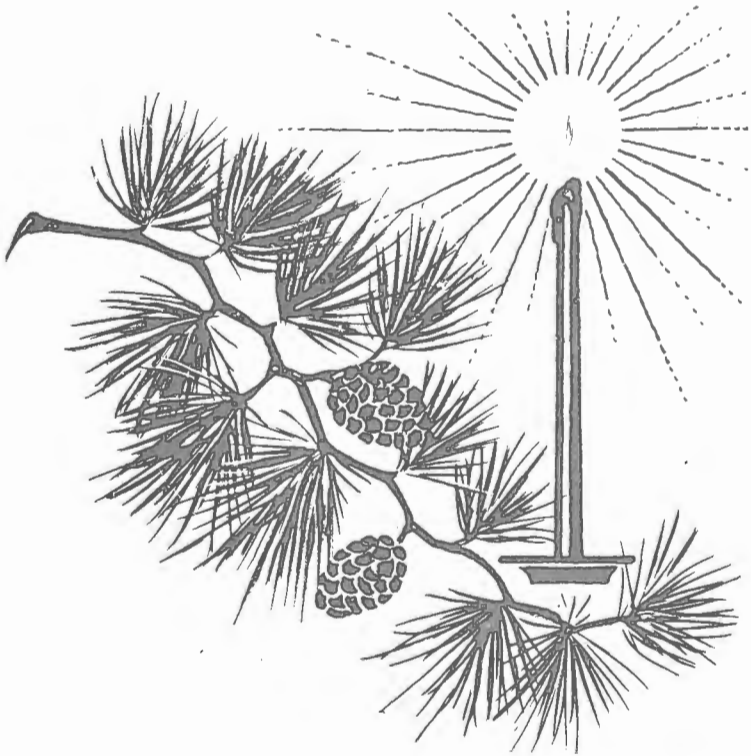


Season's Greetings



BULLETIN

of the
MAHONING COUNTY MEDICAL SOCIETY

YOUNGSTOWN, OHIO

December • 1957

Vol. XXVII • No. 12

Memo to Physicians . . .

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THURSDAY, JANUARY 9, 1958



YOUNGSTOWN COUNTRY CLUB



7:30 — Cocktail Hour

8:30 — Dinner

\$6.00 per person



Installation of Officers



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broad-spectrum
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C. W. STERTZBACH (1957)

Representative to the Associated Hospital Service

J. M. RANZ

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Our President Speaks

Another Society year is rapidly nearing its conclusion. The year has not been without event and has been marked by many scheduled and unscheduled matters which required resolution.

It is pleasing to report that a fine Council, hard-working Committee chairmen and their associates and most importantly, an ever growing interest by more of our membership has resulted in the progression of our Society in a positive and realistic manner. The work of several major committees has been particularly outstanding. For example, the Public Health Committee guided our successful sponsorship of the Health Amendment to the charter of the City of Youngstown and thereby, provided a classic example of constructive public relations by our Medical Society.



The Public Relations Committee, among other things, was effective in bringing about improved relations with all news media, with our own personnel, and our patients; few of us will ever realize the full extent of this work. The Industrial Health Committee continued to work very effectively in a very important avenue and provided at long last, a positive approach to a problem involving considerable study and evaluation.

The Constitution Committee completed the revision of our outmoded Constitution and By-Laws, the first such complete revision in twenty years. You members have seen fit to ratify it in almost its complete form. The Polio Committee performed an excellent and continuing service in the field of public service. The Canfield Fair, and Diabetic committee rendered excellent work in their avenues of activity. Other special and standing committees effectively subserved the purpose to which they were committed throughout the year.

Dr. C. E. Pichette has discharged his duties as Editor in a most commendable fashion; his was no easy task. Each issue featured his strong editorial plea to rally us to the problems facing organized medicine. I am mindful too, of the wise and timely counsel provided throughout the year by Dr. C. A. Gustafson, our councilor for the Sixth district.

Mrs. Herald as usual handled our executive office well. Not to be overlooked is Mr. Paul Herald who rendered yeoman service and assisted immeasurably in the growing and diversified activity of our Society.

Finally, allow me to thank you for giving me the privilege of serving you and our organization. May the Prince of Peace bring joy and happiness to you and yours in this Holy Season and long may you continue not only to offer myrrh—symbol of Medicine—to those you serve, but to pass along words of peace and happiness to all—MERRY CHRISTMAS AND A HAPPY NEW YEAR . . .

S. W. Ondash, M.D.

BULLETIN of the Mahoning County Medical Society

Published Monthly at Youngstown, Ohio

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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**December, 1957****Number 12**

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

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Editor Emeritus

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Mrs. Harold J. Reese

Mrs. Gene Fry

Mrs. Asher Randell

O. A. S. I. — RETIREMENT BENEFITS

(Concluded)

It is hoped that by this time many of you will have consulted your private insurance man and arrived at the conclusion that as survivor's insurance, O.A.S.I. is no bargain but a hoax for most of us.

As for retirement benefits, you must survive to the age of 65 to receive them. (Two out of three of the age of 40 will attain this goal.)

If you are eligible, alive, retired, age 65 or over and have paid maximum benefits for a long enough period you can get \$108.50 per month; with your wife if she is 65 and alive you can get \$162.50 per month; your wife alone surviving can be paid \$81.60 per month. These are maximum figures (as of 1956.)

To become eligible, one of the three following requisites must be met:

- (1.) You must have worked under social security and paid taxes for a total of 10 years.
- (2.) All the months that you have worked under social security at any time when added together must equal at least half the time between January 1, 1951 and the date you reach age 65.
- (3.) You must have worked steadily under social security through every quarter from January 1, 1951 to the date you reach age 65.

Obviously most of the younger physicians would come under the first of these.

To collect then you must reach 65. To collect the maximum you and your wife must both be 65 or over and retired. (The chances of this are less than 50%.) To collect any retirement benefits, you must earn less than \$2080.01 per year—until you are 72. To collect maximum benefits, you must earn less than \$1200 a year until age 72. The younger you are the less chance you have of attaining eligibility for maximum retirement.

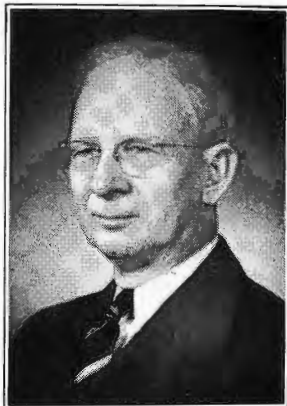
If you are in the lucky two-thirds that reach 65 only one out of seven of you will retire at that age according to recent figures. This means that less than 10% of us will collect retirement benefits before age 72. For both you and your wife to collect the chance is less than a 7% of becoming a fact.

With increasing taxes and with decreasing value to the dollar set aside (Inflation) what do you think your chances of retiring at age 65 will be?

(Continued on page 468)

COUNCILOR'S PAGE

I want to take this opportunity to tell you what an outstanding job I think the Mahoning County Medical Society, under the leadership of Steve Ondash, has done this year. Steve has been on the job every minute. His committees have produced real results. Those of us who have been through the chairs and are no longer active on local committees are very happy that the leadership of the society is in such good hands. I believe that new blood, mixed with a little "leaven transfusion", from those who have been through the mill is good for any organization. I think one of the good features of our new constitution is that a member can serve on council for not more than six years. When one is in an elective position of responsibility for too long a time, he gets the idea that the thing just couldn't run without him. He gets to the point where he thinks he owns it. And those "on the outside" lose interest because the organization is a "closed affair".



Several doctors have expressed the feeling that the medical profession should have compulsory social security. They have criticized the A.M.A. for being opposed. It is an unexplainable thing to me that where votes have been taken in county medical societies the expression has been against social security in a large majority of cases. In our own county, the vote was about 65% against. The A.M.A. is only following what the "grass roots" have asked for. Those of you who want social security for physicians should conduct some polls and if the desire is for social security the A.M.A. will act in accordance with your wishes.

We all know about the AMEF and its purposes. If you have not made a contribution so far this year, we hope you can do so before the books close for 1957. State Council meets Dec. 14th and 15th. It is usually a long snowy, slippery, dangerous trip to Columbus in December. Last year, half the trip was made in driving snow at 20 miles per hour. In my next page I shall tell you some of the decisions we made and the things discussed at this meeting.

And in closing I want to wish you all a very Merry Christmas and a Happy New Year.

C. A. Gustafson, M.D.

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Treat both the
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Usual adult dosage:

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

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

Usual adult dosage:

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

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

Usual adult dosage:

2 teaspoonfuls four times daily.

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Elixir*



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METHSCOPOLAMINE BROMIDE

FROM THE BULLETIN

Twenty Years Ago — December, 1937

The treasurer's report showed total receipts of \$8,633.65 and disbursements of \$7,664.30. During the year Government Bonds in the amount of \$2,250.00 were purchased. The Bulletin made a net profit of \$1,023.86. The balance sheet showed total assets of \$10,808.09. Not bad!

Six years before, in the depths of the depression our assets were frozen and we nearly had to discontinue our meetings because of lack of money to hire a hall. Some of the members personally guaranteed the expenses and the day was saved.

There were 206 active, 9 non-resident, 7 associate and 5 honorary members.

The Committee For Improvement Of Medical Care was an independent group of 405 prominent physicians headed by Professor Cabot of Boston who advocated basic changes in medical care with more participation of government, in disagreement with the policy of the A.M.A. At a time when the New Deal was in the ascendancy and the medical profession was in danger of being socialized, their activities in circularizing the profession with the purpose of winning advocates was viewed with considerable alarm. They were trying to produce a split in the medical profession at a time when solidarity and concerted action was most needed. Considerable space in the Bulletin was devoted to analysis of their proposals and refutation of them. The rank and file of busy doctors were distrustful of the "brain trusters" and could see through their policy of divide and conquer, so nothing much came of their efforts.

Today some of that same Committee are advocating Social Security for physicians and the A.M.A. once again has to expose with cold logic the fallacy of their ideas.

Dr. J. M. Benko became a member of the Society.

From the Medical Crier's column: Thanksgiving comes once again and we'll have turkey. If not turkey, goose. If not goose, duck. If not duck we'll have chicken. If not chicken we'll all have stew. If not stew, at least something. We are thankful we have that something without a dictator to appor-tion, order or with-hold. For Christmas we wish you the happiness of a secure home and warm fireside, the joy of companionship with family and friends, the peace of a clear conscience and the satisfaction of being one with a profession which is still the best in the world.

Ten Years Ago — December, 1947

The nursing shortage was critical and Dr. F. S. Coombs stated editorially that the point had been reached where the nurses had too many duties and that something should be done to relieve them of clerical and non-professional work. Evidently he made his point for now we see so many ward clerks, aides, practicals and students around the desk that it takes a strong man to wade through them.

Reports of the Post-Graduate meeting at Canton in November were enthusiastic. Forty two Youngstown members attended. As usual it poured rain.

New members that month were Francis George Kravec, Alexander K. Phillips, Sidney C. Keyes, Arthur E. Rappaport, Robert J. Heaver and Vincent G. Herman.

The W. F. Bartz American Legion Post composed of physicians in the Youngstown Area, received its charter. The Loyalty Group Insurance Plan

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DISORDERS — from the mildest to the most severe

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controlled with

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many patients with MODERATELY SEVERE involvement
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(1) muscle spasm (2) joint inflammation
(3) anxiety and tension (4) dis-
comfort and disability.

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was new that year. In eight months they paid 16 claims, two of them for coronaries. James Brown was leading the bowling league. W. J. Tims returned from study in New York and re-opened his office for the practice of proctology.

Approximately 45 members of the T. B. Sanatorium Staff attended the monthly meeting to hear Dr. Raymond McKay of Western Reserve talk on BCG Vaccine. The monthly meeting of the Receiving Hospital Staff was well attended. Cross off two meetings we don't have to go to these days. The Lincoln Avenue Alcohol Clinic was inspected and received the Society's endorsement.

Dr. Reilly brought in a resolution at the Society meeting on December 16th which paved the way for the establishment of the Medical Service Foundation. It provided that fees paid by the Mahoning County Relief for in-patient medical care in the hospitals should be put into a fund administered by the Society to be used for educational and scientific purposes. The Bulletin gave very little space to this routine business which was to be of such importance later.

J.L.F.

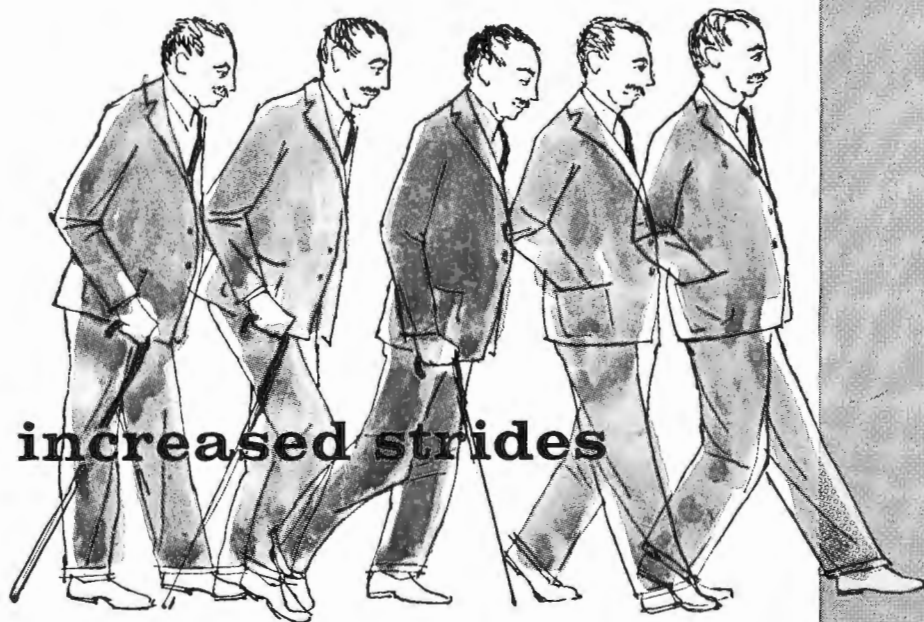
PUBLIC RELATIONS COMMITTEE

The Public Relations Committee has been very busy this past year in trying to participate in various activities to help improve the Public Relations of the doctors of the Society, with the press and the people of Mahoning County.

The projects which have been started and accomplished are as follows:

- (1) Members of the Society have been on Adelaide Snyder's morning show with discussion of various medical topics.
- (2) Under the chairmanship of Dr. Jack Schreiber, there has been a 10 minute monthly TV program about a variety of current medical topics which is still continuing.
- (3) There has been an Emergency Poison Sticker given to the doctors of the Society for distribution to patients.
- (4) A refresher course for doctor's secretaries and dinner was given in October. This program is the first of a series and had excellent attendance — the program was under the direction of Dr. Al Geordon.
- (5) The dissemination of information through the newspaper about polio and Asiatic flu vaccine programs. We have kept in close contact with the press. For sometime prior to present status misunderstanding and lack of "give and take", induced some unfavorable publicity; this has all been changed now.
- (6) The making up of pamphlets concerning Mahoning County Medical Society and its distribution to the public through the doctors' offices.
- (7) The preparation of a booklet about the value of the Mahoning County Medical Society to the prospective incoming doctors.
- (8) The meeting of Members of the Press, Members of Labor-Capital with the members of the Society has not been accomplished because of the lack of time and assistance. Also the file that we had hoped to complete on good and bad publicity in local papers has not been completed for the same reason.

L. Shensa, M.D.



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in rheumatoid arthritis

on only 12 mg. daily average maintenance dosage†

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- ...rapidly reduces swelling, tenderness and pain on motion
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†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.

PROCEEDINGS OF COUNCIL November 18, 1957

The regular monthly meeting of the Council of the Mahoning County Medical Society was held November 18, 1957, at the offices of Dr. M. W. Neidus, 318 Fifth Avenue, Youngstown, Ohio.

The following physicians were present: S. W. Ondash, President, presiding; M. W. Neidus, G. E. DeCicco, C. C. Wales, A. K. Phillips, C. E. Pichette, C. W. Stertzbach, A. A. Detesco, and A. Randell.

Meeting was called to order at 9:15, P.M.

In the absence of Dr. P. J. Mahar, Chairman of the Industrial Health Committee, Dr. Ondash outlined his report.

A motion was made, seconded, and duly passed accepting the report and authorized its submission to the membership for review and discussion prior to its consideration at the regular monthly meeting of the Society, November 26, 1957.

Dr. Ondash reported that our Society files lack a complete record of the participation of our members in Health and Welfare agencies. He indicated that a questionnaire will be prepared and distributed to the membership in an effort to secure this information. The vote will be directed to the newly formed *Voluntary Health Agencies Coordinating Committee*.

Dr. S. W. Goldcamp and Dr. C. C. Stewart are eligible to receive 50 year pins and certificates. The presentation will be made at the Annual Banquet.

Group Life Insurance was discussed. The Special Committee composed of Dr. A. Bayuk, Chairman; E. R. Brody and J. K. Herald have compiled considerable data on available plans. Council felt that inasmuch as the Ohio State Medical Association is undertaking a similar program, that no further action be taken at this time until a report is secured from that organization.

After careful consideration of the current problem of Social Security, Dr. W. L. Mermis was appointed chairman of a special committee to study the proposal and report to Council at an early date. In the interim, Council strongly urges all members to carefully study the issue.

The following correspondence was received from Mrs. Violet Collingwood, President, District 3 of the Ohio State Nurses' Association and Mrs. Lucy Whalen, Chairman, Program on United Nations Day.

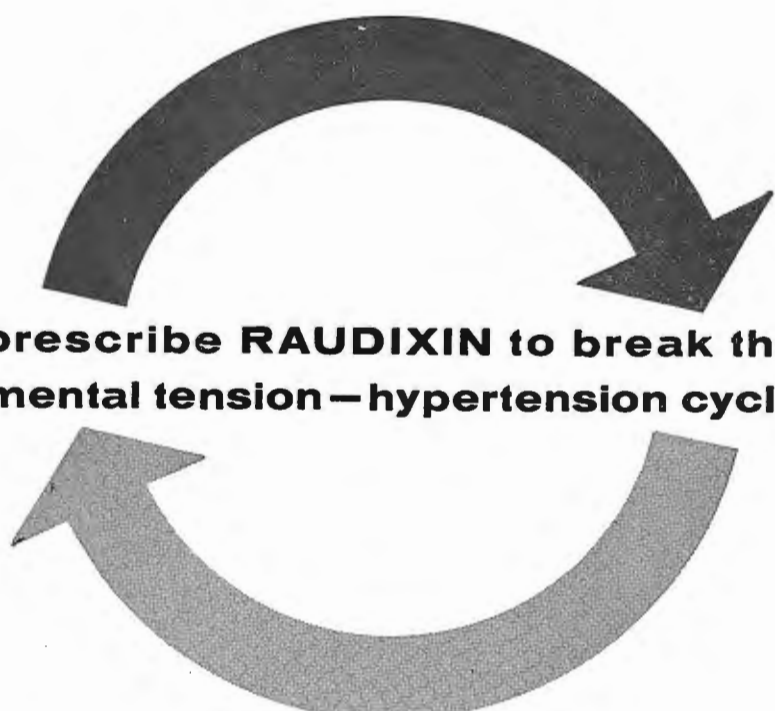
"We are writing to thank you and the members of the Mahoning County Medical Society for helping us to make our Nurses' Meeting of October 9 and our television program of October 21 the success that they were.

"Dr. Schreiber served you well as a representative and did much toward stimulating an interest in and an awareness of what doctors contribute toward the prevention as well as the cure of many diseased.

"The comments received to date have been most complimentary and we are certain that this is a fact because Doctor Schreiber did so well.

"It was a real pleasure to work with him and your society and we trust that we will be able to co-operate on a program sometime, again.

The following correspondence was received from Mr. G. H. Saville, "I notice from our News Clipping Service that the Youngstown voters approved the city charter amendment to provide for a board of health and full time physician health commissioner.



**prescribe RAUDIXIN to break the
mental tension – hypertension cycle**

***Raudixin reduces mental tension**

Tranquilizing Raudixin reduces the mental tension which plays a significant role in hypertension ... reduces mental tension as yet unrelated to physical symptoms.

***Raudixin reduces hypertension**

Blood pressure lowering effect is gradual, sustained in hypertensives... little or no hypotensive effect is produced in normotensives.

***Single daily dosage** discourages promiscuous overuse by patients... not habit-forming.

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"Congratulations on this fine victory. The sponsorship of the amendment by the Mahoning County Medical Society is a classic example of constructive public relations and I know it took a lot of hard work by the members of the Society, but it was worth it.

"Too bad Bill Skipp isn't around. I know that this project was very close to his heart.

Discussion ensued concerning the expenditures for this enterprise. Council was unanimous in the opinion that the expenditure in promoting this public service was more than justified. A resolution was made, seconded, and unanimously passed complimenting Dr. John J. McDonough for successfully directing Society sponsorship of this measure.

M. W. Neidus, M.D.
Secretary

(Continued from page 459)

The chances are that with longer periods of training, fewer years of earning, higher taxes, and lessening dollar value, not many of the younger physicians will ever have an opportunity to retire.

If you do not retire you will have paid taxes under a compulsory system for the retirement benefits of other people who have been forced into retirement in a great many instances.

The younger you are the longer you will have to pay the tax, with one chance out of seven of collecting. Since private plans guarantee collection whether you are working or not, it is seven times more valuable to you as a group; conversely social security is one-seventh as valuable as far as retirement benefits go.

Annual premium payments for a private annuity deferred to age 65 providing a monthly income of one-seventh of \$162.80 while both you and your wife are living; one seventh of \$108.50 per month while you alone live; and one seventh of \$81.50 per month while your wife alone lives would be \$60.52 if you are 25 years old at the start, \$74.05 if you are 30, \$92.59 if you are 35, \$119.24 if you are 40, \$160.27 if you are 45, and \$230.29 if you are 50.

If you reach 72 years of age, and are eligible you and your wife can collect maximum retirement benefits. Call your insurance man and ask what the cost of an annuity of similar value will be at the age of 72. The premium will be less than seven times the premium figures mentioned above. For six-sevenths of us this is the figure to compare with the cost of a compulsory tax under social security up to the age of 72.

The attempt has been made in this series of articles to inform you of the fallacy of O.A.S.I. as a source of survivor's benefits and as a source of retirement benefits. It is believed the points have been proven beyond a reasonable doubt. Much more could be said and much more is said by Coffee and Webster in their articles in the J.A.M.A. of September, 1956.

By far the most challenging concept to us and to the independent insurance companies is the thought that if we can match and outdo O.A.S.I. on an individual basis—how much more could we do as a collective body at the county or state, or better yet, national level!

If all of this is true, as we think it is, what a service we could be doing for ourselves and our country and for the whole concept of free enterprise if we were to enact such a system on our own.

C. E. Pichette, M. D.

NOW... UNPRECEDENTED SULFA THERAPY— ONLY ONE TABLET A DAY

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 sulfamethoxypridazine. Bottles of 24 and 100 tablets.

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

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

KYNEX



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ODDS and ENDS

Our sympathy to Doctor and Mrs. Vernon Goodwin and family on the loss recently of Doctor Goodwin's father.

Doctor M. W. Neidus, Chief of Staff at St. Elizabeth Hospital spoke to blind persons at the Youngstown Society For The Blind on "Heart Problems in The Modern World". His speech covered diet and weight control.

Best wishes for a speedy recovery to Mrs. George Altman.

Doctor and Mrs. Stephen Ondash and family will spend Christmas in New Hampshire. Doctor is taking his skis—splints, etc.

Doctor and Mrs. J. J. Sofranec and Doctor and Mrs. Ray Scheetz will vacation in St. Petersburg and Miami, Florida from December 1st to the 15th.

Doctor Samuel Epstein has returned from New York City where he spent a week taking a postgraduate course at the New York University Post-graduate Medical School.

Doctor Frederick S. Coombs Jr. gave the Meditations on Tuesday, November 19th to the Dad's Night Banquet at McKinley School.

Members of the Welcome Wagon Newcomers Club heard Doctor Barclay M. Brandmiller speak on "Children's Diseases" recently at the Y.M.C.A.

At the November meeting of the Youngstown Society of Medical Technologists, the members heard Doctor Oscar Turner speak on "Electro-Encephalograms".

Doctor Al Geordan gave a talk to the Y.M.C.A. Workshop entitled "Geriatrics."

Doctor Earl Young was on a panel for the Y.M.C.A. Workshop. The topic was "Cheaper by The Dozen."

Doctor Martin Conti was honored recently for 10 years of volunteer service with the Naval Reserves. Congratulations Doctor!

Doctor and Mrs. Dean E. Stillson are in their new home on West Blvd.

Miss Erica Brandt spent Thanksgiving with her parents, Doctor and Mrs. Albert J. Brandt. Erica is attending Wheaton College in Norton, Massachusetts.

Dr. Robt. McConnell and Dr. Al Geordan attended a refresher course in Urology at the University of Iowa.

Dr. W. J. Flynn and Dr. E. C. Baker were elected as Trustees-at-Large of the Ohio Division of the American Cancer Society. Dr. Flynn was also elected Secretary of the Association. Re-elected Chairman of the Executive Committee was Fred B. King Jr.

Dr. J. P. Harvey has been appointed Governor for the State of Ohio in the American College of Cardiology.

DIAGNOSTIC X-RAY EXAMINATIONS

Pursuant to the Mahoning County Medical Society sponsored resolution adopted by the Ohio State Medical Association regarding limitation for diagnostic X-Ray examinations, the latter organization received two responses from major insurance companies.

The Equitable Life Assurance Society of the United States responded that they do not, nor contemplate using a clause with such limitations.

A more liberalized program was introduced by the Metropolitan Life Insurance Company last year arranging for benefits to be paid within the limits provided by the policy for diagnostic X-Ray examinations performed by any physician.



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WOMAN'S AUXILIARY TO THE MAHONING COUNTY MEDICAL SOCIETY NEWS

Keyed to the gaiety of the season was the informal dance and fall frolic of the Woman's Auxiliary to the Mahoning County Medical Society which occurred on Saturday evening, November 2, in the ballroom of the Hotel Pick-Ohio. Wives of district medical men sponsored this affair for the benefit of their Nurses Scholarship Fund and the American Medical Education Foundation.

Dancing was enjoyed by the large group in attendance from 9 until 1 a. m. with a sumptuous buffet featured at midnight. Frankie Ambrose's musicians furnished the music.

Heading the Hostess committee was Mrs. Robert L. Tornello, chairman, assisted by Mrs. I. Harold Chevlen, co-chairman, and Mrs. A. A. Detesco, Mrs. Gene Fry, Mrs. A. W. Geordan, Mrs. Louis Zeller, Mrs. Wayne Agey, and Mrs. Fred Schellhase.

Mrs. Harold J. Reese
Publicity Chairman

GUIDES TO ETHICAL ANNOUNCEMENT OF A PRACTICE

As some doctors have discovered, there is a thin line between the ethical announcement of a new practice or a change of address and what might be considered unethical advertising. To simplify the problem, many county medical societies have issued guides concerning signs, calling cards, newspaper announcements, etc.

In Indianapolis, it is customary for the new physician to make public announcement of his office in all three daily newspapers and in neighborhood weeklies if he wishes. He is not permitted to buy advertising space. The local medical society prepares and issues a news release about his new office and most papers run it as a regular news story. The doctor may submit a photograph for publication.

The Bronx County (N.Y.) Medical Bulletin carried a rundown of their official regulations:

1. Signs shall contain only the name and office hours of the physician — no specialty may be named or indicated.
2. Signs may be illuminated but they shall not be "flicker" or "neon."
3. Signs are permissible in windows or outside buildings but they shall be approximately 4" by 12" if office hours are stated, 3" by 12" otherwise.
4. Lawn signs are permissible (with similar restrictions as to size).
5. Because the title "Dr." is general and hence misleading to the public, it is advisable to use "M.D."
6. A physician may send professional announcement cards to his own patients and to members of the medical profession informing them that he is limiting his practice to a given specialty. Such cards may be sent out only at the time when the physician begins to limit his practice or when he moves his office. On these announcement cards, the doctor's name may be followed by recognized professional degrees.
7. A physician must limit the wording of his professional calling cards to his name, recognized professional degrees, his address, his phone number or numbers and his office hours.

The P. R. Doctor

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.
- AMERICAN SOCIETY FOR SURGERY OF THE HAND, January 31 — Feb. 1 at Waldorf-Astoria, New York City, Dr. J. Edward Flynn, President.
- UNIVERSITY OF KANSAS, Jan. 13-14, pulmonary disease clinic, Kansas City, Kansas.
- UNIVERSITY OF KANSAS, Jan. 15-16, Symposium on gastroenterology, Kansas City, Kansas.
- UNIVERSITY OF BUFFALO, Jan. 22-23, course in cancer, Buffalo, N. Y.

MEETINGS — February, 1958

- PAN-AMERICAN CONGRESS OF OPHTHALMOLOGY, New York, N. Y., Feb. 1. Dr. William Benedict, 100 First Avenue Bldg., Rochester, Minn.
- AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS, Feb. 1-6, Waldorf Astoria, New York City.
- CENTRAL SURGICAL ASSOCIATION, Feb. 20-22, Columbus, Ohio. Dr. Charles Branch, 1002 N. North St., Peoria, Illinois, Secretary.
- UNIVERSITY OF BUFFALO, Feb. 5-6, course in medical and surgical aspects of urinary tract disease, Buffalo, N. Y.

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POLIO COMMITTEE

Early in the year, our Society pledged to inoculate the children of the Youngstown school systems with Salk Vaccine. The Committee met on several occasions, and, after securing the cooperation of various organizations to assist us in the program, decided that the program would begin in February.

Parental consent cards were obtained by the schools. Eighty-five of our members and 134 members of the Ohio State Nurses Association volunteered their services in the administration of the vaccine. The inoculations were given in rounds; the first round beginning February 19; the second, March 19; and the make-up clinic, May 2.

39,479 units of the vaccine were administered during the program. As nearly as can be determined at that time, the status of the Youngstown school children was as follows:

34,875 . . .	Total Enrollment
647 . . .	One Inoculation
16,888 . . .	Two Inoculations
14,942 . . .	Three Inoculations
2,398 . . .	No information

Considering those children who have had two or three inoculations and discounting those on whom we have no information, 98% of the children were protected.

In September, we announced our campaign for an intensive effort urging all persons under 40 be inoculated. Inasmuch as the federal government made no allocation for the purchase of vaccine, and because of the medical inadvisability of mass inoculations, your committee decided that future immunizations should be accomplished in the office of the private practitioner for children and adults alike. An arrangement was made with the school health departments to have immunization records made available to the children who in turn would submit them to the family physician. In this manner, the physician could indicate the need for further inoculations.

The school programs were no easy task, and without the cooperation of the City Health Department, boards of education, nurses, VNA, Polio Chapter, the hospitals, and many others, the program would have been ineffective.

May I take this opportunity to especially express my gratitude to my committee members and to all the physicians who willingly volunteered their time, and also to Miss Esther Hamilton who immeasurably assisted through the Vindicator.

J. J. Sofranec, Jr., M.D., Chairman
J. B. Birch, M.D. Co-Chairman

CONSTITUTION AND BY-LAWS COMMITTEE

Proposed amendments were drawn up at a number of interesting, lengthy meetings, published and mailed to each member of the Society. After thirty days, a special meeting of the Mahoning County Medical Society was called for the purpose on September 10, 1957 and with certain changes, the amended Constitution and By-Laws were adopted. It is now being considered for approval by the Council of the Ohio State Medical Association.

My thanks go to the individual committee members for their untiring efforts and devotion to the task.

Sidney Franklin, M.D., LL.B.

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DIABETIC COMMITTEE

This year Diabetic Detection Week was observed from November 17, 1957 to November 23, 1957. Mayor Frank X. Kryzan issued a proclamation that the week be observed as Diabetic Detection Week.

Talks by physicians were given to service clubs and on the radio. We also had ample publicity on our local television stations. The posters, literature and sugar testing materials were distributed to the physician' offices by the members of the Auxiliary of the Mahoning County Medical Society. Other posters were distributed to business establishments through out the county.

The Youngstown Vindicator, through our friend, Esther Hamilton, gave us ample publicity and also included was a very fine editorial on Diabetic Detection.

Dr. Rachmiel Levine, Chairman of the Department of Medicine, Michael Reese Hospital, Chicago, Illinois, spoke to us on November 26 on the Effects of the Sulfonylureas Compounds. He gave an excellent talk which will be long remembered.

The following is a report of the number of urine tests done during Diabetic Detection Week:

	No. Tests done	No. positive	New positives
Physicians offices	3921	50	23
SSU Youngstown Hosp.	43	1	0
NSU Youngstown Hosp.	29	1	0
St. Elizabeth Hosp.	31	1	1
Woodside Receiving Hosp.	45	0	0
T. B. Sanitorium	20	0	0
Totals	4089	53	24

Morris S. Rosenblum, M.D.
Chairman

PUBLIC HEALTH COMMITTEE

The Public Health Committee of the Mahoning County Medical Society reports a busy year indeed! The "Health Amendment", a major project of the Public Health Committee and the Society, was placed on the ballot at the last regular election of the City of Youngstown and passed by a comfortable majority. This Amendment provides for a Board of Health and a full time physician Health Commissioner with a degree in Public Health.

The Board of Health appointed by the Mayor with the approval of City Council will take office April 1st, 1958. This Board will then hire a qualified Health Commissioner and the City of Youngstown will be classified as a City Health District and follow the code of the State of Ohio.

This has been a long felt need in our community and I believe the Mahoning County Medical Society can take some measure of pride in having sponsored the Amendment to the City Charter and then carrying it through to a successful conclusion.

I would like to take this opportunity to thank all those in and out of the Society for their constructive help in the development of this health program for the community.

John J. McDonough, M.D.

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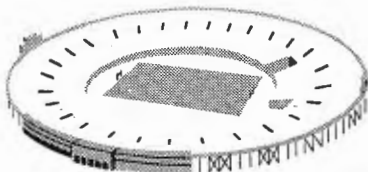
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"LABOR'S INTEREST IN MEDICAL CARE"

(All Underlines Mine — Ed. Note.)

In the October 31, 1957 issue of the New England Journal of Medicine the above named article appears on Page 866. It is worthwhile reading for anyone who has a stake in medicine. Indeed it is worthwhile reading for anyone who is against the socialization of the country as a whole.

The article was written by a man named Nelson H. Cruikshank who is the director, Dept. of Social Security, American Federation of Labor and Congress of Industrial Organization. It was presented before the twenty-first annual meeting of the Massachusetts Hospital Association, Boston, May 9, 1957. The following excerpts are taken from this article:

"Organized labor's interest in medical care takes on an added significance because it represents the largest single body of consumers or recipients of medical care who are in a position to do anything about it."

"Organized labor also has a direct economic interest in the availability and the quality of medical care provided its members."

"It is estimated that upwards of \$500,000,000 a year goes for the purchase of health insurance and services under plans established through collective bargaining."

"With such a large apportionment of the wage dollar to the procurement of health protection in one form or another, it is only to be expected that labor should be concerned with the adequacy and the quality of the protection obtained. A wholly new set of responsibilities devolves upon labor organization and labor representatives."

"There are times when, I must confess, I find myself wishing that this venture into mass purchasing might have started with some common commodity in which the standards were simple and objective—some consumers goods like men's clothing, for example, or even automobiles or houses. But in typical American fashion, labor's first plunge had to be on a gargantuan scale and in an area of consumer service where criteria are even less objective than those available for such consumers items as ladies' hats."

(How revealing these sentences are about the ultimate aims of these men as they pertain not only to medicine but to men's clothing, automobiles, houses, and women's hats.)

"Trade unions are coming increasingly to the realization that the attainment of their objectives in the health insurance field requires their active interest in the manner in which medical services are organized and provided."

"The organizational and collective-bargaining process must be extended into a new dimension through negotiations, agreements and arrangements with third-parties the providers of medical services and facilities."

"Trade unions are also recognizing that this kind of negotiation calls for a different set of skills from those demanded in the old bargaining for wages, hours, and conditions. Negotiators need to know something about the organization and distribution of medical care and services."

"It was Dr. Alan Gregg of the Rockefeller Foundation who once remarked: 'Most doctors have for so long been surrounded by sycophantic interns, obsequious nurses, and frightened patients that they get themselves confused with God!' It is not the physicians insistence on preserving the jurisdiction of his profession to which labor representatives object. It is when he denies a proper sphere of interest to other professions and to honorable trades and occupations."



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"To be specific, I remind doctors that their insistent contention that good medical care can be made available only under one method of meeting the cost is an infringement on an area that is primarily the prerogative of the economist or the labor or consumer representative. Recently, a number of local medical societies have served notice on some of labor-sponsored medical services programs that their members will refuse to provide service and care to the workers covered by the program except on a fee-for-service basis. They further insist that the payment must be made by the individual worker and allow that if the plan wants to reimburse him later that is a matter that concerns only the worker and his union. This is a clear attempt on the part of the laymen (for doctors ARE laymen in the area of consumer distribution problems) to dictate the kind of economic arrangements that should be prescribed to meet some of the problems that confront a worker and his family. These local medical societies announce their intention of enforcing this dictum by holding no longer in good standing a doctor who accepts payment for his services from a labor health plan. This must have been the kind of thing Dr. Gregg had in mind when he mentioned the proclivity of some doctors to get themselves confused with God!"

"The essence of medical care is the closing of the gap between the potentialities of science and the application of this knowledge."

"Union leaders have by no means learned how to put together all the ingredients of high-quality medical care in the way best calculated to close this gap. But they believe they know what the ingredients are. Certainly they include the following:"

"Measures of self-discipline exercised by the Medical Profession and Allied Groups."

"Preventive Care and Service."

"Removal of the Financial Barrier between the Patient, the Doctor and the Health Facility."

"Accessibility and Adequacy of Physical Facilities."

"Efficient Organization of Medical Personnel."

"Comprehensiveness."

"Participation of Consumers or Recipients in the Development of the Plans and Programs for the Organization and Provision of Medical Care."

"The problem is not as simple as how to maintain solo practice on a fee-for-service basis or even as simple as how to destroy it. The problem is how to develop arrangements under which the personal and social values that were associated with it can be preserved in the practice of modern twentieth-century medicine.

"Labor representatives know that they have much to learn from the medical profession. Without the facilities of hospitals and without the professional skills and understanding of the doctors it would obviously be impossible to develop programs to meet the medical needs of the members of the labor organizations. I believe that labor knows, or at least should know, something about the way to organize these services to meet these needs best and about the economic, social, administrative and medical problems are all combined. Labor asks the hospital administrators and the medical profession that it be heard in the area of its own knowledge and presumed competence and that it be recognized as representative of its members in the development of the arrangements for making medical care of the highest quality."

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A.M.A. NOT ALONE IN FIGHTING FORAND BILL

The American Medical Association is not standing alone in its fight against the Forand bill, now pending in Congress, which would provide hospitalization and medical benefits under the Social Security program.

The General Electric Company recently sent a letter to all of its employee relations managers, urging them to do everything possible in their local areas "in preventing a collective approach to medicine through government action . . ."

The letter is written by Mr. E. S. Willis, representing public and employee relations services of the General Electric Company. Because it is informative to physicians who are lining up against this legislation, the letter is being reproduced with this issue of the Secretary's Letter.

Physicians are urged to read this well-written letter because it presents an exceptionally strong case against the Forand Bill.

The G. E. letter follows in full:

As a part of a small group representing the National Association of Manufacturers, I had an opportunity this past week to meet with officials of the American Hospital Association to help express to them the views of industry concerning the position we felt was sound and the position which we hoped AHA would take with respect to an amendment of the Social Security Act proposed by H. R. 9467, introduced by Representative Aime Forand of Rhode Island. (This bill is also known as the "AFL-CIO" bill.)

Under the Forand Bill it is proposed that all persons over 65 who are eligible to receive Social Security benefits (whether or not they are receiving them) will be eligible for 60 days of hospitalization in any twelve-month period, full hospital extras and surgical expense reimbursement.

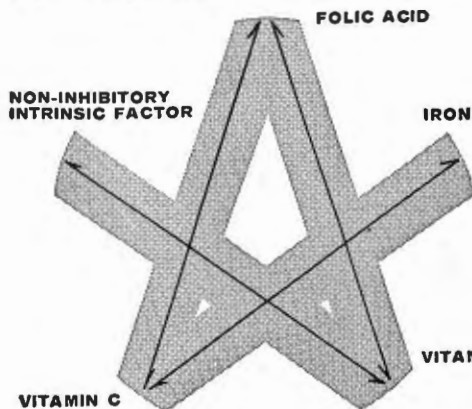
In order to make this proposal palatable to some, such as the AHA and the Blue Cross, the bill provides that the administration of these benefits could be carried on through a non-profit organization (i.e., Blue Cross). It is our belief that there is unfortunately, some support for the Forand Bill among the leadership of the AHA simply because they feel that there are deficits in hospital operation due to the care of the medically indigent over age 65. They apparently feel that they should be reimbursed for this care and it seems to them that the Forand proposal with government reimbursement does the job in a satisfactory manner. The importance of the position of the American Hospital Association cannot be underestimated in connection with this legislation.

AHA Views May Not Represent Thinking of Local Hospitals

Therefore, we felt that it was important to advise you of this meeting because (1) we believe that the possible position of the AHA leadership may not represent the actual thinking of the local hospitals and particularly the businessmen trustees of such hospitals and that you might want to inform these trustees, where feasible, about the situation and the dangers in the Forand Bill and (2) because we hoped you would be interested in helping to develop certain important facts described below which would shed light on the problem with respect to the operation of the local hospitals in your areas—those hospitals with whom you maintain close enough relations to obtain such facts.

First of all, though not necessarily in order of importance, it would seem that any deficit now being incurred by the hospitals because of older persons does not represent a substantial enough portion of the hospitals' expenses to warrant such drastic action as is proposed. This is especially

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true because the voluntary health insurance plans now cover such a high proportion of the population that the collection problems of the hospitals have been substantially reduced to the point where only a relatively small segment enter hospitals without some sort of prepayment protection. Secondly, of course, many retired persons have savings and other assets which were built up looking forward to possible emergencies of this type.

Many Firms Have Plans To Pay Medical Costs of Pensioners

In the third place, while it is recognized that hospital medical expenses for retired people are two to three times as expensive as for active employees, an increasing number of pensioners are being covered by insurance plans for hospital and surgical and even medical expenses as insurance companies and industry gain more experience in this area. Many companies, like General Electric, have a program for helping to pay for medical costs of pensioners after retirement. One insurance carrier reports that 56% of the people included in group contracts which they have underwritten are eligible for some sort of post-retirement coverage. This is typical of many other carriers. Blue Cross provides hospital coverage for retired people although the expensiveness of the coverage for the aged, especially when it has no built-in controls, is one of the reasons why Blue Cross is currently running into some financial difficulties throughout the country. In any event, there is a great deal of expansion in coverage for older people and an increasing number of individuals are becoming eligible for such coverage.

In the fourth place, in addition to the normal resources which many retired individuals have through their own earnings, families of such individuals are in many cases able to provide material assistance in times of emergency. It would certainly seem to be most undesirable to discourage people from providing for their own future care and discouraging their families from considering that they have a responsibility for their parents. Certainly this responsibility is a small sacrifice to pay for the free practice of medicine.

Persons Over 65 Represent Only 9% of U. S. Population

Fifth, the number of persons over 65 is actually only about 9% of the total population. Of this small group, those who are medically indigent represent presently at the most a third of those over 65 and even these are eligible for assistance on a local basis, which permits a more effective determination of the deserving cases. The statement is made today that by and large the medical profession and the hospitals are providing adequate service for all who seek their assistance, regardless of their means. Some data indicates that as high as 70% of those over 65 have no debts and 44% reportedly have assets over \$1000. In fact, nearly 2/3 also own their own home and 1/6 earn over \$4000 a year. Thus it can hardly be said that a large share (of a small segment of the population) are without any means!

While the above points are only brief generalizations of the situation, it seems to us that the real facts of the case as to the impact of the medically indigent over age 65 on hospital operation can best be determined at the local level. Apparently there is little data now available. We would like to ask you to try and obtain some information of a significant character where you have close enough connection with a hospital or hospitals in your locality so as to find out how large the problem actually is. We would appreciate very much having you inquire from local hospitals and sending us the data that you can gather with respect to *uncollectable hospital bills* particularly for those over 65. We feel that compared to a few years ago the size of the problem is minimum.



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Seek Hospital Operation Cost Data On Medically Indigent

If possible, we would like to know what percentage of the cost of hospital operation is represented by the medically indigent (the expenses defrayed by the hospitals in the form of uncollectable bills—not even paid for by public or governmental agencies). If the data is available it would be valuable to note what proportion of the total uncollectable bills are attributable to those 65 or over and, of course, if all this information were available for comparison purposes in a few representative earlier years, it would be most helpful.

We can all recognize that the problem of paying for hospital care for aged individuals is important but it is one that is now in the process of being solved through the present voluntary efforts of companies like ourselves and other employers and through the carriers, both the Blue cross and the insurance companies. We are of the opinion, therefore, that there is certainly no reason to feel that an emergency suddenly exists which requires a solution by compulsory federal legislation.

It is obvious that if federal legislation of this kind were resorted to, the Forand Bill would only be the "nose of the camel". Before long the camel would be in the tent because the government would not permit for long a nongovernmental organization (such as Blue Cross) to administer the benefits. It is also obvious from the experience we have had with the Social Security law to date that the next move would be to extend hospital-surgical and other benefits to age 50 (when payment for disability benefits now begins in Social Security), and then finally for everyone. (As an initial step some proponents would have the Social Security program contribute at first only the difference between the hospital cost of caring for older persons and the hospital cost which a younger active employee would normally incur. This is the nostril in camel's nose!)

Unions Expert Great Pressure For Government Health Scheme

It will be recognized, of course, that the unions are exerting great pressure in this area for the government to take over with a national health insurance scheme. For example, Walter Reuther as recently as September 26 stated "I think it can be said fairly that while medical societies may have entered prepayment reluctantly in order to avert government medicine, labor entered voluntary health insurance reluctantly because a government program was not available". The labor organizations who do seem to exert considerable pressure on Blue Cross and perhaps on AHA can be expected to do all they can to assure the passage of the Forand Bill and attempt to obtain the support of AHA as a step towards their goal of "National Health Insurance".

In passing it might be noted that the American Medical Association will vigorously contest the extension of government into the private practice of medicine. The rest of us who are interested in preventing a collective approach to medicine through government action will also want to preserve this important stronghold in our economy of the private insurance plans and private hospitals.

We can hope that the Board of Directors of hospitals generally include businessmen and others who are vitally concerned with the preservation of the non-federalized practice of medicine and the avoidance of governmental domination. We think that individuals on the Boards of Directors of the hospitals presently may not be aware of the situation but once they understand the problem will be in hearty disagreement with any thinking among the AHA leadership which might favor the expedient use of Social Security to meet a financial problem (not one of lack of care—one of financing only).

The data requested in this area will be most helpful in scouting the allegation that there is a large unmanageable problem involved.

G.E. People Urged To Discuss Bill With Hospital Directors

Therefore, if you have an opportunity to discuss this with any representative directors of a hospital, we suggest it might be advantageous to do so. If they agree with the sentiment expressed they might wish to convey it to those who represent the hospitals at the headquarters of the Association. It would be unfortunate if those at the top of the organization took a short-sighted view—a view in which we are sure most hospital directors would not concur if they gave the matter serious thought.

While these proposals form an entering wedge to "National Health Insurance" under Social Security, they do have somewhat similar counterparts at the state level. In New York State, for example, five bills were introduced last session which would have extended the state government's power in the area of requiring insurance companies to sell certain kinds of hospital-medical coverage to the aged at certain fixed prices. Here is just another instance where we should be alert to the threat in a different form, recognizing the broad extent of the problem and offering sound solutions of a business-like type to meet any justifiable needs.

Secretary Letter

UMW FUND HOSPITALIZES 63,779

The United Mine Workers' Welfare and Retirement Fund report shows that during the last fiscal year (ending last June 30), the fund paid \$59,500,000 for 1,631,144 hospital days' care for 93,679 sick or disabled miners. The hospitalized cases entailed 1,556,111 visits by doctors, and in addition 885,944 outpatients clinic and office consultations by specialists are noted.

Over the 12 months, the fund's unexpected balance increased by more than 10%, from \$130,100,000 to \$145,300,000. Revenue for the year—from royalties on coal mined—totaled 157 million dollars, and expenditures \$141,900,000.

In discussing the medical care program, the report says in part:

"In compliance with the basic obligation of the trust fund to maintain complete and final control over all fund benefit programs and funds expenditures for them, these regulations, which have continued in effect throughout this fiscal year, require for eligible beneficiaries a high quality of hospital and medical services at a reasonable cost to the fund."

Pension payments to 63,009 retired miners totaling 75 million dollars made up the biggest single expense during the year.

J.A.M.A.

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SEE YOUR PHYSICIAN ! !

SOCIAL SECURITY DISABILITY PROGRAM

The Committee on Medical Rating of Physical Impairment of the Board of Trustees reports the following recent developments in the Old-Age and Survivors Insurance disability program under the Social Security Act.

On July 17, 1957, President Eisenhower signed Public Law 109, which makes two changes in the program. These changes are:

1. The filing period is extended to July 1, 1958, during which applications for benefits may be made and the beginning period of an applicant's disability may still be established as early as the actual onset of disability provided all other requirements of the law are met. This change will benefit those individuals whose disability began some time ago and who did not apply for benefits before the previously established date of July 1, 1957, despite extensive efforts to publicize the need for timely filing.

2. Benefits will be paid concurrently to eligible veterans receiving compensation by the Veterans Administration for service-connected disability.

On June 30, 1957, the first regulations pertaining to disability under this program were published in the *Federal Register* (page 4362, vol. 22, number 119):

Meaning of disability; benefits based on disability

(a) Among the requirements an individual must meet to be entitled to disability insurance benefits, or to child's insurance benefits after attainment of age 18, is that he be unable to engage in any substantial gainful activity because of a medically determinable impairment and that his impairment be expected to continue for a long and indefinite period of time, or to result in death.

(b) In determining whether an individual's impairment makes him unable to engage in such activity, primary consideration is given to the severity of his impairment. Consideration is also given to such other factors as the individual's education, training and work experience.

(c) It must be established by medical evidence, and where necessary by appropriate medical tests, that the applicant's impairment results in such a lack of ability to perform significant functions—such as moving about, handling objects, hearing or speaking, or, in a case of mental impairment, reasoning or understanding—that he cannot, with his training education and work experience, engage in any kind of substantial gainful activity.

(d) Whether or not the impairment in a particular case constitutes a disability is determined from all of the facts of that case. Examples of some impairments which would ordinarily be considered as preventing substantial gainful activity are set out in paragraph (e) of this section. The existence of one of these impairments (or of an impairment of greater severity), however, will not in and of itself always permit a finding that an individual is under a disability as defined in the law. Conditions which fall short of the levels of severity indicated must also be evaluated in terms of whether they do in fact prevent the individual from engaging in any substantial gainful activity.

(e) The examples are:

(1) Loss of use of two limbs.

(2) Certain progressive diseases which have resulted in the physical loss or atrophy of a limb, such as diabetes, multiple sclerosis, or Buerger's disease.

(3) Disease of heart, lungs or blood vessels which has resulted in major loss of heart or lung reserve as evidenced by X-ray, electrocardiogram or other objective findings so that, despite medical treatment, it produces

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breathlessness, pain or fatigue on slight exertion, such as walking several blocks, using public transportation or doing small chores.

(4) Cancer which is inoperable and progressive.

(5) Damage to the brain or brain abnormality which has resulted in severe loss of judgment, intellect, orientation or memory.

(6) Mental disease (e. g., psychosis or severe psychoneurosis) requiring continued institutionalization or constant supervision of the affected individual.

(7) Loss or diminution of vision to the extent that the affected individual has central visual acuity of no better than 20/200 in the better eye after best correction, or has an equivalent concentric contraction of his visual fields.

(8) Permanent and total loss of speech.

(9) Total deafness uncorrectible by a hearing aid.

(f) Under the law, an impairment must also be expected either to continue for a long and indefinite period or to result in death. Indefinite is used in the sense that it cannot reasonably be anticipated that the impairment will, in the foreseeable future, be so diminished as no longer to prevent substantial gainful activity. Thus, for example, an individual who suffers a bone fracture that has prevented him from working for an extended period of time will not be considered under a disability if his recovery can be expected in the foreseeable future.

(g) Impairments which are remediable do not constitute a disability within the meaning of this section. An individual will be deemed not under a disability if, with reasonable effort and safety to himself, the impairment can be diminished to the extent that the individual will not be prevented by the impairment from engaging in any substantial gainful activity.

J.A.M.A.

SENATOR NEUBERGER FAVORS "MEDICARE" UNDER SOCIAL SECURITY

Senator Neuberger (D., Ore.) believes the time has come to set up a system of government-paid hospitalization for old people covered by social security, modeled as closely as possible to the Dependent Medical Care program that for more than nine months has been operated by the Defense Department.

Although the senator has not worked out a draft of his bill yet, he believes a 2% increase in social security taxes—1% each on workers and employers—would meet the hospitalization costs.

In addition to free hospitalization, the Neuberger plan includes payment for in-hospital surgical costs. Unlike the military—Public Health Service Medicare program, which bills the patients for the first \$25 in civilian facilities or \$1.75 per day in military, the senator's plan would make no charge against patients.

The Neuberger idea is to make use of Blue Cross or other nonprofit groups, using arrangements similar to those now in effect in many states under Medicare.

Senator Neuberger outlined his views when talking before the national convention of the Brotherhood of Eagles, where he also suggested that permissible outside earnings for those receiving Social Security retirement benefits be increased from the present \$1,200 to \$2,400 per year. Later he said a great deal of interest was shown by the Eagles in his hospitalization-for-the-aged plan.

J.A.M.A.

SALE OF FLU VACCINE DIRECT TO LAY GROUPS CONDEMNED

Apparently, some manufacturers of the new influenza vaccine and some industries are doing their level best to confuse, complicate and butcher up the plans which have been devised to have the immunization program done in orderly fashion and get the vaccine first to high priority persons.

In many communities, industry appears to be able to get the vaccine; physicians are getting only a dribble—if any. Little or no respect is being shown for priority recommendations.

This, obviously, is causing plenty of trouble and bad feeling. This situation was predicted in these columns in the September issue. It's a shame it had to happen. Steps to stop the cause should be taken at once.

The Cleveland Academy of Medicine on October 8 adopted and issued a strongly worded resolution on this problem. We wholeheartedly agree with the statement. Here is what the resolution said.

WHEREAS the Academy of Medicine of Cleveland has recommended priorities to be followed while a shortage exists in Influenza A "Asian" strain vaccine; and

WHEREAS these priorities, based on recommendations by the Surgeon General of the United States Public Health Service, are designed to best assure the well-being of the public and the protection of the individual; and

WHEREAS "Asian" influenza is a relatively mild disease; and

WHEREAS it has become apparent in past weeks that the bulk of the vaccine being released commercially is passing directly into the hands of industrial and other low priority groups for mass programs which often include not only employees but also their families; and

WHEREAS vaccine is not available for high priority groups to the extent that the well-being of the community and the lives of the chronically ill may be in jeopardy; now therefore

BE IT RESOLVED that the Board of Directors of the Academy of Medicine of Cleveland disapproves of all programs to immunize low priority groups while the vaccine is in short supply; and

BE IT FURTHER RESOLVED that the Board of Directors request all members of the Academy of Medicine of Cleveland to refuse to participate in immunization programs for low priority groups while the vaccine is in short supply; and

BE IT FINALLY RESOLVED that in the opinion of the Board of Directors the sale of the vaccine directly to lay persons, non-medical organizations and corporations definitely constitutes a breach of ethics. O.S.M.J.

DOCTORS URGED: DON'T LET PATIENTS READ YOUR PROFESSIONAL JOURNALS

"How can a doctor start a malpractice suit against himself? By placing *Medical Economics* or the *A.M.A. Journal* in his reception room . . ."

This warning appeared recently in the monthly newsletter of Colorado's state medical society. And Lansing Chapman, publisher of *Medical Economics*, quotes it with approval in his magazine's October issue. "It's a point we ourselves have made many times," he comments. There are many reasons why professional journals don't belong in waiting rooms, he notes, and the malpractice articles they contain are one of the most important. He continues:

"Malpractice is the topic that doctors most want to read about, according to our readership surveys. Facts about malpractice are the doctor's best defense. But the best defense can be undermined if you pass these articles along to your patients.

NATION'S FAMILY DOCTORS BLAST COMPULSORY HEALTH INSURANCE

Politicians campaigning for compulsory health insurance might as well try to pass a law against Asian influenza, a spokesman for 23,000 family doctors said today.

"Compulsory health insurance schemes and mass production medicine only mean endless hours of wading through miles of red tape in a futile effort to obtain inferior medical care," Dr. Malcom E. Phelps, El Reno, Okla., added.

Dr. Phelps heads the American Academy of General Practice, the nation's second largest medical association, headquartered in Kansas City, Mo.

"For more than 20 years," Dr. Phelps said, "an assortment of misguided politicians have tried to buy votes by offering 'free' medical care plans. They consistently fail to point out that medical care is like any other commodity; you get just what you pay for; no more.

"I don't care whether you call it socialized medicine or compulsory health insurance. There's no difference between the two. The most important consideration, as far as I'm concerned, is the health of my patients. They deserve the best medical care available and I don't want them misled by the wild promises of politicians who don't know the first thing about modern medical care.

"Any one who has talked to British doctors knows exactly what I mean," Dr. Phelps added.

"In Britain, the government levies a fat tax and then tells the people that they are entitled to 'free' medical care. This is absurd. Under the British National Health Insurance plan, the doctor averages about four minutes per patient. The patient stops being a person and becomes a number on a government file folder, buried under a pile of complicated forms and health insurance regulations.

"Doctors have been accused of being against health and welfare plans and it's time someone set the record straight. We're not against anything that means better medical care. But we know, better than anyone in Washington, that you can't legislate good medical care any more than you can pass a law against Asian influenza.

"Some of the political pressure groups talk about a shortage of doctors. I'd like to remind them that the nation's medical schools have set eight new enrollment records in the last eight years. I'd also like to tell them that a great many doctors would retire rather than practice 'bargain basement' medicine under compulsory health insurance.

"If the American people want a shabby health care system, all they have to do is turn it over to professional politicians," Dr. Phelps concluded.

BILLS BEFORE CONGRESS . . .

The Forand Bill

Forand's bill has the support of such influential persons as AFL-CIO President Tom Meany. It would amend the Social Security Act to (1) initiate hospital and nursing care and surgical payments for persons eligible for retirement or survivorship benefits under OASI; (2) increase earnings formula to tax the first \$6,000 of a person's income (instead of the present \$4,200 ceiling), and (3) increase dollar benefits payable to workers, their dependents and survivors.

The bill would increase the OASI tax rate a half per cent on employees and employers alike, and three-fourths of one per cent on the self-employed

under OASI. By 1975 the tax rate for employees would be 4.75 per cent, a like rate for employers for a total of 9.5 per cent of wages up to \$6,000. The tax rate for self-employed would be 7.125 per cent, and maximum payment would be \$427.50 a year.

Included in the proposed medical benefits are cost of semi-private hospital care for 60 days of any year and 120 days of nursing home care in any year.

Limits Choice of Doctor

The bill also would finance the cost of necessary surgery (not elective surgery), provided that the surgeon selected by the beneficiary is certified by the American Board of Surgery or is a member of the American College of Surgeons (except in cases of emergency). For oral surgery, the patient would be allowed to select a duly licensed dentist of his choice.

Physicians would be paid fees prescribed by the Secretary of Health, Education and Welfare, and participating hospitals would be required to enter into an agreement for payment with the government.

The Kean Bill

The Kean bill would, among other things, provide compulsory Social Security coverage for physicians, benefits for dependents of disabled workers, payment for rehabilitation services, and increased benefits for workers who delay retirement.

It would raise maximum family benefits from the present \$200 a month to \$271.25. It would raise the total amount of wages subject to tax from the present \$4,200 annually to \$4,800. After 1975, a self-employed physician at the scheduled rates (6.375 per cent) would pay annually to the OASI trust fund \$306.

Several other bills introduced provide different approaches to the same benefits.

O.S.M.J.

WHERE DO WE GO FROM HERE?

(As of July 31, 1957)

<i>Vetrans in civil life, end of month</i>	22,641,000
Korean veterans	5,122,000
World Wars I & II	17,389,000
Increase over July 1956	236,000
Korean veteran increase	386,000
WW I & II decrease	152,000
<i>Average daily patient load</i>	112,499
VA hospitals	109,579
Non-VA hospitals	2,920
Decrease from July 1956	66
Increase in VA hospitals	154
Decrease in non-VA hospitals	220
<i>Eligible hospitalization applicants awaiting admission</i>	22,188
Disabilities adjudicated service-connected	0
Increase over July 1956	1,705
<i>Medical outpatients during June 1957</i>	161,110
Decrease from June 1956	10,359
<i>Dental outpatient cases completed</i>	9,497
Decrease from June 1956	8,177

In the light of the above figures, we would like to quote some remarks made by Veterans Administrator Harvey V. Higley at a hearing of the House Committee on Veterans' Affairs in February 1956.

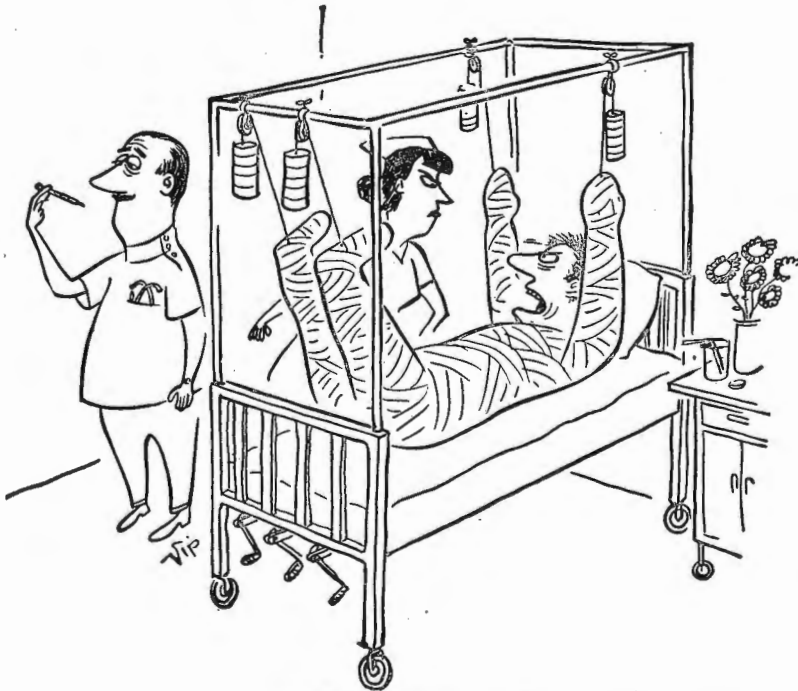
"If you have an extra bed you are not using, and if you have a veteran, non-service connected, who needs hospitalization, and he cannot afford to pay for that hospitalization then we are automatically to take him in. But it is predicated entirely, you will note, on if we have extra beds. That is the whole essence of it.

"Now, we find ourselves today in the situation of operating about 100,000 patients in our own hospitals, and on any given day over a third of them are service connected and two-thirds of them are non-service connected. We do not need to go into a lot of detail, but that is approximately the situation.

"So, just putting it bluntly, that is the situation. If you add on any appreciable number of beds, either as a big addition or as a big hospital, you are building beds for non-service connected, whereas the law as it exists today actually says you will only take in non-service connected when you have extra beds, when they are beds that you do not need for service connected.

"So I think there is a fundamental question that has got to be answered here pretty soon: Is it the will of Congress and the American people that we will build beds for non-service connected? . . ."

A.M.A. News Letter



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A BROADER TYPE OF VOLUNTARY HEALTH INSURANCE

A broader type of voluntary health insurance which covers doctors' charges for services performed outside the hospital as well as inside, and is offered within the existing framework of fee-for-service medical practice, was reported on by Health Information Foundation.

In its monthly statistical bulletin, *Progress in Health Services*, the Foundation described a recent study of the Windsor Medical Service Inc., in Windsor, Ontario, Canada. The investigation was made by the Bureau of Public Health Economics, School of Public Health, University of Michigan; a full report will be published next year by Harvard University Press as "Comprehensive Physicians' Services Under Voluntary Health Insurance."

Windsor Medical Services, according to the Foundation's report, has been in operation for 20 years. It serves an urban, industrial community with a population of about 160,000—an area that resembles the nearby city of Flint, Michigan, and other medium-sized communities in the United States.

The plan covers a broad range of doctors' services, including care provided in hospital, office and home; X-ray and special services, maternity care and preventive medical examinations. Payments are made to qualified physicians on a fee-for-service basis, and the subscriber is free to go to any doctor he chooses. This last feature sets the Windsor program apart from the usual types of comprehensive prepayment plans found in this country.

The survey indicated that WMS subscribers were found to have fewer out-of-pocket medical expenses than persons covered by other health plans in the same community. About nine out of ten WMS members who used medical services had no out-of-pocket expenses, while only one out of four non-subscribers to WMS had no charges.

WMS subscribers consulted physicians considerably more often than did the rest of the Windsor population, the report said. They also were more likely to have a family physician than the rest of the Windsor population, and they were more satisfied with their health insurance than subscribers to other programs. Windsor physicians were generally in favor of WMS. And the survey data showed no evidence of over-use of physicians' services or "doctor shopping," despite the broad coverage offered by the plan.

"The details of the Windsor program," the Foundation said, "warrant study by all concerned with the orderly growth of voluntary health insurance in the United States." The study is one phase of the Foundation's current research program to define problems in the growth and extension of health insurance and to survey existing programs.

Fewer than 5 per cent of the American population subscribes to plans that provide comprehensive physicians' benefits, the Foundation bulletin points out. "Most of these plans are not sponsored by the organized medical profession, and most of them alter traditional aspects of medical practice."

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