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PRESIDENT - ELECT'S PAGE

The proposed extension to the Social Security Act to include some part of, or an all out form of Socialized Medicine continues to be an outstanding plague infesting the heart of Medical Practice.

It would seem that sentiment against this form of practice is gradually but surely gathering momentum and that the public is registering their disapproval in no uncertain terms.

The expressions of disapproval by organizations are increasing in number and are becoming more vitriolic in character as publicity is given to the proposed bill. It is unlikely that any public proposal by Congress has aroused so much indignation and adverse sentiment as the proposed Wagner Act. This was voiced in reports from the National Hospital Association and more recently by our local Chamber of Commerce. The Federation of Women's Clubs has expressed its sentiments against Socialized Medicine in no uncertain terms. We feel grateful to them for their endeavor and are proud to have them as allies.

Bureaucracy is not elected by the people. It is not responsible to the people. Congress, and not the people, has the power to extend the Social Security Act to include the policies of Medical practice.

Local constituents have a way of expression which in time reaches our representatives in Congress. Whatever your pet theories may be regarding Socialized Medicine, voice them in such a way that your Congressmen will be aware of your sentiments.

ELMER H. NAGEL, M. D.,
President-Elect.

Editorials---

Dr. Baird Knocks Home Run!

Dr. E. E. Baird, Endocrinologist at the Cleveland City Hospital and, also, at St. Luke's, Cleveland, proved a most versatile artist by his address to the Society on Tuesday, evening, October 12th, having come to us on less than 24 hours notice, pinch-hitting for Dr. Wilce.

Dr. Baird proved that high competence organizes quickly and effectively for such emergencies.

The Endocrines, always concealing marvelous mysteries, also respond to intelligent use in the treatment of pathologies of different types. Dr. Baird "dealt" with the problems in a practical way, as you realized at the time and as you will still better appreciate as you read the summary which will be printed in an early issue.

By the way, Dr. Baird is a Youngstown product. You will join the rest of us in pride in his accomplishments. You will applaud, also, his fine spirit in coming to us on such short notice.

We'd Better Get Going

This is no detailed discussion of the provisions of the Wagner-Murray Senate Bill 1161. But the "balance" of its effect is socially and economically bad. The bill, if it is passed, will cost us dearly in money. But that isn't the worst of it. It

will demolish our democratic liberties and ideals. Doctors are not the losers so much as are the people.

To be effective in opposing this legislation we must swing into action pronto. That means that we must use the machinery NOW available. We can't wait until our personal ideas are met. A lot of us don't like the set-up of the National Physicians' Committee. It is wrong and it may cause violent division in our profession in time to come.

But that Committee is the only organization in the field and so we must use it. Just as in the fighting of this war the mere fact that Russian Ideology may be anethema to many of us is no reason to bother about that now. She is helping us avoid a worse present calamity right here at home. We may have one fierce struggle with her later on,—but right now we're "nuts" if we don't help her fighting. So it is with the Committee. As long as the Committee is doing what we very much need to have done, we'd better back the thing up. The organization of it is as un-American as Russia, but let's use it right now.

At least the leaders are honest men and the money you donate will be used to fight this Bill. We can forget their silly little megalomania until later. Then we can puncture the little accumulation of flatus with a little hat pin.



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MAINTAINING PUBLIC GOOD WILL IN A WAR CRISIS

By F. F. PIERCY, M. D.

A wedding carriage drove through the streets the other day carrying a bridal couple. Inscribed in chalk on the back were the words "Result of loose talk."

This is no time for loose talk. The medical profession, which we love, which has served mankind so faithfully for centuries, and from which now we earn our livelihood, is facing two major crises, the first of which may hasten the arrival of the second.

The first crisis, already upon us, is that fifty percent of our profession which is here at home must try to do for the public what a hundred percent of us did before. Many of us at home are at an age when we had expected young and willing shoulders to take over the load. The public, busy like ourselves, finds it medical service delayed, sometimes reluctantly given or not given at all. How are we going to maintain good will so that this public, under stress, will not demand another system of medical care to their own disservice as well as our own.

The second crisis has been brewing ever since the New Deal Administration came into power. If you believe in Socialism it is logical to substitute Security for Liberty of the individual. Certain other steps are then logical too, socialized insurance, socialized control of the farmer, of banking, of all industries and all business. The next step is to get control of the professions. Labor is so far exempt since it is the tool being used to bludgeon the others into submission. When it has served its purpose, labor too will be under what is called social control. The field of private initiative grows ever more and more narrow. The field covered by government ever more wide.

If you believe as I do, that the great difference in progress in Eur-

ope and in America lies in the freedom of initiative here for the average American, you will oppose any effort to tighten that ring of government control.

The men of our profession have, on the average, spent more years in preparation for their work than those of any other business or profession. It is most necessary that they should but it requires many years of their adult life. This sacrifice as well as the great financial cost gives us perhaps a justifiable feeling of superiority. Have we not the right to expect that our rewards should be in comparison? But as Winston Churchill has said, "The price of greatness is responsibility." We are responsible for giving real service to the public so that it can never be said of us that we are giving it without sympathy or feeling but only for the remuneration which we receive.

There is an old saying in business, "The customer is always right." I have found that a very good rule to use in medicine too wherever possible, and certainly now, when every dissatisfied patient is a possible booster for the socialization of medicine, we must seek to please wherever humanly possible. That is just common sense.

We expect to be well paid but we must give outstanding service and consideration in return. We cannot stand at the top on our reputation alone. I fear that there has been some tendency to give too little time to the individual patient and less study but more dependence upon laboratory findings and radical surgery. Sometimes we forget that our profession has its psychological as well as its scientific side. That we must deal with minds as well as bodies. Relieving the patient from mental strain earns for us not just money but gratitude, esteem and the affection of our patients.

What makes a great doctor? One of my college professors said, "It takes three characteristics to make a great doctor. Tact, skill, and personality. If you have any one of these alone you will be a failure. If you have any two of these you will be a good doctor and a fair success. If you have all three nothing can stop you from reaching the top."

Nothing pays a doctor bigger dividends than showing a sympathetic interest in the case and in the family. This is where tact and personality play a big part. Neglect or a lack of sympathy is often only in the mind of the patient but even if only fancied can do harm.

I have asked many people, "What are your criticisms of the medical profession and what is the public saying that causes certain public officials to push socialized medicine." The answer that stands at the top is, expense, sending patient from doctor to doctor, waiting too long for service, lack of interest and understanding.

One man gave this interesting reply, "I hear but very little criticism and I think the medical profession is held in higher esteem than any other group. The doctors stand highest, the lawyers the lowest, and the teachers and preachers in between. The politicians no standing at all.

The American people want and demand the best. Medicine as well as industry has become a highly specialized affair yet the family doctor still has an enviable position in every home, however, no longer can he fit himself to take care of every sickness. The one that tries it often finds himself and his patient in serious trouble through failing to recognize the seriousness of the case early in the disease. Now most physicians recognize that certain cases need the services of a specialist. If the patient has more than one complication he may need to see three or four men but when he is through he has gotten the best.

All agree that it is better than the old way. More cost? Not for what the patient gets. The patient has expert judgment of several men in place of one. Group practice would not change this situation. I wonder if we do not grumble whenever anything costs us money?

My inquiries brought one suggestion which I think is good. It is this. "When you see a growing trend in the public mind and you know that sooner or later a public demand is going to be made and a law formulated and passed, it is much better to recognize this trend early, guide it, and make your own rules and a law of your own liking than let some politician do it, for he will put in many undesirable features." We lost an opportunity by not leading in hospital insurance. Would a similar arrangement be an answer to socialized medicine?

From my childhood to the present I have often heard these remarks, "The doctor won't tell us anything" or "I do not believe what he said." I am glad to say one seldom hears that today, for it is unsatisfactory to the patient and bad for the doctor. This improvement is largely due to the doctors themselves. Most medical men would like to tell the truth if allowed to do so. Fortunately now through X-Rays and Laboratory tests we know the truth and there is no need for mystery or secrecy.

I believe that doctors should be honest with patients even when it is hard to do so and that when a diagnosis is made the patient has a right to know three things, first, can he be cured, second, can much or little be done, third, can nothing be done. The greatest compliment that a doctor can be given is "You can believe what he says."

Unfortunately some patients and some intelligent ones too will make the rounds of the doctors and even go to distant cities spending all their money finally coming home disillusioned.

sioned, ready to die, realizing too late the high cost and folly of this procedure.

Such a case was an old man with cancer of the larynx coming for help too late. He was told he had but a few months to live. The family was advised to do everything to keep him comfortable and keep him happy. Not satisfied they started out to find a doctor that would promise help. They found one in a distant city. A few months later, money gone, the patient in a dying condition was brought home. Did the last doctor do right? Should the first doctor have strung him along? I feel that the first doctor did the right thing.

Another hard question for the doctor is, should you tell the patient, for example,—If he has T.B. or a cancer, if there is hope of his recovery? I say yes and very positively. It will be a shock but they will soon get over that. It is up to the doctor to paint the picture with roses and tell them it is up to them. They can get well if they will co-operate. A lady came in to the office with a large swelling in her throat where a tonsil had been removed earlier. After a biopsy she was told it was malignant. But everything was fully explained. She left the office weeping audibly. The office force criticised the doctor severely saying the truth was inhuman and unnecessary but the woman followed directions and now after two years is one of the happiest women in town.

A doctor can tell the truth to an intelligent patient and get results. It is not enough to just tell the relatives.

A much harder question is, if there is no hope should you just tell the relatives or should you tell the patient also? I feel that when my time comes to go across the great divide I want to know it. I want to be sure my house is in order. I can see where it might save some patients worry but if you do it all seems well for a

time but sooner or later the patient begins to suspect and soon he knows and he realizes that you have deceived him. During the rest of his illness he has no faith in what you say, but worse than this, sooner or later, the friends and relatives are going to get sick and knowing how you deceived this patient will have no faith in your words in regards to themselves.

Bald facts or naked truths without explanations sometimes give false impressions. A patient may have T.B. or cancer or a child be so hard of hearing that he cannot get along in school but it would be very unjust and unfair to the patient for the doctor to stop there. He should tell the patient with T.B. how he can live a long and useful life. Give the cancer patient the hope that he can be cured, if there is hope. Tell the hard of hearing child how useful hearing can be restored. Be kind, sympathetic but truthful. Send the patient away not in despair but with the determination to fight and win.

The longer a doctor practices the easier it is for him to be frank and tell the truth. The old doctor can say, "I do not know." The young doctor feels he must appear to know everything. In medicine we know that most patients will recover if given half a chance. In most cases it is a winning fight. When we supplement the ever active power of nature with the help and wisdom of the practice of medicine.

How do people choose their doctors? Many times by what friends and neighbors say. When a patient fails to show up for an operation or an appointment it may be just an idle remark over the bridge table or a story based on ill founded gossip. Seldom do we hear, "I came to you because of your ability."

Perhaps you as doctors wives may have a part in their decision. You as beneficiaries of the profession

(Continued on Page 257)



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 Lt. David D. Calucci (Address Wanted).
 Major E. F. Hardman, M.C., Sta. Hosp., Morris Field, Charlotte, N. C.



Honor Roll



Lt. Morris I. Heller (Address Wanted).
 Capt. Sanford Kronenberg, Hotel Guyon, 4000 Washington Blvd. Chicago.
 Capt. Henry C. Marisco, M. C., 1560 S. U. Medical Section, Sta. Hosp.,
 Camp Atterbury, Indiana.
 Lt. John T. Murphy (Address Wanted).
 Major Stephen W. Ondash, M.C., 4th Aux. Surgical Group, Lawson Gen.
 Hospital, Atlanta, Georgia.
 Capt. A. K. Phillips, Patterson Field, Fairfield, Ohio.
 Capt. Joseph Sofranec, 0489202, 110th Station Hospital, A.P.O. No.
 3385, c/o Postmaster, New York, N. Y.

St. Elizabeth's Hospital Nurses

| | | |
|---------------------|-------------------------|--------------------|
| Regina Aleksiejezyk | Virginia Frame | Josephine Malito |
| Rita Baben | Hilda Gherasin | Shirley O'Horo |
| Ruth Billock | Mary Grace Gabig | Alma Pepper |
| Bettijane Binsley | Irene Griffin | Marie Perfett |
| Roselyn Block | Ann Hassage | Congetta Pietra |
| Margaret Brinsko | Ann Heiser | Ann Pintar |
| Ursula Burke | Margaret M. Hogan | Teresa Schlecht |
| Betty Lou Butler | Catherine Holway | Anna Sullivan |
| Eleanor Cassidy | Mary L. Kelley | Susan Vanish |
| Ann Chmura | *Mary Klaser (Deceased) | Rose Vertucci |
| Mildred Clarke | Helen Kral | Irene Vassey |
| Catherine Crogan | Mary Lubonovic | Ann Walko |
| Helene Dlubos | Mildred Lymburner | Mary Louise Yamber |
| Ann Dorsey | Mary McCambridge | Ethel Yavorsky |
| Catherine Doyle | Clara McNeish | Helen Zamary |
| Irene Daffey | Eileen Magill | Helen Zerovich |
| Mildred Engel | Theresa Magyar | Mary Ziroff |
| Mary Fehrenbaugh | Margaret Maletic | |

Youngstown Hospital Nurses

| | | |
|----------------------|----------------------|---------------------|
| Mabel Anderson | Rosemary Hogan | Mary Resti |
| Ellen Andre | Frances Bulla Holden | Ruth Rider |
| Ethel Baksa | Mary Hovanec | Marie Rolla |
| Dorothy Barner | Elizabeth Hudock | Rose Rufener |
| Mary Berkowitz | Irene Janceski | M. Schnurrenberger |
| Suzanne Boehm | Agnes Keane | Mary Margaret Shore |
| Stella Book | Kathleen Kemerer | Ruth Simmons |
| Betty Boyer | Katherine Keshock | Mary Louise Smith |
| Florence Brooks | Eugenia Kish | Mary Stanko |
| Miss Dorothy Buckles | Lois Knopp | Donna Stavich |
| Ruth Burrage | Irma Kreuzweiser | Stella Sulak |
| Victoria Dastoli | Jessie Lane | Mary Taddei |
| Margaret Davis | Marietta Leidy | Freda Theil |
| Dorothy Dibble | Vivian Lewis | Ursula Thomas |
| Mary Dudzensky | Olive Long | Rebecca Ulansky |
| Miss Nellie Duignan | Ruby Lundquist | Anna Vanusek |
| Margaret Fajak | Jeannette McQuiston | Madaline Vranich |
| Ruth Friedman | Hilda E. Mort | Agnes Welsh |
| Sally Friedman | Frances Moyer | Eleanor Whan |
| Ethel Gonda | Helen Ornin | Edna Williams |
| Evelyn Louise Hablen | Dorothy Oswald | Pearl Yanus |
| Elizabeth Heaslip | Anglynne Paulchell | Mildred Yocum |
| Mary Ann Herzick | Edna May Ramsey | Jennie Zhuck |
| Gertrude Hitchcock | Lucille Reapsommer | |

We are sending the Bulletin first class to our men in service and request that they acknowledge receipt of it. We at home will always be grateful to our Service Men for a word for the Bulletin. We hope to receive many letters from our men each month. We would welcome letters from our nurses, too.

CLAUDE B. NORRIS, Editor

Phone 37418

November Program

Speaker:— DR. R. A. McGUIGAN

Lt. (Mc) U.S.N.R., Great Lakes Naval Hospital

Subject:—"Modern Treatment of Battle Casualties"

Youngstown Club, Tuesday, Nov. 16th, 8:30 P. M.

Pearl Harbor means heroism, drama, tragedy. So that anyone who was there on that eventful day in December seems to share in all these, including tragedy. Our speaker was there and participated heroically in that tragic drama. For that alone we would receive him most gratefully.

But luckily another motivation makes us happy that Lieutenant McGuigan is to be with us. That is that he is a really scientific medical man, and will bring us a down-to-this-day discussion.

Dr. McGuigan's home is in Evanston, Illinois. He is an alumnus of Northwestern University, 1932, and received the degrees M.D., and C.M. from McGill, in 1937, and M.S. (Med.) from the University of Illinois, in 1938.

He has made a study of temperature and of calcium salts, in the presence of Digitalis, and has submitted a paper on each of these subjects. Dr. McGuigan is a co-author of a work on *Materia Medica and Therapeutics*.

Dr. McGuigan entered active duty in the Navy in August, 1941. He was present at Pearl Harbor on the day of the Big Treachery. He has been awarded medals for "American Defense," "Pacific Asiatic Theatre," and "American Theatre." We shall all want to greet Lt. McGuigan on Tuesday Evening, Nov. 16th.

(Incidentally, the young females in these parts have cardiac thumps, on looking upon the speaker's picture!)

COMING PROGRAMS

Wars can't stop us. Our programs for the first months of 1944 are taking shape, and they look good.

In January, Dr. Harvey has the promise of Dr. W. W. G. Maclachlin, Pittsburgh, to address us again on Pneumonia. Dr. Maclachlin has twice previously discussed this subject before us. He is a great favorite with us, and we are lucky that he is willing to come to us again.

Then, in February, Dr. Sedwitz brings Dr. Emil Novak of Johns-Hopkins. Dr. Novak has also honored us before, and he is always tops. We are already much indebted to him. This visit will add still more to our scientific progress and our appreciation.

Tentatively, Dr. E. C. Baker, program chairman for next year, says that the programs for March, April and May are set up, also. Changes may have to be made, of course. But these can't be avoided in times such as now. Of one thing we are sure, everybody is doing his best and that includes both our own men and the able, hard-pressed, but always-willing speakers.

Maintaining Public Good Will

(Continued from Page 251)

make a part of the picture which leads or does not lead to a particular doctors office.

You have a part too in your husbands' thinking in regard to his life's work. For you can help him to see the picture clearly now that we are in the midst of the stormy weather of this hour of crisis. Keep putting yourself in the patients place when the doctor is delayed and your routine is upset.

Our profession is looked up to but we are also the target of much jealousy. Our place in the community has been built up by centuries of faithful service by the medical profession yet it can be taken from us very quickly by a jealous, selfish public hoping to get a great deal for nothing. There are men whose stock in trade is selling ideas, and if an idea can be sold by stressing the angle of a great deal for little cost without ever telling the actual loss of the ultimate cost the idea becomes irresistible, for people love to get something for nothing. The politicians know it all too well.

I fear socialized medicine is being pushed mostly by politicians. I have heard of only two other groups asking for it, government employees and union officials.

The average health expense of the American family of four is not high but when the expense normally spread over several years happens to come all in one year the burden seems heavy. The government figures the cost at twenty-five dollars a year in the new law that it is trying to get congress to pass. This is less than the average family spends on shows, cigarettes or liquor. All of which are luxuries not necessities.

As a profession we have perhaps been too slow in educating the public as to the why of the increased cost of sickness. During my span of

medical practice I have gone from the day when I carried all my medicine on my shelves, cared for patients in their own home, with a nurse only in rare cases, there was practically no drug bill or nurses' bill, or hospital or consultants fee for the family to pay.

We hear complaints of five hundred dollar doctor bills today and people think of this as all going to the doctors. Actually it is divided something like this:—One hundred and fifty dollars to the hospital, nurses two hundred, laboratory fifty and doctor only one hundred but have we ever stressed that in our talk or in print? Or that modern medicine requires the use of many hands and many instruments? All of it expensive. We could practice the old way at little cost but who would be satisfied?

So now in America as in Russia a few years ago it is proposed to lower the professional man to the rank of hired labor. Rob him of his position of honor and independence and say "now work where and how we tell you." The end result will be that only those who have no outstanding ability will seek this profession. Others will seek one where the rewards are commensurate with the years of effort and expense.

Does the public know that the doctor is unable to collect twenty-five percent of what he earns. That the overhead of a well-equipped down-town office takes another twenty-five percent and the taxes today are taking forty to fifty percent of the remaining half? At the end of a hard day we sometimes wonder if the quarter we get to keep from each dollar earned is worth the effort? No doctor attains great wealth from his practice. There are no millionaire doctors and even fewer old ones. Many envy the successful doctor yet few know the terrible price he is paying for his popularity and the greater the popularity the great-

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er the price. The cost is five years of his life perhaps ten. Friends say take more time off. Do not work so hard. But it is not that simple. People come to depend on one, one becomes a public institution in a way one is a soldier. There is a duty to perform and although it leads to the grave one still carries on. Yet our government would cut down the reward of our working years and this in spite of the distinguished work being done on every battle front by our medical service. Their reward is to be narrowed opportunity upon their return to civilian life.

So we have an educational job that needs badly to be done, and done quickly if we are to maintain the status quo, perhaps you can help there in forming public opinion.

To summarize: Since we are under attack let us conduct ourselves above reproach and with care and a good judgment. Let us educate the public as to the why of increased cost of medical care. Let us serve the public to the full extent of our capacity for only those who truly serve the needs of men deserve to be well rewarded.

Our Ladies of the Auxiliary

By MRS. PAUL FUZY

The Women's Auxiliary to Mahoning County Medical Society had their first Fall Meeting, a luncheon, Monday, October 18, at Women's City Club.

The president, Mrs. F. F. Piercy, presided. Hostesses were Mrs. W. O. Mermis, Mrs. R. E. Odom, and Mrs. Walter Timms.

Dr. W. M. Skipp explained the Wagner-Murray Bill.

Dr. F. F. Piercy presented a paper, "Maintaining Public Good Will in War Crisis."

Mrs. W. D. McElroy and Mrs. J. J. McDonough gave reports of the Doctors in Service.

Plans were discussed for serving at U. S. O. on Sunday, Oct. 24th.

The Women's Auxiliary to Mahoning County Medical Society were hostesses at U. S. O. Sunday, Oct. 24th, 1943. Over 1000 servicemen were served sandwiches, home-made cake and coffee. The chairman, Mrs. E. H. Hake, and co-chairman, Mrs. C. D. Hauser, were ably assisted by about thirty members.

From Our City Healthier

October 29, 1943

Dear Dr. Norris:

Enclosed you will find a photostatic copy of a letter I recently received from Dr. R. H. Markwith.

Many of our colleagues seem to be unaware of the different types of containers furnished by the Ohio Department of Health and I believe it would be a good idea to reproduce this letter in the Bulletin.

Yours truly,

Robert G. Mossman, M. D.
Health Commissioner.

THE LETTER

Sept. 8, 1943

Health Department
City Hall

Youngstown, Ohio:

Attention: Dr. R. G. Mossman,
H. C.

Gentlemen:

We are enclosing a letter to Dr. W. Stanley Curtis, which is self-explanatory. Evidently you are not aware of the various types of official containers supplied by the Ohio Department of Health. A complete list follows:

| | |
|---------------|--------------|
| Agglutination | Malaria |
| Feces | Serological |
| Darkfield | Tuberculosis |
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We suggest that you order the various types needed to fill the requests of local doctors so that we may render speedy and efficient service.

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IMPORTANT NOTICE

Both contestants for mayor, Mr. Arthur Williams and Mr. Ralph W. O'Neill have asked the Society to submit the names of candidates for appointment to the following offices:

| |
|--|
| <p>Health Commissioner City Physician Police Surgeon</p> |
|--|

for the next term of four years.

Those members of our Society wishing to serve in any of these offices, please submit their names to the Secretary of the Society, Dr. G. M. McKelvey, not later than December 1st, 1943.

MEDICAL-DENTAL BUREAU TAX CORNER Farms and Hobbies

If a farm is operated for profit or for pleasure, and produces a profit that profit is taxable. If a farm is operated for profit, and its operation results in a loss, that loss may be deducted from other taxable income, in the net taxable income. If, however, a farm is operated for pleasure, or as a hobby, and its operation results in a loss, that loss is a personal one, and may not be used to reduce taxable income.

Anyone operating a farm should, therefore, be sure that the method of operating is like that of a person trying to make a profit. Efforts should be made to produce income and to reduce costs and expenses. A file should be made of advertisements of products for sale. A record of cash receipts and disbursements should be kept. Expenditures should be on a scale that would be indulged in by a business man. Extravagant and unnecessary expenditures indicate that profit is not an important consideration.

There are several approved methods of recording and reporting farm income and expense.

All of the foregoing rules apply to other hobbies which may be operated for pleasure or for profit or for both. Among these hobbies are horse breeding, dog breeding, pigeons, and semi-commercial golf courses.

CHARLES F. AXTMANN.
(Pd. Adv.)

FROM OUR DOCTORS IN THE SERVICE

September 10, 1943

Dear Claude:

Greetings from Utah. We are definitely in the fall season. Cool nights, comfortable warm days, no rain for several weeks, and frost in the mountains. The autumn tints are in evidence on mountain sides and in canyons.

The pace in the hospital has been quickened. The professional staff of the E. E. N. T. Dept. for this 2,000 bed hospital and the Out-patient Clinic now consists of one E. N. T. officer and two Eye officers. One of the latter officers is a little too old for prolonged high speed production.

We are seeing many interesting and some difficult eye cases. The contact with other professional departments is so close that one has the benefit of a limited refresher course in general medicine and surgery. Military law and administration are added for good measure. An occasional Prisoner of War as a patient makes variety.

Sincerely yours,

John E. L. Keyes, Major, M. C.
(Dr. Keyes presented a paper on "Recent Advances in Clinical Ophthalmology" at the Annual Meeting of the Utah State Medical Society at Salt Lake City, August 28, 1943.)

*

San Marcos, Texas, Oct. 11, 1943

Dear Claude:

We continue receiving the Bulletin and are very eager about getting to it when it arrives.

I am still fighting the Battle of San Marcos down "heab" in Texas. We are told that if we remain in this state fifteen more days we will become "shou'nough" real Texans. However, I have my doubts. Regards to all our friends.

Herman.

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SINCE LAST MONTH—

Dr. and Mrs. D. H. Smeltzer and Dr. and Mrs. J. C. Hall spent a short vacation in Baltimore attending the Navy-Duke game.

Dr. E. J. Wenaas, Dr. J. C. Vance and Dr. H. E. Mathay had a week's stay at Old Hickory Lodge, at Covington, Va. Dr. and Mrs. Wenaas spent a short time at Hot Springs, Va.

Dr. and Mrs. A. J. Brandt have been vacationing in New York.

Dr. Paul J. Mahar recently took a post graduate course in electrocardiology at Columbia University.

Dr. Louis S. Deitchman has been transferred to the Army Air Force Western Technical Training Command at Sheppard Field, Texas.

Esther Writes About Us:

"Within a few days two naval lieutenants home from the South Pacific, Charles P. Cervone and David Carroll, have spoken highly of Lt. Stanley Myers, a Youngstown native now with the armed forces. Both boys told of his fine work out of their personal experiences. And not just because he's a Youngstown native either. They contend 'all the boys were convinced he knew his stuff and if there was a chance for them he'd see they got it'."

Major Gordon Nelson, writes to "Esther" in his tent on "Goat Hill" in Oran, North Africa. "A few days ago an arm full of Vindicators arrived and I had a grand time getting the low down on news as it occurred in August, 1943. Things in Africa are interesting and novel if not convenient. The Arabs are an interesting lot. I always knew that soap and water were scarce here but I didn't know it was that scarce. It is beyond belief what the Red Cross is doing here. That is one place where we can get good old American ice cream at regular intervals as well as sandwiches, coffee, lemonade, doughnuts

and so on. Every penny that is contributed to that organization is really doing a fine job. Regards to everyone."

The Bennetts Ran Away—

To Chicago for the week of October 10th to 16th,—as guests of the Drake Hotel for brief "naps" between tough sessions of the course on Endocrinology, given at the Presbyterian Hospital by the University of Illinois. Dr. Bennett pronounced this course "great," but it allowed very little time for extra-campus activities, running from 8:00 A. M. to 10:30 P. M. Nevertheless, Dr. Bennett says it was worth it,—and more!

Mrs. Bennett brought greetings from Major Ivan Smith, stationed at Billings General Hospital, Ft. Benjamin Harrison. Ivan was contrite and penitent,—and "excuseful" of his negligence of his pals back home in not writing to us. (O. K., Ivan, but hurry and make amends!) Dr. Smith has Mrs. Smith and their children with him and is happier now than at any other time since he joined up.

Dr. Bennett met, also, Lt. John Renner, who is at Great Lakes Naval Station. John looks good and is very happy. We had a nice visit from John shortly ago—and we hope to have a letter from him soon too.

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Zilch: "Louis XV, sir."

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