surgery in a doctor's office, payment to physicians, consultants and surgical assistants in the hospital, all complications of obstetrical care, diagnostic services and wider x-ray coverage.

Optional for future consideration would be payments for office or home calls by doctors, prescriptions, physiotherapy and artificial limbs.

Secy. Letter

WHY PRONEMIA IS ACTIVE IN ALL TREATABLE ANEMIAS



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Each PRONEMIA Hematinic capsule contains:

Vitamin B ₁₂ with Intrinsic Factor Concentrate	1 U.S.P. Oral Unit
Vitamin B ₁₂ (additional)	15 mcgm.
Powdered Stomach	200 mg.
Ferrous Sulfate Exsiccated	400 mg.
Ascorbic Acid	150 mg.
Folic Acid	4 mg.



LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY, PEARL RIVER, NEW YORK
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Pavatrine[®] 125 mg. with Phenobarbital 15 mg.

- is an effective dual antispasmodic
- combining musculotropic and neurotropic action plus mild central nervous system sedation for "the butterfly stomach."

dosage: one tablet before each meal and at bedtime.

SEARLE

FLU VACCINE

In a widely distributed news release, the American Medical Association recently asked for the cooperation of American industry in preparing for a probable epidemic of Asian influenza.

The release said that industry should not get panicky and rush into a program of mass inoculation for its employees until essential priority groups in the community have been inoculated.

Dr. Harold C. Lueth, chairman of the A.M.A. special committee on influenza, urged industry to contact local medical authorities for advice before organizing any inoculation program of its own.

"American industry must think in terms of corporate citizenship," he said and then reviewed the vaccine priority program. Dr. Lueth explained why individual physicians have been urged to adhere to local priority systems. For this reason, he said, industry should not embark upon any program of mass Asian flu inoculation for its employees until it has consulted with local advisory committees made up of health and medical representatives.

Local and state medical societies can generally best answer industry's questions on the subject, the news release said, adding: "They ought to be consulted as to the availability of vaccine and the advisability of any mass in-plant inoculation program."

Secy Letter

A VALUABLE DOCUMENT ON WELFARE POLICY

We have just received a document entitled, "Underwriting Canadian Health—An Economic View of Welfare Programs."

The document, prepared by a firm of consulting economists at the request of the Canadian Chamber of Commerce and the Canadian Life Insurance Association, is a valuable contribution to discussion, debate, and understanding of the social and economic implications of government welfare programs.

The views and arguments expressed and the suggestions made cover 165 pages. But there is one paragraph in the summary which is of special interest. It follows:

"A possible conflict between two desirable social objectives (wealth and welfare) obviously poses difficult problems of choice . . . The main conflict posed by these two objectives is that an excessive concern with welfare expenditures may stunt the wealth-creating capacity of the community. On the one hand, taxes beyond a certain level tend to dry up sources of saving and investment and reduce incentives to strive for higher personal income, particularly at the executive level. On the expenditure side, the expansion of welfare benefits tends to narrow the scope of personal responsibility and dull incentives for personal advancement on the part of recipients. When welfare policy comes to have precedence over policies aimed at higher national productivity and output, the society concerned may be thought of as trying to eat its cake before it has it. Wealth must therefore come before welfare because in the long run it is productivity and not the degree to which income redistribution is arranged by legislation that determines real income."

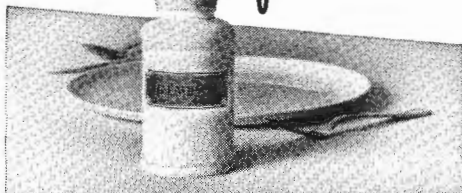
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ANALYSIS OF THE ANNUAL QUESTIONNAIRE

The Worcester District Medical Society, containing a membership of roughly five hundred, was sent a questionnaire several months ago. The object was to find out how the Society liked the program for the year 1956-57 and what changes, if any, they would like to see instituted for the year 1957-1958.

Less than half the membership took the trouble to return the poll sheet. According to some poll analysts fifty per cent is a pretty good return. The fact is that a majority are nonopinionated. They may or may not be satisfied with the status quo. But it surely is difficult to arrange a program when the majority wish is unknown.

As usual in such polls many did not answer all the questions. Some hedged, giving answers both yes and no. Some questions appeared to have been checked at random. But in general the most popular meeting of the 1956-1957 season was that of Physicians-Lawyers held at Worcester City Hospital on October 10, 1956. This was followed closely by the Annual Oration on "Changing Concepts in Physician Hospital Relationships" held at the Medical Library on November 14, 1956, and the panel on "Diabetes and Its Complications" held at St. Vincent Hospital on March 13, 1957 (a majority enjoyed the trip to Wyman-Gordon's Grafton plant and favored visiting other local industrial manufactories) and the panel on "Tranquilizing Drugs" held at the Worcester State Hospital in January of 1957.

The vote for panel meetings is way out in front, as is the voting sentiment for dinner meetings at hospitals, continuance of the Annual Meeting at a Country Club for membership only, and combined meetings with pharmacists and clergy.

There were also some funny answers. For example, on the Annual Meeting 127 members had no opinion on whether or not they attended; but 153 said they did not play golf that day — only 100 attended! To further complicate the tabulation 7 who did not attend, did not enjoy the dinner; one, who did not attend, did enjoy the dinner; 9 who did not attend, did not enjoy the speaker while one, who did not attend, enjoyed both the speaker and the dinner!

However, your President and your Program Committee for 1957-1958 have tabulated, as best they could, the results of the poll and will attempt to fit the program to the wishes of a majority of the membership—a majority of those answering the questionnaire, that is. You will continue to be notified as to the time and place and subject matter of meetings by the customary postal card.

If the membership is interested in promoting the welfare of the Worcester District Medical Society, you are urged to attend the scheduled meetings. If you are contrariminded follow the suggestions listed below:

Don't come to the meetings.

But if you do come, come late. You are a doctor and you can always say you have been on an emergency.

If the weather doesn't suit you, don't think of coming.

If you do attend a meeting, find fault with the work of the officers and the other members.

Never accept an office or volunteer for a committee as it is easier to criticize than to do things.



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Nevertheless, get sore if you are not appointed on a committee; but if you are, do not attend committee meetings.

If asked by the President to give your opinion of some important matter tell him you have nothing to say. After the meeting tell everyone how things ought to be done.

Do nothing more than absolutely necessary, but when other members roll up their sleeves and willingly, unselfishly use their ability to help matters along, howl that the Society is run by a clique.

Hold back your dues as long as possible or don't pay at all. If you do pay, ask everybody what they are doing with all that dough.

When a banquet is given, tell everybody money's being wasted on blowouts which make a big noise and accomplish nothing. But when sent a card asking you to attend, come only if the meal is free. If it is going to cost, you sign the card that you'll come, then don't show up and let the Society pay your bill.

When no banquets are given say the Society is dead and needs a can tied to it or it needs a new set of officers, or it needs some new young blood, something to revivify it.

When you attend a meeting vote to do something, then go home and do the opposite.

Agree with everything said at a meeting and disagree with it outside.

When asked for information, don't give it.

Get all you can from your association in the Society—but don't give it anything.

Talk cooperation with the other fellow with you, but never cooperate with him.

Worcester Medical News

RESIDENCY, INTERNSHIP TRAINING INCREASES

More than 30 thousand physicians last year took graduate training either as an intern or as a resident, it was reported today.

According to the annual report on internships and residencies, prepared by the American Medical Association's Council on Medical Education and Hospitals, the number of medical school graduates taking further training continued to increase in 1956-57.

There were 9,893 graduates serving internships in 1956-57, an increase of 290 over 1955-56, while 23,012 were serving residencies, an increase of 1,587 over the preceding year. The training was offered by 1,372 approved hospitals.

The percentage of available internship and residency positions filled in 1956-57 remained the same as that of 1955-56. Respectively they were 83 and 81 per cent filled.

The report in the current (Oct. 5) Journal of the A.M.A. also showed:

—During the past 10 years, there has been an increase of 6 per cent in the number of approved hospitals and an increase of 31 per cent in the number of internships offered.

—The number of interns per hospital has increased from 11.3 ten years ago to 13.9 in 1956-57.

—Federal hospitals offered 5.4 per cent of the available internships, while nonfederal governmental hospitals offered 32 per cent and nongovern-

mental institutions the remainder. The federal hospitals had the highest rate of filled positions, with Army hospitals having no vacancies and Public Health Service hospitals having 99 per cent filled. County and state hospitals had occupancy rates of 91 and 89 per cent respectively.

—There has been an increase in the average monthly cash stipend paid to interns. Hospitals affiliated with teaching institutions raised their stipends from an average of \$87 in 1954 to \$140 in 1956, while nonaffiliated hospitals raised their stipends from an average of \$136 to \$177.

—The report listed those hospitals with the highest autopsy rates, pointing out that the autopsy rate is regarded as "an index of the scientific interest of the medical staff in medical education and in the progress of medicine." Hospitals with low rates are being urged to increase the number of autopsies performed.

—The National Intern Matching Program, which matches interns to the hospitals in which they wish to train, has matched more than 35,000 students in the last six years without an error.

—There are 17 residency review and conference committees which function as joint liaison groups of the A.M.A. Council on Medical Education and Hospitals with various specialty boards and, in certain instances, the American College of Physicians, the American College of Surgeons, and the American Academy of General Practice.

—Seven specialties accounting for more than three-fourths of all approved residencies offered were surgery, internal medicine, pathology, obstetrics-gynecology, radiology, psychiatry, and pediatrics.

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