



"God grants liberty only to those who love it, and are always ready to guard and defend it."  
—Daniel Webster.

# BULLETIN

of the  
**Mahoning  
County  
Medical  
Society**

Vol. XIV      No. 6  
June          1944

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## PRESIDENT'S PAGE

Of great importance to the people of Mahoning Valley, is the effort put forth by interested and representative parties in gallant endeavor to get a "Receiving Hospital" for the mentally sick of the Mahoning Valley and adjacent territory. The Mahoning County Medical Society, as usual, is well represented in using their influence in order to achieve this goal.

The Council of the Mahoning County Medical Society voted to give all-out aid in the staffing and management when the Receiving Hospital becomes a reality. At a special Council meeting, the following resolution was passed:

## RESOLUTION

WHEREAS, The State of Ohio has an opportunity to acquire, upon a favorable basis, the so-called Youngstown Municipal Hospital, to be used and operated as a Psychopathic Hospital for early and incipient cases of mental disorders; and,

WHEREAS, The need for such an institution is obvious and urgent, and has been so for many years; and,

WHEREAS, The disposition of the said hospital, by the City of Youngstown, will be a prudent financial move; and,

WHEREAS, The Mahoning County Medical Society is assured that the family physician may follow his patient into the institution, when desirable, thus aiding the Psychiatrist in charge, relative to the general physical welfare of his patient; and,

WHEREAS, No legal proceedings to commit the patient to this institution will be necessary, thus avoiding the stigma attached to such a formal commitment of record; and,

WHEREAS, We are led to believe that the management and conduct of the institution will be non-political:

We, the Council of the Mahoning County Medical Society therefore resolve that this council recommends to the Mahoning County Medical Society that the Society and its members give hearty and sincere co-operation to the staffing of the institution, on a basis similar to the arrangement which now obtains with our local general hospitals, and that the Mahoning County Medical Society endorse the plans and purposes herein set out.

On May 26th, a committee consisting of City Officials, representatives from the local hospitals, officials of the Mahoning County Medical Society and the Youngstown Chamber of Commerce, held a conference at the office of State Welfare Director H. R. Mooney, Columbus, Ohio. Mr. Charles Sherwood, advisor to Governor Bricker, was also in attendance. Mr. Mooney says a receiving hospital plan for diagnosing mental illnesses in early stages would be a great help to state institutions.

On June 6th, Sister M. Germaine, Superintendent of St. Elizabeth's Hospital, Mr. David A. Endres, Superintendent of North and South units of Youngstown Hospital, Dr. E. H. Nagel, President, Mahoning County Medical Society, Mr. R. B. Collins, representative of the Youngstown

(Continued on Page 175)



## Editorials---

### Dr. Genevieve Delfs

A couple of kids (Genus homo (fems)), thirteen or fourteen years old then, decided together that, by golly, "gals or no gals," they were going to be doctors. They decided that very thing, and they did it in the grand manner.

Dr. Genevieve Delfs, our speaker for this month, and her cousin, Dr. Elinore Delfs, were the two Canfield school girls who swore, each to the other, her fealty to that solemn vow. So that today Dr. Elinore is the Staff Obstetrician at Johns-Hopkins and Dr. Genevieve is one of our own members, an authority of consequence—and is widely so recognized as an expert on nutrition. Dr. Delfs studied with Dr. Tom Spies, who rates her as tops. (Dr. Delfs home folks say that they at home subsist on bananas and mashed potatoes. But they admit that they "live-to-eat," while their famous daughter and sister, admitting that there is more fun that way, insists that one lasts longer if one "eats-to-live!")

Anyway, the speaker is no longer a "kid," nor should we refer to her any more as a "gal." She is an elegant lady, highly trained in her work, and a first rate speaker. We shall be happy to hear her,—and profit greatly by her instruction.

\*

### Dr. Maine Wins

The courts recently rendered the decision that Dr. W. E. Maine is legally entitled to serve as Commissioner of Health of the City of Youngstown. Dr. Maine has entered upon his duties. Thus ends the contest in which his predecessor, Dr. R. G. Mossman, asked for a court review in order to determine once

and for all, just what the status of the Commissioner is as to tenure of office.

The Mahoning County Medical Society is glad that the issue is settled. The Society assures Dr. Maine of our whole-hearted support. His success is our success and also, that of the whole community. Such is the spirit of our way of doing things. That's democracy. We differ but we work together after all.

Congratulations, Dr. Maine. We wish you splendid success and pledge you our loyalty and co-operation.

### For the Duration

(The Kansas City Medical Journal)

Away with the "For the Duration" excuse. It implies that we will return to our accustomed ways before the war. There will be no return to our accustomed ways. "For the Duration" implies that a status quo has been disturbed while we are fighting a war and that we can return and finish our daily bread afterwards. There will be no more status to the quo under any circumstances.

"For the Duration," for me, means that I will agree to stand just so much annoyance and discomfort until I can arrange something more agreeable. "For the Duration" is just trying to fit square heads into round holes until I find the square holes for the square heads and then mine can go round and round. Must I declare a suspension of ambition, knowledge, thrift and ingenuity for the duration?

This "For the Duration" is a nuisance and I want no more of it. It is not new to me just since this war, either. The duration is just that span of time that it takes me to get out of

(Continued on Page 177)



## CHOCOLATE COATS *for Ice Cream Klondikes*

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# ISALY'S

*"Ends the Quest for the Best"*

## MEDICAL INDEMNITY

(The author of the following article withheld his name. But because of its timeliness and interest we have decided to print it, contrary to our usual practice.—Editor.)

Medicine is a phase or function of Society, into which it must fit harmoniously. The present tendency of society is to provide the individual with more of the comforts of life and greater security.

The medical profession is in agreement with the above. However, until now the profession has been engaged solely with making its contribution to this program by alleviating suffering.

Because of certain tendencies in society which have developed in the last decade, leaning toward governmental provision of comforts and security, it behooves the medical profession to align itself with those elements in society which prefer that progress emanate from private initiative rather than governmental ukase.

Granting the above, medical men should concern themselves with the means of implementing comforts and security to the mass of people. Ordinarily they would probably prefer that the development of such means be left to those trained in the business of insurances. However, the administration forces have elected to utilize the medical care program as a political adjunct to their perpetuity, so that inertia and indifference on the part of the medical professions is no longer a tenable position if the practice of medicine is to escape bureaucratic control.

This, broadly, is the condition confronting us throughout these United States. Each local group has been importuned to do something in this emergency and with characteristic myopia we have each seen but the problem on our door step. This myopia has prevented our recognizing the whole problem. 1st—That this movement for medical prepaid preparedness is wanted by the large

majority of people, well-to-do as much as or more than the extremes of rich and poor. 2nd—That the majority of people prefer to continue in the established relationships of doctor and patient. 3rd—And most important that unless a workable means of securing medical indemnity is provided promptly, this majority who are now our silent allies, will perforce swing with the administration program as representing something tangible.

The National Physicians Committee now operating in its third or fourth year has stemmed the political onrush of the initiators of social security. That they can do so against the large silent (for the present) majority who timely hold the balance of power, is quite unlikely.

The newer organization which has derived from the Lake County Indiana Medical group seems to be made up of "aginers." This problem with its tentacles deep rooted in the problems of human relations, can't be decided by "Aginers."

We need organization not in county units but along state lines, to provide what is demanded, not alone for low income groups (\$2400.00 per year or less) but for all self-respecting Americans. True the insurance groups provide hospital indemnity, but, it is hedged so completely by restriction that a strict interpretation of the average policy leaves but little likelihood of aid to the subscribed. The plan so successfully followed by the Hospital plans in extending hospitalization to any enrollee, when covered, is the ideal one. Similar coverage could be given for surgical conditions. Let us scrap the enabling act in Ohio and instruct our State society to incorporate an insurance plan operating under the provisions and regulations of the State Insurance

Commissioner. Several methods of doing this are available. True it would require the posting of a rather large operating amount, but through our state organization and its component County Societies this could be done.

Details are too numerous to elaborate here. However, there isn't a requirement of the State Insurance laws that could not be complied with. True we would be in competition with the insurance companies. So be it, they have the incentive of making money for their stock holders, we would have the incentive of maintaining the practice of medicine in its age-old manner, plus the stimulus and merit the changing demands of society. When was medicine ever defined as a static profession?

### Technique of Our Doctors Improved by War Service

(Red Cross Magazine)

Tremendous strides are being made in medical science as a result of the experiences our doctors are undergoing in the various theaters of war.

The exigencies of war, and the new techniques war has developed has given our young doctors experience in a short time which would take them years to acquire in peace time.

How the experience gained by our young doctors under war conditions will play an important part in raising the health of the nation in peace time is told by Albert Q. Maisel in "Doctors On the Fighting Fronts" in the February issue of *Cosmopolitan Magazine*.

"When victory has been won the doctors too will return from the war," the writer states. "But they will be a new kind of a doctor, practicing a new and better kind of medicine. War is changing our physicians, changing many of them in ways that even the doctors themselves do not suspect."

One of the immediate benefits which our civilians will derive from the war experiences of our physicians will be improved treatment of malaria, and of the diseases which can be treated with malaria.

Forced to learn as much as possible about this tropical scourge, our physicians, on their return to peace time practice, will find their knowledge of tremendous advantage in treating the various diseases which yield most readily to malaria itself.

Discussing this phase the writer tells of the experience of a Navy doctor he met in the South Pacific.

"He had seen and studied and treated in a short time more cases of malaria than he would have encountered in a lifetime back in New York," he writes. "Already he was planning new experiments and new studies, and thinking ahead to the years after the war when the insight that had come to him would help him in his work at home."

The importance to our civilian population is pointed out by the writer who calls attention to the fact that many of our service men who will be discharged as cured will harbor the malaria parasite for years.

"We will need expert malariaologists in our post war world to see to it that large regions of our country now malaria free do not become reinfested," he states. "There is another reason why the new learning that is coming to our Army and Navy doctors will be important to you. For malaria is not merely a menace; it is also a cure. Doctors give it to their patients deliberately, so that its fever may aid in the cure of several diseases. When they let this genie out of its bottle to work good, it becomes mighty important that the doctors in control know a great deal about their 'curative' disease. In the post war world we are going to be far safer from malaria-and with malaria- than we have ever been before."

**Read, Clip, and File American  
Bar Association's Report on  
Current Wagner Bill**

(Pittsburgh Medical Bulletin)

Senators Wagner and Murray and Representative Dingell, co-authors of S.B. 1161 and H.B. 2861, as well as other New Deal supporters and newspapers have repeatedly denied the truth of statements by critics of the bill to the effect that under its provisions "you may not select your own physician or hospital."

For incontrovertible support of the quoted criticism we quote from the American Bar Association's report on parts of the Wagner Bill (see Journal of the American Medical Association, March 11; also Pittsburgh Medical Bulletin of the same date).

"Senator Wagner's Statement Not Accurate.—Of course Senator Wagner does not have time to engage in the exhaustive studies necessary to enable him to discuss fully the effect of socialized medicine in this country and throughout the world. He must of necessity depend on his staff to provide these studies for him. He doubtless depends also on others who are active in promoting the measure. Those who have assisted the Senator are not entirely accurate in some of their statements, and their conclusions in some instances are entirely incorrect.

"We point out the following inaccuracies in Senator Wagner's statement of June 3, 1943:

"1. Senator Wagner states: S. 1161 is unlike the British proposal, which is the Beveridge plan with all doctors required to be salaried officers of the government.

"The statement is misleading. Both plans look toward a system of medicine supervised, regulated and controlled by the government. Under S. 1161 all doctors will be paid by the government, for in time there will be no private practice.

"2. Senator Wagner states: There is complete freedom of choice of doctor by patient.

"This is incorrect. If either the patient or the doctor named on the panel by the Surgeon General declines to accept the other, the patient is assigned to some other doctor.

"3. Senator Wagner states: There is complete freedom of choice of hospital by patient.

"This statement is incorrect. There is no provision for freedom of choice of hospital. The entire system is under regulation by the Surgeon General.

"4. Senator Wagner states: There is freedom of medical practice for the doctor.

"This is misleading. The plan is so extensive that in time there will be no private practice.

"5. Senator Wagner states: There is freedom of types of remuneration for the doctor.

"This is misleading. The doctor is forced on a salary or on a fee basis or on a combination of the two, as determined by the Surgeon General, who approves the fee tables.

"6. Senator Wagner states: There is freedom of types of remuneration for the hospital.

"This is incorrect. Hospital rates are determined by the Surgeon General with the approval of the Social Security Board.

"7. Senator Wagner states: No doctor is forced into the insurance system.

"This is misleading. He must go into the insurance system or be forced economically to cease the practice of medicine.

"8. Senator Wagner states: No doctor is forced on a salary basis.

"This is misleading. The doctor is forced on a salary or on a fee basis, or on a combination of the two, as determined by the Surgeon General.

"9. Senator Wagner states: Arrangements for obtaining medical laboratory or hospital care would be essentially as they are now in this country, except as to payment out of the insurance fund.

"This is entirely incorrect. The whole medical system is supervised, regulated and controlled by government.

"10. Senator Wagner states: Voluntary hospitals are eligible to participate in the plan.

"This is misleading. They may participate if selected by the Surgeon General.

"11. Senator Wagner states: The system would promote the personal relations between doctor and patient.

"This is an expression of opinion. The experience of foreign countries shows an opposite result.

"12. Senator Wagner states: The Canadian system recently proposed is similar to S. 1161 and has the support of the Canadian Medical Association and the Canadian Hospital Council.

"This is incorrect and misleading. The Canadian plan provides for its *adoption by the provinces* (or states) with a local *full time doctor in charge*. Both the Canadian Medical Association and the Canadian Hospital Council are sharply critical of the plan.

### When Johnny Comes Marching Home

(Pittsburgh Medical Bulletin)

"Never," said Winston Churchill, coining one of his most famous epigrams, "have so many owed so much to so few." He referred, of course, to the defense of England by the Royal Air Force in those desperately heroic days of 1940. The tribute was sincere—it was deserved—and no reward was offered.

We Americans, more mercurial and having suffered so much less, find it necessary to twist our eagle's tail feathers quite frequently, to hear him scream. True, we also have an aggregation of stout-hearted young men in our services who are rendering excellent accounts of themselves wherever they may be—in the air, on the land, on the restless surface of the ocean and in its waveless

depths. They are for the most part modest youths, but by our very idolization of them we are making their eventual return to a civilian status doubly difficult.

It has been the grim duty of occasional generations of youths, in peace-loving countries, to forsake their normal ways of life and to assume the unaccustomed burden of arms, for a time, in defense of the peace that they have always cherished. Their countries owe them a great debt of gratitude for their sacrifices, but they owe them an additional and still greater practical debt—that of helping them eventually to return to useful citizenship so that they may at last enjoy the benefits for which they fought.

The very nature of the hero-worship, for the most part unwelcome and unsought, to which they are subjected tends to unsettle them and unfit them for the necessary readjustment to life on Main Street. As one of our more youthful senators recently remarked to the personnel of a bomber station somewhere in England, "When you come back there'll be nothing too good for you!" We all agree with the enthusiastic young senator, but we wish that his vague promise might have been left unvoiced, and we should like, incidentally, some clear exposition of what we really do owe our men when they return from their complex battle fronts.

The discharge of this debt should certainly assure them peace and security, for that they will have won for everyone, but above all it should extend the opportunity to become rehabilitated as useful, contented, contributing members of a society that they have helped not so much to preserve as to remake, we trust, on a better plane. We do not want them to have a month of adulation followed by a long period of idleness and gradual deterioration punctuated by bonuses, nor do we have the present intention of forcing this year's

heroes back, next year, into the adolescent's social and economic status—although in the past this also has been done.

The conspicuous advertisement of a well known industry now engaged in war work features the thoughts of a young bombardier projected forward to the time when his last bomb is dropped and "tyranny is purged forever from the world." Then he will return to his country and his home, where he wants to find everything exactly as he had left it—even to the missing picket in the fence. Here we have pictured, with the misleading cleverness of the copy writer, the crystallized nostalgia of the boy who is longing for his home as he had known it, with all its faults and imperfections. This may be what he believes that he is fighting for, but actually it must not be. We can not let him waste his time and risk his life to preserve a status quo, nor are we at home leaving our fences unrepaired for him to come home and hang over. Our hopes must be that out of a sorry and shaken world will emerge, through his efforts and our own, a brave new one in which each will have a part to play. That is the best that we can offer our returning men when the time comes, and it will not be too good for them!

—Editorial, New England Journal of Medicine, Oct. 14, 1943.

### State Medicine Waning In New Zealand

(Pittsburgh Medical Bulletin)

The two-year-old free national medical service in New Zealand is not proving successful, newspaper reports indicated on January 24. According to press reports "Dr. W. Newlands, a former member of the national medical council, recently charged that 'some medical men who can not be called eminent received \$50,000 each from the social security fund last year.' Country doctors generally consider their city colleagues are pulling down handsome incomes

for reduced service. Physicians back in New Zealand after years of service with the armed forces have been startled," it was stated. One past president of the medical association is said to have described the situation as "an awful racket." Cases cited by Dr. Newlands include three physicians who, he said, were making incomes equivalent to 73 attendances on patients on every day of the year. This situation of over consultation and markedly higher earnings for diminished service is generally admitted by medical men.

It was one of the developments anticipated by the National Medical Association when the free doctor plan was proposed. It has apparently weighed with Prime Minister John Curtin's Australian nonparty committee on medical care which recently reported to the Australian house of representatives that such systems as that in operation in New Zealand "offered no solution to the problem and were subject to abuses which were very difficult to check." Newspaper reports indicated that the physicians feel that a reasonable scheme can be operated only if political control is avoided and that professional control of the whole field will enable them to check existing abuses which they deplore.

—Federation Bulletin.

### Expidence in Medical Rehabilitation

(The Milwaukee Medical Times)

"Can somebody do something for me?"

It was a young lad back from Guadalcanal who walked into our office a couple of weeks ago with this question. He stated his problem simply, for it wasn't a difficult one, yet he had been wandering about for two weeks looking for someone who could help him.

"All I need is a little bit of quinine. I've recuperated from malaria and I'm ready and able to go back

## June Meeting

**Speaker:—**

**GENEVIEVE DELFS, M. D.**

**Subject:—**

**"ILLUSTRATED TALK ON  
NUTRITIONAL DISEASES"**

The colored slides are being furnished through the courtesy of Dr. Tom Spies, Nutrition Clinic, Hillman Hospital, Birmingham, Alabama. Dr. Delfs served as Research Assistant in the Nutrition Clinic at Birmingham, coming to Youngstown late in 1941 to specialize in Pediatrics.

Dr. Delfs graduated from Oberlin College 1932, from Western Reserve University, 1936.

**JUNE 20th, 1944—8:30 P. M.**

**YOUNGSTOWN CLUB**



to work. Once in a while, maybe once a month or so, I get a little chill and just a little quinine will fix me up. But wherever I go, they want to put me to bed or they put me off some way and I can't seem to get through the red tape to get what I need and get on the job."

Needless to say, the lad was assured of his quinine before he walked out of our office.

That started us thinking. Perhaps there are other cases like this young veteran—~~young~~ young men back from service who need some help, not always a great deal of help, but some *prompt* attention, but who can't cut through the red tape and confusion to get it.

#### MEDICAL ADVISORY BOARD

That is the story behind the Veteran's Medical Advisory board of The Medical Society of Milwaukee County which was set up last week by the Society's board of directors. Designated as the new board is the Society's rehabilitation committee of 13 physicians augmented by certain specialists to comprise a panel thoroughly qualified to handle any of the varied medical and allied problems of the returning servicemen.

The functioning of governmental agencies is slow and entangled with red tape, and the dozen or more non-governmental agencies have lost themselves in the scramble of organization. So while Madison and Washington politicians bid for the appropriations and while Milwaukee county agencies get themselves coordinated, the Medical Society is offering its immediate assistance with no strings attached to any ex-service man who wishes it.

#### NOT ALL ARE REACHED

In a study of the community problem of rehabilitation the Society has found that, although nearly everywhere there is a willingness to help, there are still men who for some reason are not getting prompt service. It may be that the veteran doesn't know where to go, the red tape of

government offices frightens him away, his name was lost in a filing system somewhere, he became tired of standing in line, or non-membership makes him hesitant about patriotic group services—or any number of other reasons.

As a board of private physicians interested in men as individuals and qualified to give sound medical advice, the group offers an expedient service until such time as adequate assistance of this kind is available. Unencumbered by many of the claim procedures and characteristics of the official and quasi-official services, the board will reach cases now overlooked.

#### PROBLEM IS LARGE

The ramifications of rehabilitation are many; the problem is large. It has been estimated that there will be 15,000,000 veterans of this war. According to press reports, 1,300,000 men have been discharged since Dec. 6, 1941. On Feb. 6 of this year William F. Faulkes, state supervisor of vocational rehabilitation, announced that 15,000 handicapped veterans had been returned to Wisconsin and that 2,500 of these have ailments sufficiently serious to make them eligible for help from the State Board of Vocational and Adult Education.

As the war wears on the number will increase. It is estimated in figures published in the Jan. 14, 1944, Congressional Record that the distribution of discharges for physical and mental reasons other than the limited service discharges will include 44.6 per cent neuropsychiatric cases, 11.1 per cent musculo-skeletal, 8.9 per cent infectious and general diseases, 7.4 per cent cardiovascular, 7.5 per cent gastro-intestinal, 8.1 per cent eye, ear, nose and throat, 6 per cent respiratory (except tuberculosis) 2 per cent genito-urinary (except venereal) 1.7 per cent venereal, 2 per cent tuberculosis and .7 per cent traumatism including amputations

(Continued on Page 173)



# Honor Roll



## Doctors from Private Practice

- Lt. Chester M. Askue, Stark Gen. Hospital, Charleston, S. C.  
 Lt. W. H. Atkinson, Jr., M.C., Ft. Huachuka, Arizona.  
 Capt. O. A. Axelson, 01693329, Med. Det., Div. Hq. Co., A.P.O. 253,  
 c/o Postmaster, New York City.  
 Capt. Morrison Belmont, M.C., 01693481, Med. Det., Brookley Field,  
 Mobile, Ala.  
 Major B. M. Bowman, M.C., 0-515181, 81st Gen. Hosp., A.P.O. 872,  
 c/o Postmaster, N. Y. City.  
 Capt. P. L. Boyle, M.C., 0500187, D9, A.P.O. 12845, c/o Postmaster,  
 New York City.  
 Capt. B. M. Brandmiller, 01693331, Hq. Med. Det., 593rd E. B. & S. R.,  
 A.P.O. 565, c/o Postmaster, San Francisco, Cal.  
 Capt. J. R. Buchanan, Sta. Hosp., Hammar Field, Fresno, Cal.  
 Major R. S. Cafaro, 0349741, 97th Gen. Hosp., A.P.O. 647, c/o Post-  
 master, New York City.  
 Capt. H. E. Chalker, M.C. (0205925) 179th Sta. Hospital, A.P.O. 980,  
 c/o Postmaster, Seattle, Wash.  
 Lt. Comm. R. V. Clifford, U. S. Naval Mobile Hospital, Unit No. 11,  
 c/o Fleet P. O., San Francisco, Cal.  
 Capt. Joseph Colla, M. C., Post Surgeon & Comm. Officer, 2542 S. U.,  
 P. O. Box 1142, Alexandria, Va.  
 Major Fred S. Coombs, M. C., Truax Field, Madison, Wis. (Res. 2142  
 Rowley Ave.)  
 Lt. C. H. Cronick, Station Hospital, Maxwell Field, Montgomery, Ala.  
 Lieut. A. R. Cukerbaum, M.C., (U.S.N.R.), U.S.N. Base Hospital  
 No. 3, Navy 140, c/o Fleet P. O., San Francisco, Cal.  
 Capt. S. L. Davidow, M. C., Camp Bowie, Texas.  
 Capt. G. E. DeCicco (0-1693384), 532nd Rgt. Med. Det., A.P.O. 322,  
 c/o Postmaster, San Francisco, Cal.  
 Maj. L. S. Deitchman, 182nd Gen. Hosp., La Garde Gen. Hosp., New  
 Orleans, La.  
 Capt. Samuel Epstein, M.C., (0-342038) 31st Field Hosp., A.P.O. 956,  
 c/o P. M., San Francisco, Cal.  
 Lieut. Comm. W. H. Evans, U.S.S. Rixey, c/o Fleet Post Office, San  
 Francisco, Cal.  
 Capt. B. I. Firestone, M.C., 6th Gen. Disp., A.P.O. No. 600, c/o P.  
 M., N. Y. City.  
 Lt. Comm. J. L. Fisher, (U.S.N.R.), Camp Perry, Williamsburg, Va.  
 Lieut. J. M. Gledhill, 0-296900, 1st Med. Squad. Grp. B, A.P.O. 201,  
 c/o Postmaster, San Francisco, Cal.  
 Major S. D. Goldberg, M.C., 135th Gen. Hosp., Ft. Benning, Ga.  
 Capt. John S. Goldcamp, 0-316784, 44th Gen. Hospital, A.P.O. 4759,  
 c/o Postmaster, San Francisco, Cal.  
 Lt. Comm. M. B. Goldstein, M.C., Main Sick Bay, Nav. Train. Station,  
 Newport, R. I.  
 Capt. Raymond Hall, M. C., Newton D. Baker Hosp., Martinsburg, W. Va.  
 Major H. E. Hathhorn, 0-228588, 83rd Gen. Hosp., A.P.O. 9648,  
 c/o Postmaster, New York City.  
 Capt. Malcolm H. Hawk, M.C., 0-406615, 44th Gen. Hospital, A.P.O.  
 4759, c/o Postmaster, San Francisco, Cal.  
 Major Herman H. Ipp, Sta. Hosp., Army Air Forces Navigation School,  
 San Marcos Army Air Field, San Marcos, Texas.  
 Capt. P. M. Kaufman, M.C., A.S.N. 0481412, 35th Station Hospital,  
 A.P.O. 520, c/o Postmaster, N. Y.  
 Capt. M. M. Kendall, M.C., (0-1693337) 395th Ser. Squadron, 85th Ser.  
 Group, A.P.O. 637, c/o Postmaster, N. Y. City.  
 Lt. J. P. Keogh, M.C., U.S.N.R., U.S. Naval Hosp., Seattle, Wash.  
 Major J. E. L. Keyes, (Bushnell) General Hospital, Brigham, Utah.  
 Capt. S. J. Klatman, 571st Med. Hosp., Ship Plat., Camp Stoneman, Calif.  
 Capt. Herman A. Kling, M.C., Billings Gen. Hosp., Indianapolis, Ind.



## Honor Roll



- Capt. J. B. Kupec, M.C., Sta. Hosp., Peterson Army Air Field, Colorado Springs, Colo.
- Comm. O. M. Lawton, U. S. N. Rec. Sta., 1704 Douglas St., Omaha 2, Neb.
- Capt. L. J. Malock, M.C., Borden Gen. Hospital, Chickasha, Okla.
- Maj. A. C. Marinelli, M.C., Camp Surg., Camp Plauche, New Orleans 12, La.
- Capt. H. D. Maxwell, M. C., Camp Ripley, Minn.
- Major P. R. McConnell, Mayo Gen. Hosp., Galesburg, Ill.
- Major W. D. McElroy, M.C., 32nd Sta. Hosp., A.P.O. 364, c/o Postmaster, New York City.
- Capt. R. H. Middleton, M. C., 1570th Ser. Unit, Med. Detachment, Camp Breckenridge, Morganfield, Ky.
- Passed Ass't Surgeon, (r) A. W. Miglets, U. S. Marine Hosp., Chicago, Ill.
- Lt. Stanley Myers, M. C., U.S.R., Base Hosp. No. 4, Navy 133, c/o Fleet Post Office, San Francisco, Cal.
- Capt. M. W. Neidus, M.C., Hq. A.G.F., R.D. 1, Ft. George Meade, Md.
- Major G. G. Nelson, M.C., 0230600, 182nd Sta. Hosp., A.P.O. 382, c/o Postmaster, N. Y. City.
- Lt. Col. John Noll, Jr., M.C., Sta. Hosp., Jefferson Barracks, St. Louis, Mo.
- Major R. E. Odom, M.C., 0-494870, 821st M.A.E.T. Squad., A.P.O. 5179, c/o Postmaster, N. Y. City.
- Maj. T. E. Patton, Med. Dept. Replace. Train. Center, Camp Grant, Ill.
- Lt. Robert L. Piercy, M.C., 0543543, Sta. Hosp., Camp Callan, San Diego 14, Cal.
- Capt. Asher Randall, 1560th Ser. Unit, Camp Atterbury, Indiana.
- Capt. Clara Raven, M.C., Newton D. Baker Gen. Hosp., Martinsburg, W.Va.
- Capt. L. K. Reed, M. C., Sta. Hosp. Army Air Base, Muroc Field, Calif.
- Ass't Surgeon (Res.) H. J. Reese, Apt. 2006-D, N. Porter Ct., Mobile, Ala.
- Lt. Comm. J. A. Renner, U. S. Naval Hosp., Great Lakes, Ill.
- Capt. John A. Rogers, M.C., 0449653, 262nd Sta. Hosp., A.P.O. 782, c/o Postmaster, New York City.
- Capt. M. S. Rosenblum, M.C., (0-1693517) Sta. Hospital, A.P.O. 848, c/o Postmaster, New York City.
- Capt. J. M. Russell, M.C., Hq. Base D, A.P.O. 929, c/o Postmaster, San Francisco, Cal.
- Lieut. Samuel Schwebel, M.C., U.S.N., U.S.S. Kankakee, c/o Fleet Post Office, San Francisco, Cal.
- Major C. W. Sears, M.C., (0-295896), 313th Sta. Hospital, A.P.O. 553, c/o P.M., N. Y. City.
- Capt. J. L. Scarnecchia, M.C., 01693543, 38th M.R. and R. Sq. 326 Serv. Group, A.P.O. 149, c/o Postmaster, N. Y. City
- Lt. L. S. Shensa, M.C., Lawson Gen. Hospital, Chief, Fever Therapy Dept., Atlanta, Ga.
- Capt. Henry Sisek, M.C., 0417070, 76th Sta. Hosp., A.P.O. 952, c/o Postmaster, San Francisco, Cal.
- Maj. Ivan C. Smith, 0-234333, Billings Gen. Hosp., Ft. Benj. Harrison, Ind.
- Lt. (j.g.) Wm. E. Sovik, M. C., V (g) U.F.N.R., c/o Commander 12th Fleet, c/o Fleet P. O., N. Y. City.
- M. M. Szucs, U.S.P.H.S. (R) Passed Ass't Sur., U. S. Public Health Hospital, Manhattan Beach, Brooklyn, N. Y.
- Capt. Samuel Tamarkin, M. C., A. A. B., Columbia, S. C.
- Capt. Densmore Thomas, M.C., 01693343, A.P.O. 38, Co. B 113th Med. Bn., c/o Postmaster, San Francisco, Calif.
- Maj. W. J. Tims, (0-466186) 10th A.D.G., Hq., A.P.O. 149, c/o Postmaster, New York City.
- Capt. C. C. Wales, M.C., (0-327480) A.P.O. 98, 323rd Med., Bn., c/o Postmaster, San Francisco, Calif.
- Capt. S. W. Weaver, M.C., Sta. Hosp. SAAAAB, Santa Ana, Cal.
- Capt. L. W. Weller, M. C., Sta. Hosp., 1850 SvC. Unit, Camp Chaffe, Ark.
- Capt. John A. Welter, 0-1693346, 437th Med. Coll. Co. (Sep.), A.P.O. 403, c/o Postmaster, New York City.
- Lieut. Com. H. S. Zeve, M.C., (USNR), U. S. Naval Hospital, Navy 117, Box H, c/o Fleet P. O., N. Y. City.



# Honor Roll



## Youngstown Hospitals' Internes

- Lt. W. Frederick Bartz (A prisoner of the Japs)
- Capt. David E. Beynon, 903rd AAA AW Bt'n, A.P.O. 827, c/o Postmaster, New Orleans, La.
- Capt. Kenneth E. Camp, M.C., (01693332) Co. B., 113th Med. Bn., A.P.O. 38, c/o P. M., San Francisco, Cal.
- Capt. Louis D. Chapin, M.C., 0447640, 82nd Gen. Hosp., A.P.O. 515, c/o Postmaster, N. Y. City.
- Lt. Walter V. Edwards, Jr., Ft. Hayes, Columbus, Ohio.
- Lt. Howard R. Elliott, Ft. Benjamin Harrison, Indiana.
- Lt. William E. Goodman, Co. B., 83rd Medical Battalion, 13th Armored Division, A.P.O. 263, Camp Beale, California.
- Lt. Benjamin G. Greene, 152nd Field Artillery Battalion, A.P.O. 43, c/o Postmaster, San Francisco, Cal.
- Lt. James Hamilton, M.C., U.S. Navy, A.P.O. 661, c/o Postmaster, New Orleans, La.
- Capt. Woodrow S. Hazel, Station Hospital, Lowry Field, Colorado.
- Lt. Joseph M. Herbert, Ft. Sam Houston, Texas.
- Capt. Herbert Hutt, 0444445, A.P.O. 7684, c/o Postmaster, N. Y. City.
- Richard P. Jahn, (Address Wanted)
- Major Louis R. Kent, M. C., (0379847) Med. Det., 506th Parachute Inf. Reg., A.P.O. 472, c/o Postmaster, New York City.
- Lt. Sidney C. Keyes, Carlyle Barracks, Pa.
- Ass't Surgeon Robert S. McClintock, U.S.S. Tampa, C.G., c/o Fleet P.O., New York City.
- Major Donald A. Miller, M.C., (0-471307), 30th Station Hospital, A.P.O. 690, c/o P. M., N. Y. City.
- Capt. Albert M. Mogg, Co. C, 329th Medical Bat., Army P.O. 104, Camp Adair, Oregon.
- Lt. Wilbur V. Moyer, (Address Wanted)
- Lt. Melton E. Nugent, Aberdeen, S. Dakota.
- Lt. Raymond M. Neemann, Algoma, Wisconsin.
- Lt. Howard E. Possner, Jr., (Address Wanted)
- Capt. Louis G. Ralston, A.S.N.-O-47972, 533rd Sqd., 381st Bomb G. P., A.P.O. 634, c/o Postmaster, New York City, N. Y.
- Lt. Frederick L. Schellhase, M.C., 0490063, Fifth Air Force Hq., Advanced Echelon, A.P.O. 929, c/o Postmaster, San Francisco, Cal.
- Major Charles R. Sokol, M.C., 15th Fighter Group, A.P.O. 959, c/o Postmaster, San Francisco, Cal.
- Capt. Frederick R. Tingwald, M.C., 60th Field Artillery Battalion, A.P.O. 9, c/o Postmaster, New York City.
- Lt. Nevin R. Trimbur, 2nd Ech., Cub 9, c/o Fleet P.O., San Francisco, Cal.
- Capt. Richard W. Trotter, Hq. 151st Med. Bn., A.P.O. 689, c/o Postmaster, New York City.
- Robt. E. Tschantz, Home address, 740 Seventh St., N. W., Canton, Ohio.
- Lt. Clyde K. Walter, Sta. Hosp., S.C.U., No. 1949, W. Los Angeles Area, Sawtelle 25, Cal.
- Walter B. Webb, Ass't. Sur. (R) Federal Penitentiary, Lewisburg, Pa.



# Honor Roll



## St. Elizabeth's Internes

- Capt. Adanto D'Amore, Med. Corp. U. S., American Prisoner of War, Interned in Philippine Islands, c/o Japanese Red Cross, Tokyo, Japan, Via New York, N. Y.
- Maj. Geo. L. Armbrecht, M.C., (0357508) Med. Det. 8th Inf., A.P.O. 4, c/o Postmaster, New York City.
- Capt. Nathan D. Belinky, M.C., American Prisoner of War, Interned in Philippine Islands, c/o Japanese Red Cross, Tokyo, Japan, Via New York, N. Y.
- Dr. Donald J. Birmingham (P.H.S.) 210 Domer Ave., Takoma Park, Md.
- Lt. David D. Calucci (Address Wanted).
- Lt. C. J. Duby, M.C., 62 Lawson Gen. Hospital, Atlanta, Georgia.
- Maj. E. F. Hardman, Station Hosp., Morris Field, Charlotte, N.C.
- Lt. Morris I. Heller (Address Wanted).
- Lt. V. G. Herman, Public Health Dispensary, 4th and D. Street, Washington, D. C.
- Capt. Sanford Kronenberg, M.C. (01693635) 118th Station Hospital, A.P.O. 464, New York, N. Y.
- Capt. H. C. Marsico, M.C., Co. B 48th Med. Bn., A.P.O. 252, c/o Postmaster, New York City.
- Maj. Stephen W. Ondash, M.C., 4th Aux. Surg. Group, Lawson General Hospital, Atlanta, Georgia.
- Capt. A. K. Phillips, Patterson Field, Fairfield, Ohio.
- Lt. C. E. Pichette, 185 Otsega, Ilion, N. Y.
- Capt. Joseph Sofranec, (0489202) 110th Station Hospital, A.P.O. No. 3385, c/o Postmaster, New York, N. Y.
- Lt. L. J. Thill, c/o U.S.S. Bibb, Fleet Post Office, New York, N. Y.
- Lt. John Veit, Southwest Pacific. (Correct address wanted).

## Corydon Palmer Dental Society

S. R. Abrams	R. C. Harwood	J. A. Parillo
M. Alpern	P. B. Hodes	F. K. Phillips
N. J. Alterio	J. J. Hoffrichter	A. E. Plahy
	J. J. Hurray	W. S. Port
G. R. Backus		R. W. Price
M. W. Baker	F. D. Irwin	E. W. Reed
V. P. Balmenti	W. T. James	P. P. Ross
F. C. Beaumont	P. P. Jesik	W. R. Salinsky
T. L. Blair	T. K. Jones	J. F. Schmid
E. L. Boye	H. E. Kerr	R. A. Senseman
R. V. C. Carr	A. S. Lasky	J. E. Shafer
J. D. Chessrown	A. Malkoff	J. J. Sirotnik
F. E. Elder	J. L. Maxwell	P. W. Suitor
C. F. Fester	W. J. McCarthy	J. M. Thornhill
A. E. Frank	W. V. Moyer	R. E. Wales
L. Galvin	A. G. Nicolette	D. J. Welsh
		W. T. Willis



# Honor Roll



## St. Elizabeth's Hospital Nurses

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

## Youngstown Hospital Nurses

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

## Milton H. Bachman, M. D.

Born November 12, 1884

Died April 14, 1944

Dr. Bachman was a member of the Mahoning County Medical Society, Ohio State Medical Association, American Medical Association, for twenty-six years a full member of the Pennsylvania Radiological Society, was certified by the American Board of Radiology in 1934, was vice president of the Cleveland Radiological Society and very active in the activities of the Cleveland Radiological Society and in the Radiological Society of North America. All this is evidence of a busy, active and gregarious professional life, in a specialty whose development he witnessed from its early days. He received part of his training the last

World War as a captain in the medical corps.

In seeking words to describe the individual rather than the physician, one immediately thinks of humanity, kindness, thoughtfulness, fairness and humility. These were all attributes of Dr. Bachman who was a good friend to all whom he knew. Personal interest and ambition were relegated because of his social consciousness.

In expressing my own personal sense of loss—I believe I am expressing the greater loss of the County Society. The loss of a willing worker who gave without stint and asked for no return.

Morris Deitchman, M. D.

### Expedience in Medical Rehabilitation

(Continued from Page 167)

and fractures. Dr. Thomas A. C. Rennie, director of rehabilitation of the National Committee for Mental Hygiene, estimates 30,000 psychiatric cases a month.

Milwaukee county's share of this problem is not small. Exactly how large it is nobody seems to know. Nowhere in the county are accurate figures available on the number of returning men.

#### SOME CASES DELAYED

Medical treatment for veterans is still too slow in Milwaukee county. Take the case of one boy suffering from choroditis. This is an infectious disease which must have prompt attention, yet this young man was delayed for too long a time. He had been discharged from service, but his medical records were not available for many months later.

Two other cases of infectious disease, both inflammatory rheumatism,

experienced the same difficulty. Such cases need prompt medical attention; they cannot wait. Army personnel have succeeded in reducing the time required for transmitting medical records but the period is often still too long.

It is the job of medicine to see that every individual is promptly restored to his best possible physical condition. Sickness, disease and injury do not wait around for bureaucrats. If government facilities are overburdened the Society board is ready to assist. If government workers are lax in their work, it is rightfully the duty of the board to check. If a case is made to wait either before or after admission to care, the Society is ready to help. Where public facilities are slow the board can be expedient, for as private physicians the members seek no appropriations from politicians, are amenable to no bureaus for patient bed-days, and are answerable to but one boss—the patient himself.

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**PRESIDENT'S PAGE**

(Continued from Page 158)

Chamber of Commerce, and Judge Clifford Woodside met with Dr. Arthur G. Hyde, Superintendent of Massillon State Hospital, Massillon, Ohio. Dr. Hyde, in perfect accord with the establishing of a receiving hospital for the mentally ill in Mahoning County, pledged his support and willingness to supervise.

Dr. Hyde complimented our Society as one of the best with which he had ever had association.

The co-operation of every member of our Society is solicited and appreciated in this movement.

ELMER H. NAGEL, M. D.,  
*President.*

**From State Headquarters Office—  
Two Important Questions  
Needing Action**

**Absentee Voting Ballots**—Every Ohio physician now in military service should be given an opportunity to vote in the November General Election—one of the most vital elections in the history of America. As one Ohio medical officer puts it: "If we are to come home to a reasonable facsimile of what we left, it behooves us to continue to vote."

It is the obligation of all county medical societies to work out the means to assist Ohio's medical officers in getting absentee voters' ballots.

Here are some suggestions:

1. Read carefully the article published in the June issue of the Ohio State Medical Journal which describes the law passed recently by the Ohio Legislature, providing methods as to how men in the services can vote; how they can get ballots, etc.

2. If you have a Woman's Auxiliary recommend to the members of the auxiliary that they get in touch with relatives of each medical officer from your county, requesting them to file an application for an absentee ballot for the medical officer with the

local board of elections. A resolution endorsing this activity by local auxiliaries was adopted at the recent annual meeting of the Woman's Auxiliary to the Ohio State Medical Association in Columbus.

3. If you do not have an auxiliary, please designate one of your committees (perhaps the Committee on War Participation) to carry on the activity suggested above.

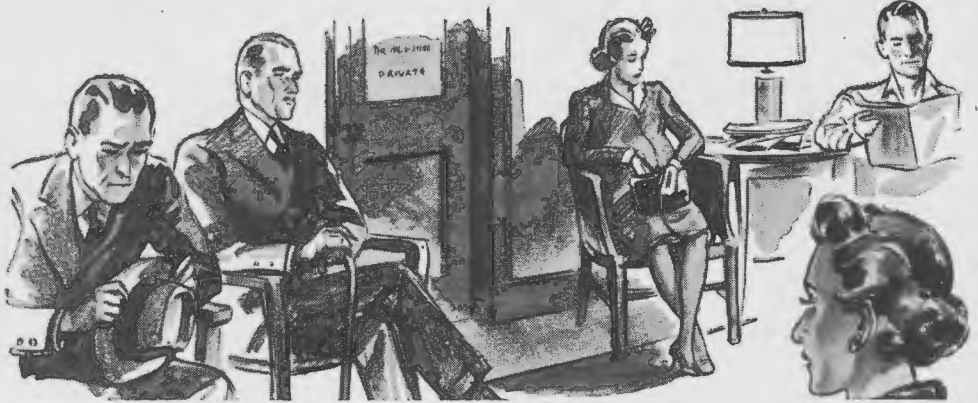
4. If the adult members of the medical officer's family happen to be with him at his post outside of Ohio, have someone write them, suggesting that they apply to the board of elections of the county of legal residence for an absentee voters' ballot.

**Statement Adopted by the Council  
Ohio State Medical Association  
On May 2, 1944**

A review of the military roster of Ohio physicians now in active military service reveals that there are several hundred who are not at this time affiliated with the Ohio State Medical Association.

Many of these physicians entered the services immediately following internship or residency and before they had an opportunity to establish themselves in private practice.

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For oral administration, Bethiamin, a brand of thiamine hydrochloride, is available in capsules containing 1 mg., 3½ mg., 10 mg., and 15 mg.; for parenteral administration, in 1 cc. ampuls containing 1 mg., 10 mg., 50 mg., 100 mg. and in 10, 30 or 60 cc. rubber-capped vials. In liquid form Bethiamin Elixir contains 6 mg. of thiamine hydrochloride per fluidounce.

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June

In the opinion of The Council, physicians in this category should, if they are qualified and eligible, be given an opportunity to affiliate with medical organization. By doing so they will be entitled to receive the benefits and services of the State Association, including The Ohio State Medical Journal, and of the local society with which they affiliate. At the same time, medical organization would be benefiting by having within its ranks those young physicians who will eventually become a vital and active segment of the state and local societies following the war.

The Council recommends that each component medical society immediately consider the question of voting such physicians into membership.

The provisions of each component medical society would apply in each case but in general the prospective member would be eligible for membership if he possesses the following qualifications:

1. If he is a legal resident of the county, i. e., resided in the county prior to entrance into medical school, internship or residency.
2. If he meets the requirements of the local constitution and by-laws regarding citizenship, i. e., some societies require full citizenship; others require the filing of first papers only.
3. If he is licensed to practice medicine and surgery in Ohio.
4. If he holds the degree of doctor of medicine or some foreign degree in medicine regarded by The Council of the Ohio State Medical Association as equivalent thereto.
5. If he is acceptable from the standpoint of character, reputation, etc., to the membership of the local society.

Physicians affiliating while in the armed forces would have no financial obligation so far as the Ohio State

Medical Association is concerned as they would be covered by the waiver-of-dues policy applying to members in the various services.

It is recommended that the Headquarters Office, Columbus, as soon as feasible, supply the various component societies with the names of Ohio physicians in the services who are not members at present but who may be prospective members.

### For the Duration

(Continued from Page 159)

an unpleasant or unfavorable situation by an exercise of wits or wisdom.

"For the Duration"—Bah! That is just an excuse for stopping your own mental processes or sitting on your fancies while the world moves along. Why not prefer to live each day so that no duration technique bothers at night or bobs up scowlingly in the morning? Let's handle each duration event the day it occurs and then we will have more time to solve tomorrow's problems before someone throws duration sand in the eyes of forward-looking solutions. This "For the Duration" psychosis is damaging to the ability of an individual to get on about his business.

E. H. S.

### OBVIOUS

She: "Circumstances compel me to decline a matrimonial arrangement with a man of no pecuniary resources."

"Er," he stammered, "I don't get you."

"That's what I'm telling you," was the icy reply.

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## FROM OUR DOCTORS IN THE SERVICE

Doctors are earnestly requested to write the Bulletin of their activities and by all means CHANGE OF ADDRESS. Let's help keep the good work up.

May 2, 1944

I have appreciated the Society Bulletin. I believe Youngstown must be well up in its percentage of men in service when compared with other areas, but from stories by the other men, all areas are doing their share. So much so that it looks like Social Medicine ideas will find a well prepared and malcontent civil population waiting and ready!

No men from practice want it. About 20% of men fresh from internship argue for it. Very interesting!

Capt. Herbert Hutt.

\*

May 1, 1944

Just thought I would drop you a line to let you know that I am still among the living.

I particularly enjoy receiving the Bulletin each month. It keeps us up-to-date on what is going on at home and when the fellows are over here or down under.

All of us are quite busy over here and of course we know that you don't have much time for relaxation back home.

We are still practicing a bit of medicine and are able to keep up a bit since we have been receiving a few current journals.

Best regards to all.

Capt. John A. Rogers.

\*

April 14, 1944

I received the Bulletin today via Baltimore and Atlanta. The above address is my first so-called permanent station but no one around here feels very permanent.

There have been four officers sent out of here since I've been here, and only two replacements from overseas sent in.

Before coming out here I was at Lawson General Hospital, Atlanta, Ga., in the replacement pool. I used to see Lewis Shensa about every day. He was on the staff there and in charge of their fever therapy. Thanks for the Bulletin. I sure enjoy reading it.

Lt. Clyde K. Walter.

\*

March 6, 1944

The arrival of the Bulletin for February today brought you at home to my grateful attention again. The first part of the Bulletin I read is the addresses of the officers in service. Then I read the letters from those abroad. I have had a good opportunity during the last year to gather information concerning medical activities in the Zone of Operations as reported by patients. I have learned enough to realize that our efforts in the last war are as outmoded as the automobiles of that date.

I am still studying the effects of penicillin in Ophthalmology. I expect to make a report before the Section on Ophthalmology at the A.M.A. meeting in June, if I am still in the U. S. A. I am looking forward to seeing you at that meeting.

The Army finally got tired of seeing me totter around as a major and raised me one grade. It is much harder to become a colonel in the Army than it is apparently in Kentucky.

Lt. Col. John E. L. Keyes.

## SINCE LAST MONTH—

The following is a resume of the Scientific Programs held at the regular monthly meetings of the Staff of St. Elizabeth's hospital for the first five months of this year:

1. In January Dr. J. K. Herald read a paper on "Simmonds Disease" and Dr. J. B. Birch discussed the "Symptomatology and Diagnosis of Surgical Conditions of the Abdomen in Children."

2. In February Dr. J. N. McCann read a paper on the "Effect of the Anterior Pituitary on Carbohydrate Metabolism" and Dr. A. J. Brandt

a paper on the "Relation of the Anterior Pituitary Hormones to Gynecological Problems."

3. The program for the March meeting consisted of several papers on "The Pituitary in Relation to Growth."

(a) "Cytology of the Pituitary" by Dr. J. J. Wasilko;

(b) "Hyper-Function of the Pituitary Growth Hormone" by Dr. T. K. Golden;

(c) "Growth Disturbances of Long Bones" by Dr. C. S. Lowendorf;

(d) "Pituitary Dwarfism" by Dr. W. D. Collier. Dr. Collier stressed the rarity of pituitary dwarfism and condemned the rather common practice of giving large doses of hormone to undersized children without first establishing the etiology. Much harm can be done to these children.

4. In May Dr. V. L. Goodwin presented a paper on "Water Balance" and Dr. W. D. Collier spoke on "Some Problems in Blood Typing, Especially in Connection with the RH Factor."

Capt. Paul Kaufman is now in Corsica.

Lt. Col. John Knoll has been transferred to Mitchell Field, N. Y.

Capt. P. L. Boyle and Capt. J. L. Scarnecchia have met somewhere in England.

Major L. S. Deitchman and Capt. John Welter have had the fortune to meet somewhere abroad.

Capt. S. W. Weaver has been promoted to Major.

Major W. D. McElroy has been promoted to Lt. Colonel. He is now recovering from a broken arm.

Capt. Lawrence W. Weller has been assigned as assistant chief of the dispensary service at the station hospital at Camp Chaffee, Ark. He was formerly stationed at Camp Wallace, Texas.

Capt. Chester M. Askue has been recently transferred from Carlisle Barracks, Pa., to Stark Gen. Hospital, Charleston, S. C.

Dr. and Mrs. Harry R. Fusselman attended the graduation exercises of their son, Cadet Captain Harry E. Fusselman, who graduated from Staunton Military Academy on May 30th.

Major Gordon Nelson wrote from Italy that he had heard a symphony orchestra that was almost as good as Youngstown's. They must have been "good" or did they remind the Major of something.

### Woman's Auxiliary

A very successful Benefit Bridge Party was held May 11th, at the Woman's City Club. The proceeds will be used for War Service activities.

Mrs. W. O. Mermis, chairman, was assisted by Mrs. Donald Gross, co-chairman, and a large co-operative committee.

The next meeting will be held in the fall.

Mrs. R. E. Odom,  
Chairman Publicity.

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