

"Lots of times you have to pretend to join a parade in which you're really not interested in order to get where you're going."

-Selected

BULLETIN

of the

Mahoning County Medical Society

Vol. XV No. 9 September 1945

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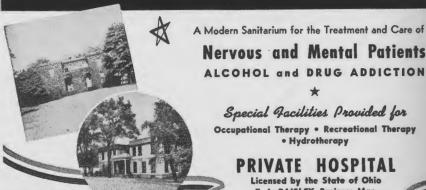
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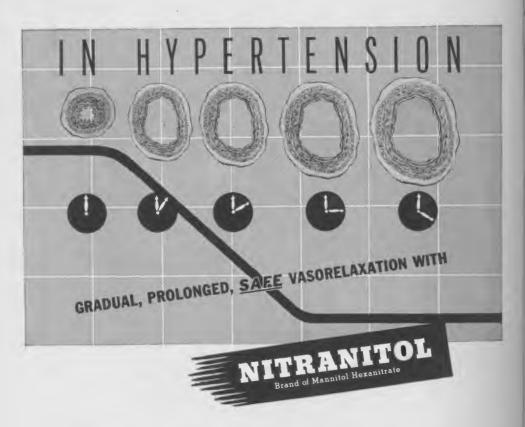
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PRESIDENT'S PACE

A special article in the September 1st issue of "The Journal of The American Medical Association" lists the educational facilities for physician veterans. Judging from our correspondence with physicians now in Service, a considerable percentage will seek postgraduate education when mustered out. This is a natural desire for many of them have been performing routine Army duties only, while others have been working in fields of medicine quite foreign to their training and desires. It is going to be difficult to find places for all these men to pursue their studies. Those released in the near future will have some advantages over the medical officer who by the very nature of his special training can not be returned to civilian life for many months. There are not enough places in university hospitals to accommodate the number of men who will seek training in "teaching" institutions. It seems certain that the larger hospitals will have to make some provisions for men who can not be accommodated in postgraduate schools or in "teaching" hospitals. It is hoped that by being accredited for residency in the various specialties and by enlarging the interne staff, places will be found for a large number who would otherwise not have opportunity for refresher courses.

Many of our medical acquaintances have been sadly misplaced in the Army and Navy medical services. Many have had to do administrative work that could just as well have been done by those not trained as physicians. This presents a problem, the solution of which should receive attention while we are still war conscious.

Some county medical societies, notably the Columbus Academy of Medicine, are planning to help returning members financially if they need aid. They have set up rather elaborate plans to take care of this situation. This problem was discussed by your Council several months ago. It was decided to leave the matter entirely in the hands of a committee of which Dr. W. K. Allsop is chairman. If any member of the Society released from military duty needs financial aid, he will be assured of a sympathetic reception by this group.

W. H. Bunn, M. D.,

President.

In the August Bulletin of the Society the article "A Rare Type of Anomalous Opthalmic Artery in a Negro" was copied from the American Journal of Anatomy and due credit is hereby given the Journal with apologies for failing to mention it previously.

Respectfully,

The Editor.

AAPS Requests Investigation of Delay in Releasing Medical Officers

(From the Bulletin of the Association of American Physicians and Surgeons)

Editor's Note: If you have authentic information regarding a surplus of physicians in any branches of the armed forces, or delay in their release, please communicate with AAPS. Your information will be kept confidential.

The Association of American Physicians and Surgeons has sent a letter to President Truman, Members of Congress, governmental and military officials requesting an investigation of the alleged delay in releasing physicians from the armed forces.

Many letters from AAPS members in the military services, citing specific instances of over-staffing of medical officers, prompted the Association's action.

The letter of protest and request for an investigation follows:

TO THE PRESIDENT:

We respectfully direct your attention to the following:

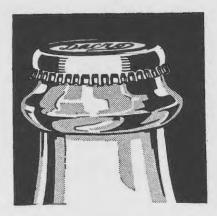
The Association of American Physicians and Surgeons urges a full

and complete investigation with respect to the alleged neglect of releasing physicians from military service in equitable proportions to the release of members of other branches of the military services.

The AAPS believes that immediate release should be given to as many doctors as is consistent with the successful execution of the war effort.

Disquieting rumors persist that:

- 1) Since V-E Day there is a tremendous surplus of physicians in the armed forces:
- 2) Medical officers will be kept in the services against their consent even after the war is terminated;
- 3) Medical officers are being retained in the services and eventually will be forced into the Veterans Administration;
- 4) Older medical officers will be kept in the armed forces; then forceably transferred to the Veterans Administration. Younger physicians will be released from their internships to



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form a nucleus of doctors who would accept the political control of their practices, and start the socialized medicine program proposed in the Wagner-Murray-Dingell Bill, which would regiment both physicians and patients.

- 5) By keeping more than 40,000 physicians in the military services, and thus silencing this large group of opposition to regimented medicine, the ranks of the American medical profession will be so divided and weakened that schemes for controlling physicians and their patients can be made more easily operable.
- 6) Physicians are being kept in the services for the purpose of eventual transfer to the Public Health Services, and then using them to staff large government hospitals, which have been built during the war period.

The above stories have been spoken and written with enough consistency and frequency to cause grave concern, and in the opinion of the Association of American Physicians and Surgeons warrant a thorough and exhaustive investigation.

The physicians in service have written a glorious chapter in the history of American medicine. No one group has contributed any greater accomplishment or sacrifice to the war effort.

The medical profession was determined at the outbreak of the war that no one in the armed services of the United States should ever lack medical care, no matter how urgent and severe an emergency the armed forces might be called upon to face. Some of the public may have felt that obligation of medicine to the armed forces was over-emphasized, to the disadvantages of the civilian population. Unusual demands of epidemic proportions would have presented a real medical problem, and it is fortunate that this has not occurred, for

many doctors who did not enter the service have carried professional burdens beyond their strength.

The medical profession has fulfilled its obligation and it seeks the same consideration for its members in the armed forces as is given and will be given to other soldiers, sailors, and marines who have placed devotion and service to their country above all.

After all of the armed forces are provided with a sufficient number of physicians, then there should be no delay in releasing the surplus of doctors. Failure to do so would be an injustice to the public, an unnecessary burden on the taxpayers, a source of criticism to those in authority, and unfair treatment of the physician who is serving his country.

In the interest of justice and fair treatment for physicians in the military services, we urge that you use your influence to initiate a thorough and fact-finding investigation.

Very truly yours,

ASSOCIATION OF AMERI-CAN PHYSICIANS AND SURGEONS

Andrew J. Sullivan, M.D.
President
H. W. Detrick, M. D.

Secretary

Copies To:
Members of Congress;
The Honorable Henry S. Stimson,
Secretary of War;
The Honorable James V. Forrestal,
Secretary of Navy;
The Honorable Andrew J. May,
Chairman of the Military Affairs
Committee;
Major General Norman T. Kirk,
Chief Medical Officer Army:

Major General Norman T. Kirk, Chief Medical Officer, Army; Vice-Admiral Ross T. McIntire Chief Medical Officer, Navy; Doctor Thomas J. Parran, Surgeon General of the United States Public Health Service:

13 Interns Assigned, Three Advanced Here



Top row—Drs. Chas. F. Kettel, Gene D. Fry, Jerome F. Stechschulte, Donald F. Burl/ett. William T. Harrison, Chas. F. Land, Richard A. Kenworthy, Frederick W. Watkins.

Bottom row: Drs. William C. Beam, Arthur F. Dundon, William F. Stevenson, Donald E. Hughes, Earl E. Brant, James A. Patrick, Wayne B. Hardin, David C. Miller.

Advanced to resident doctor status: Dr. James A. Patrick, general resident; Dr. David C. Miller, medical resident, and Dr. Wayne B. Hardin, to general resident, North Side unit of Youngstown Hospital.

New interns now on duty: Drs. Arthur F. Dundon, Donald F. Burkett, Gene D. Fry, William C. Beam, Earl E. Brant, William F. Stevenson, Jerome F. Stechschulte, Frederick W. Watkins, Donald E. Hughes and Richard A. Kentworthy.

Interns to report Aug. 15, after graduation: Charles F. Kettel, Jr., and William T. Harrison.

Intern to report Sept. 31, after graduation: James F. Land.

All resident doctors and interns hold reserve officer's commissions in the army or navy.

Dr. Dundon, a native of Alliance, attended Western Reserve University medical school at Cleveland.

Dr. Fry, Youngstown, also attended Western Reserve. Dr. Stechschulte is a graduate of the St. Louis University school of medicine at St.

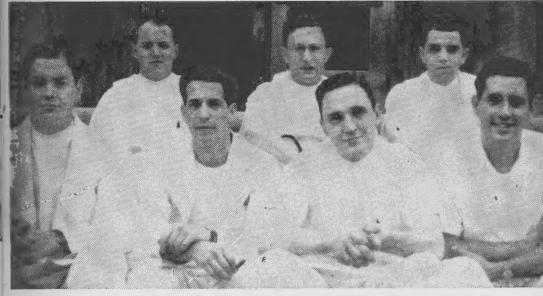
Louis, Mo. He comes from Columbus Grove, Ohio.

Dr. Stevenson of Hubbard was a student at Ohio State University school of medicine. Dr. Hughes of Philo, Ohio, has completed his studies at Western Reserve.

Dr. Kenworthy of Centreville, Md., is a graduate of the University of Maryland school of medicine, Baltimore, Md.; Dr. Beam of R. D. 7, North Canton, a graduate of Western Reserve; Dr. Brant of Youngstown, graduate of the Jefferson Medical College, Philadelphia; Dr. Burkett of Lloydell, Pa., Jefferson Medical College, and Dr. Watkins of Denver, Colo., a graduate of the University of Colorado medical school at Denver.

Kettel comes from Gamerco, N. M. He is a student at Baylor University college of medicine at Dallas, Tex. Harrison, of Electra, Tex., also attends Baylor University. Land, of Kokomo, Ind., is a student at the Indiana University school of medicine.

Join Medical Staff at St. Elizabeth Hospital



New interns and resident doctors at St. Elizabeth Hospital are: top row, left to right, Dr. John D. Joliet, Dr. Marvin Jaffee and Dr. John A. Grima; sitting, Dr. Martin C. Raupple, Dr. Alex Rosenblum, Dr. Thomas L. Grayson and Dr. Donald J. Coburn.

Four resident doctors and three interns have joined the medical staff of St. Elizabeth Hospital.

Dr. Marvin Jaffee of 1745 Elm St., Ohio State University College of Medicine, Dr. John D. Joliet of Canton, Washington University School of Medicine, and Dr. Donald J. Coburn of University Heights, St. Louis University School of Medicine, are the interns.

Residents are Dr. Alex Rosenblum of 265 Gypsy Lane, University of Pennsylvania School of Medicine, Dr. Martin C. Raupple of 234 Lora, Ohio State University College of Medicine, Dr. Thomas L. Grayson of St. Louis, University of Buffalo School of Medicine and Dr. John A. Grima of 304 Hall St., St. Louis, University of St. Louis. Drs. Grayson and Grima are surgical residents.

Evolution in Medicine

Medical education began in Europe in the monasteries, then was fostered in the universities; its growth was hindered by superstition and obstructed by laws based on tradition; its tempo of growth became more and more rapid until the present time. The twentieth century has been marked in this country by reforms in the method and content of medical education and the close affiliation of medicine with ancillary science. With

this marvelous advance has come a corresponding reduction in mortality from disease and a notable increase in life expectancy. The improvements in medical education and increase in medical knowledge in the past forty years are directly reflected in the increased efficiency of medical care of our military sick and wounded. The whole story of medicine in this country is that of an orderly evolution unrestricted by regimentation or federal interference—Ernest E. Irons, M.D., in J.A.M.A.

September Meeting

Speaker:

ROGER E. HERRING, M.D., M.P.H.

Department of Health, State of Ohio, Columbus, Ohio

Subject:

"MEDICINE IN PUBLIC HEALTH"

Born in Grand Rapids, Michigan, in 1910, obtained his primary and secondary schooling in that city. Attended Grand Rapids Junior College and the University of Michigan for pre-medical training, and received his degree of Doctor of Medicine from the University of Michigan, School of Medicine, in June, 1933. Had a general rotating internship at the U. S. Marine Hospital and the Grant Hospital in Chicago, Illinois, was commissioned an Assistant Surgeon in the Public Health Service in December of 1934.

First assignment as a Commissioned Officer in the Public Health Service was to the U. S. Employee's Compensation Commission, Washington, D. C., for eighteen months and thence to the U. S. Marine Hospital, Norfolk, Virginia, where he spent two years on the venereal disease and genito-urinary service. For a temporary period of three months during this Norfolk assignment, was assigned as Medical Officer to the U. S. Coast Guard Cutter "Mendota" on ice patrol in the North Atlantic.

A year at the John Hopkins School of Public Health and Hygiene, resulting in a degree of Master of Public Health, and during this year about one-third of his time was devoted to work in Dr. Earl Moore's Syphilis Clinic.

Assigned to the Cincinnati Department of Health from June, 1939, to March, 1941, as Venereal Disease Control Officer, and from March, 1941, to March, 1943, to the First District of the Public Health Service in New York City as Venereal Disease Control Consultant for ten states. Following this assignment, Dr. Herring was loaned to the State of Ohio as Venereal Disease Control Officer, in which position he served until January of 1945.

Tuesday, September 18th, 1945

YOUNGSTOWN CLUB

You Are Still Needed

The need for additional doctors to meet the requirements of the medical services of the Navy continues. We quote from an open letter to Vice Admiral Randall Jacobs, Chief of the Bureau of Naval Personnel, from the Chief of the Bureau of Medicine and Surgery, Vice Admiral Ross T. McIntire, M. D., U. S. N.

"The need of additional medical officers to meet the requirements of the service continues to be a matter of utmost importance, and it is hoped it may be possible to obtain an additional 4,000 as soon as possible.

"All medical department personnel, including medical and dental officers, officers of the nurse corps, officers of the hospital corps and the men and women of the enlisted hospital corps branch are rendering most valuable service to our sick and wounded and to our returning prisoners of war. The high standards of care and treatment which the Navy provides for its personnel will be maintained. To do this effectively it is essential that assistance in the form of additional medical officers be obtained for the 13,000 we now have on active duty.

"Service in all specialties is available for physicians who meet the physical and other requirements for appointment, and in so far as it is practicable, preference of duty will be given medical officers when they are qualified for the assignment requested.

"The sacrifices which an individual and his community must make in order to provide additional doctors for the medical corps of the Navy is appreciated. It is believed, however, that adjustments can and will be made in order that our present and anticipated casualties will continue to receive the best possible care and treatment. The National and State Procurement and Assignment Committees of the War Manpower Commission have indicated their willingness to cooperate with the Navy and the local communities in the endeavor to reduce the present shortage of Navy medical officers. There is no desire on the part of the Navy to embarrass any community in so far as medical attention is concerned, but everyone must realize the importance of successfully completing the war and making a permanent victory possible in the shortest time."

Youngstown Receiving Hospital

Appropriations for the purchase, remodeling and operation of the Youngstown Municipal Hospital have been progressing toward final approval of the Ohio Legislature along with the various bills in which these appropriations are contained. There has been no disposition on the part of the members of the Assembly to disapprove these items, as the Youngstown Receiving Hospital is considered important from the standpoint of development of Ohio's mental health program. A partial staff has been employed to initiate the operating program at the hospital and a complete staff will be employed as soon as the remodeling program has been completed. Progress of the remodeling program indicates that it will be completed sometime during the month of August, and shortly thereafter the hospital will be open for the admittance of patients.

This is a very important addition to the medical facilities in the valley and will be of benefit not only to the community but also to the medical profession, as it will give this latter group an opportunity to work more closely with the State in the development of its mental health program. Also, the medical profession will be of material assistance in many ways in the operation of the hospital.



Honor Roll



In Memoriam

Capt. Walter Frederick Bartz, M.D. (Died in the service of his country, a prisoner of the Japanese, October 24, 1944).

Capt. C. M. Askue, 0545102, 131 General Hospital.
 Capt. W. H. Atkinson, Jr., M.C., 0543569, Med. Det., 1697th Eng. Comb. Bat., APO 758, c/o Postmaster, N. Y. City.

Capt. O. A. Axelson, 01693329, Med. Det., Div. Hq. Co., A.P.O. 253,

c/o Postmaster, New York City. Capt. M. H. Belmont, 01693481, Bruns Gen. Hosp., Santa Fe, N. Mex. Capt. P. L. Boyle, M. C., 0500187, D9, A.P.O. 633, c/o Postmaster, New York City.

Major B. M. Bowman, Schick Gen. Hospital, Clinton, Iowa.

Capt. B. M. Brandmiller, 0-1693331, Hq. Med. Det., 593rd E.B.&S.R., APO 704, c/o P. M., San Francisco, Calif.

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) 183rd Sta. Hosp., APO 942, c/o Postmaster, Seattle, Wash.
Lt. Comm. R. V. Clifford, U.S.S. Knox, APO 46, 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. Lt. Comm. Martin E. Conti, M.C., U.S.N., Naval Civil Affairs Staging Area, The Presidio, Monterey, Cal.

Major Fred S. Coombs, M. C., Truax Field, Madison, Wis. (Res. 2142)

Rowley Ave.)
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Capt. S. L. Davidow, 0335701, 178th Gen. Hospital, APO 513, c/o
Postmaster, N. Y. City.
Capt. G. E. DeCicco, M.D.R.P., Billings General Hospital, Ft. Benjamin

Harrison, Indiana.

Major L. S. Deitchman, Oakland Gen. Hospital, Oakland, Calif.

Capt. Samuel Epstein, M.C., (0342038) 31st Field Hospital, APO 331, c/o P. M., San Francisco, Cal.

Comm. W. H. Evans, U. S. Naval Hospital, N.O.B., Norfolk, Va.

Capt. B. Firestone, M.C., 6th Gen. Disp., Delta Base Section, APO 772, c/o Postmaster, N. Y. City.
Comm. J. L. Fisher, M.C., USNR, U.S.S. Gage, APO 168, c/o Fleet P.O., San Francisco, Cal.
Capt. J. M. Gledhill, 0296900, Percy Jones Gen. Hospital Annex, Battle

Creek, Mich. Comm. M. B. Goldstein, M.C., c/o Comm., 7th Fleet, Fleet P. O.,

c/o P. M., N. Y. City.

Capt. John S. Goldcamp, 0-316784, 44th Gen. Hospital, APO 72, c/o Postmaster, San Francisco, Cal. Lt. Comm. M. B. Goldstein, M.C., c/o Comm., 7th Fleet, Fleet P. O.,

San Francisco, Cal.
Capt. Raymond Hall, Sta. Hospital, Camp Knox, Ky.
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4759, c/o Postmaster, San Francisco. Cal.

Major H. H. Ipp. (32911) 62nd Field Hospital, Unit B, APO 350, c/o Postmaster, N. Y. City.

Capt. P. M. Kaufman, M.C., A.S.N. 0-481412, 23rd Gen. Hospital, APO 377, c/o N. Y. City.

Capt. M. M. Kendall, (0-1693337) 395 Sur. Squadron, APO 557, c/o Postmaster, N. Y. City.

HONOR ROLL (Continued)

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63, APO 331, c/o P. M., San Francisco, Cal.

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OUR DOCTORS IN SERVICE

Luzon, P. I. 21 July, 45

I want to thank you for the nice V-mail letter I received from you some days ago. It was the most informing letter I have yet received. I am always so glad to hear from you fellows and some of the things you are doing and facing. Ouite different from our work.

Some time ago I went through San Lazero Hospital in Manila. It was one building the Japs left standing. It is a hospital for contagious disease and was built about 1630. They have a leper colony there and I saw about 200 cases, very interesting indeed. I met Dr. Valasco who has worked with lepers for 30 yrs. and is a very interesting man. How in the hell a man could work 30 years on a disease and still be unable to tell you how it is definitely acquired beats me, and of course continue to be enthusiastic about it. Also the treatment has been unsatisfactory. Anyway I guess some of us have a lot to learn about being persistent and patient with our work. I certainly admire him. I also met a Dr. Carreon, director of the Hospital, and a Dr. Laro, who has done a great deal of research on Leporse. These men were very hospitable and you can bet I enjoyed myself. I also saw several cases of anthrax in the different stages of the disease, and they cured them with sulfadiozine.

I also went through the Chinese General Hospital and saw numerous cases of malignance. It had been a long time since I had seen such.

A few weeks ago I had a patient in the Station that I found a goiter onold times and it makes me home sick. These GI's are going to spoil a lot of us I am afraid, they are wonderful patients, can take a lot and never complain except ask "is this enough to get me to the States?" Well, I'll tell you I hate to see some of them returning with what they have left. There is no doubt they are the best bunch of soldiers in any man's army. The infantry is definitely sold on the medics. Some of the bravest deeds have been done by our boys. These Co. aid men have more silver stars than any other one group in the Division. They sure go in and get these rifle men out. One of our medical officers (a Bn Surgeon) was awarded a silver star. One night in a Bn. CP. perimeter the Japs banzied the unit, he jumped out of his fox hole into another, with the air full of bullets and treated two soldiers hit by

mortar fragments then one of the men was hit by a burst from a Jap machine gun and he went to help him and before he jumped into the other fox hole a Jap shot his helmet off and creased his scalp. The old boy went right along and did a good job. He is a hell of a good boy. One thing, Skipp, that is consoling, if these infantrymen after the war find out these Docs out here don't want State medicine we won't have it if they can do anything about it.

We have changed our location, we moved out of our rest camp, one platoon, and came part of the journey by road and the rest by sea. We are on a swell mission and are set up in a large, beautiful cocoanut grove and right now it is raining by the buckets full. We are set up in large ward tents and are well ditched and have our walks well con-structed. The only thing is that we are eating out of cans. Our platoon is functioning as a provisional portable surgical hospital. We have a very well equipped surgery and are set to do anything that comes in. Our supplies come in by air and our evacuation is carried out likewise. Personally I would rather sacrifice good food for this type of work. It is gratifying to feel you are doing some good after 2 years of marching up and down a dusty red clay road. I have already instructed the ambulance drivers that they were to pass the word on to the rifle men to shoot all Japs in the belly, but I can just see them grin when so requested. So far very little business. We have a group of infantrymen with us, that means the perimeter of the hospital area. This group has received a presidential citation and one can't realize what a consolation to feel secure at night.

A few days ago one of our truck drivers killed one Nip and wounded another at our water paint. I am sending you some Jap money, he would never be able to spend it now. I couldn't recall whether I sent any to you or not. The yen was worth 52 cents.

Give the family and all the Docs my regards.

Sincerely,

Capt. Densmore Thomas

August 16, 1945

Dear Dr.:

I have been awfully busy for the past two and one-half months. We took over my old area in Aversa with too few permanent personnel so we have to depend on temporary duty officers and are having very little success. I cracked up for about 10 days but a few days in the hospital and a few more at Sorrento

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straightened me out. They grew a hemolytic streptococcus out of my throat. The next time I become ill over here I think I'll just start off at Sorrento—it's lovely.

Our situation at the present moment is a bit complicated. In general, the outline is as follows: We have some 500-700 beds available for German P. O. W.s of which 400 are occupied. The hospital is staffed with German medical officers, medical students, and several females who would correspond to our W.A.C.'s, The hospital was captured intact in Verona and was moved down here. We are responsible for the supervision of the hospital. It is not too difficult but just requires a bit of time. The medical man is competent and is a qualified internist. They were not familiar with Penicillin. many of our vaccines, and a few other incidentals. Their care and approach is pretty much the same as ours. On the surgical side, the officers seem to have less technical ability and their surgical technique would make Brant squirm. They seem rougher. Perhaps their men are of a poorer caliber but in general other fellows have made the same remarks.

At the present time, there are about 125-150 medical patients and I try to see some of them every day—at least the interesting ones.

We have had quite an array of cases. We have seen two Landrys in the past three weeks, diabetic coma, diphtheria with paralysis, lupus erythematosus, all sorts of skin diseases, and just about every other type of disease known. They have had considerable hepatitis and very much nephritis. Since we took over here, we have had at least 10 cases on the wards all the time. The Germans call it a field nephritis but it looks to me like ordinary acute glomerular nephritis. We have had several cases of relapsing fever or trench fever which originated in Poland. The Germans call it Wolkyian fever or some such name. I saw a hiatus hernia yesterday. He had a chest full of intestines.

It is mostly the old routine. I have a dispensary and see 50-125 patients a day. The laboratory and pharmacy are my responsibilities plus the medical service plus a few incidental items and duties. Among the latter, there developed a most interesting duty. Our C. O. took a 7 day tour of Switzerland starting several days ago. Yesterday all Hades broke loose around here and since in the C.O.'s absence, it was my responsibility. We had to organize the hospital for casualties from an exploding ammunition dump, a mile away. It was an exciting 3 hours. Some 7-8,000 tons of ammunition went

up. There was quite a display of pyrotechnics with rockets, tremendous explosions and flying shrapnel. I discovered more than ever yesterday that I am a peace loving citizen and want no part of war. Fortunately our casualties were light.

Whether or not I am relieved from Army service is the \$64 question. Well, it's a bit late and I'm tired so I'm off to bed.

Capt. John A. Rogers

ILLUSTRATORS MEETING

It was the privilege of Mrs. Marv Wick Miles, Photographer and Medical Illustrator for the Youngstown Hospital Association to serve as a delegate to the organization meeting of the Association of Medical Illustrators held in Chicago July 16-19. Thirty practicing medical illustrators, the majority of them well known to the medical profession for the excellence of their drawings, representing all parts of the United States and Canada met as guests of the University of Illinois Medical School under the chairmanship of Mr. Tom Jones, director of the Department of Illustration in that institution. Four days of stimulating discussion resulted in the foundation of the Association of Medical Illustrators, the constituted aim of which is: "To promote, to study, and to encourage the advancement of medical illustration and allied fields of visual education; to advance medical education; and to promote understanding and cooperation with the medical and related professions.'

The creation of the Association of Medical Illustrators was welcomed by the medical profession through Dr. Morris Fishbein, Editor of the Journal of the American Medical Association, Dr. Malcolm T. Mc-Eachern, Associate Director of the American College of Surgeons, Dr. Eben J. Carey, Dean of Marquette Medical School, and Dr. Thomas Hull, Director of Exhibits for the American Medical Association, who spoke to the delegates at a dinner

October Meeting

ALAN R. MORITZ, M. D.

Harvard University

TUESDAY, OCTOBER 16, 1945 8:30 P. M.

YOUNGSTOWN CLUB

MEN RETURNING FROM SERVICE

The Bureau is standing by ready and willing to help in every way possible. Many of the returning Doctors are interested in: Simple bookkeeping system—TELEPHONE SERVICE—(RINGS IN BUREAU AND YOUR OFFICE AT SAME TIME) a secretary paid by the Bureau that works part time or at your discretion, no social security or withholding to bother with.

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given by the University of Illinois.

It was a tribute to the Youngstown Hospital Association that by the recent establishment of a department of photography and medical illustration, the Youngstown Hospital Association is pioneering among non-university hospitals in the direction of the aim of the Council on Medical Education and Hospitals of the American Medical Association as expressed by Dr. McEachern: "to provide the individual physician with the optimum environment for the practice of his profession."

SINCE LAST MONTH—

Promotions

Dr. Andrew A. Detesco, medical corps, USNR, has been promoted to full lieutenant somewhere in the Pacific.

Lt. Detesco has served in the Pacific for 13 months and is the only medical officer of L. C. I. Group 61 with 12 ships under his care. He served his internship at the Youngstown Hospitals and entered the Navy in February, 1944. His unit took part in the initial landing at Okinawa.

Our Full Commanders

Word has been received here of the promotions of Drs. J. H. Fisher M. B. Goldstein and W. H. Evans to full Commanders.

Capt. Axelson Receives Bronze Star

Capt. Oscar A. Axelson, former staff member of the Youngstown Hospital Association, has received the Bronze Star for meritorious service in support of combat operations against the Nazis in France, Belgium and Germany.

Divisional surgeon with headquarters company of the Third Armored Division, Captain Axelson was physician to Maj. Gen. Maurice Rose. He has been overseas two years and is now serving with the occupation forces in Darmstadt, Germany. Mrs.

Axelson and their two children, Marilyn, aged 6, and Alan, aged 4, live at 131 W. Philadelphia Ave.

Dr. and Mrs. W. B. Turner and Miss Helen Grace Turner have returned from California where they have been visiting Mrs. William P. Turner at Long Beach, and Cpl. John J. Turner at the Victorville Army Air Base.

Dr. and Mrs. Peter J. McOwen, with their sons, Peter Jr., John and Robert, have arrived home after a two weeks holiday at Gore Bay, Ontario, Canada.

Dr. and Mrs. R. G. Mossman and their son have returned from their summer home at Washagami, Canada.

Major Henry Sisek, U. S. Army Medical Corps, has reported to Billings General Hospital, Indianapolis, after a 30 day leave spent with his wife at their home, 242 Upland Ave. He served in the Pacific area for 36 months, the last seven were spent on Leyte. Mrs. Sisek accompanied her husband to Indianapolis.

Dr. and Mrs. F. F. Piercy have returned home after spending two weeks at the Chautauqua Lake Assembly Grounds.

Dr. and Mrs. J. J. Wasilko and daughter, Judy, have returned home from Cape May, N. J., where they have been vacationing.

Major Asher Randell, serving with the 51st General Hospital in Manila, is chief of the gastro-enterology section of the hospital. He wears the Asiatic-Pacific ribbon with bronze service star and the Philippine Liberation ribbon.

Dr. J. K. Herald and Dr. P. J. Mahar and their families spent the last two weeks of July at Madison on the Lake.

Dr. and Mrs. J. Clair Vance and son, Dick, spent 10 days at Lake Candohta, near Erie, Pa., from there they went to Culver, Ind., and spent a week with their other son, Jack, who is attending summer school at Culver Military Academy.

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W. W. RICHARDSON, M. D., Medical Director Formerly Chief Physician, State Hospital for Insane, Norristown, Pa.

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CONSTRUCTIVE PROGRAM FOR MEDICAL CARE AMERICAN MEDICAL ASSOCIATION

This platform was adopted by the Council on Medical Service and Public Relations and the Board of Trustees of the American Medical Association on June 22, 1945.

PREAMBLE

The physicians of the United States are interested in extending to all people in all communities the best possible medical care. The Constitution of the United States, the Bill of Rights and the "American Way of Life" are diametrically opposed to regimentation or any form totalitarianism. According to available evidence in surveys, most of the American people are not interested in testing in the United States experiments in medical care which have already failed in regimented countries.

The physicians of the United States, through the American Medical Association, have stressed repeatedly the necessity for extending to all corners of this great country the availability of aids for diagnosis and treatment, so that dependency will be minimized and independence will be stimulated. American private enterprise has won and is winning the greatest war in the world's history. Private enterprise and initiative manifested through research may conquer cancer, arthritis and other as yet unconquered scourges of humankind. Science, as history well demonstrates, prospers best when free and unshackled.

PROGRAM

The physicians represented by the American Medical Association propose the following constructive program for the extension of improved health and medical care to all the people:

1. Sustained production leading to better living conditions with improved housing, nutrition and sanitation which are fundamental to good health; we support progressive action toward achieving these objectives:

2. An extended program of disease prevention with the development or extension of organizations for public health service so that every part of our country will have such service as rapidly as adequate personnel can be trained.

3. Increased hospitalization insur-

ance on a voluntary basis.

4. The development in or extension to all localities of voluntary sickness insurance plans and provisions for the extension of these plans to the needy under the principles already established by the American Medical Association.

5. The provision of hospitalization and medical care to the indigent by local authorities under voluntary hospital and sickness insurance plans.

 A survey of each state by qualified individuals and agencies to establish the need for additional medical care.

7. Federal aid to states where definite need is demonstrated, to be administered by the proper local agencies of the states involved with the help and advice of the medical profession.

8. Extension of information on these plans to all the people with recognition that such voluntary programs need not involve increased tax-

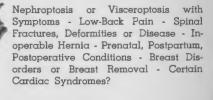
ation.

 A continuous survey of all voluntary plans for hospitalization and illness to determine their adequacy in meeting needs and maintaining continuous improvement in quality of medical service.

10. Discharge of physicians from the armed services as rapidly as is consistent with the war effort in order to facilitate redistribution and relocation of physicians in areas needing physicians.

11. Increased availability of med-

HAVE YOU PATIENTS WITH Any Of THESE CONDITIONS?



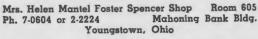
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Mrs. Erma Stefanski Ph. 4-7436 or 7-4169 225 E. Dewey Ave. Youngstown, Ohio

122 Park Äve. Youngstown, Ohio

716 E. Boston Youngstown, Ohio

1928 Mahoning Ave. Youngstown, Ohio

> 1555 Clay St. Youngstown, Ohio



ical education to young men and women to provide a greater number of physicians for rural areas.

12. Postponement of consideration of revolutionary changes while 60,000 medical men are in the service voluntarily and while 12,000,000 men and women are in uniform to preserve the American democratic system of government.

13. Adoption of federal legislation to provide for adjustments in draft regulation which will permit students to prepare for and continue the study of medicine.

14. Study of postwar medical personnel requirements with special reference to the needs of the veterans' hospitals, the regular army, navy and United States Public Health Service.

SOCIALIZED MEDICINE

Recently a business man accosted a friend and said: "Well, doctor, I see where they are going to socialize your business under the Federal Security Act." The doctor, who had spent his life helping the ill and afflicted in his community, regardless of their financial circumstances, said: "Oh, no, my friend, they are going to socialize you. When the federal government takes six per cent of your earnings and six per cent from your employer on wages paid you up to a specified amount, tells you what doctor to go to, when, and where, you will be getting the benefits of socialism, not me. When that day comes I will go back to pipe fitting, which is just working with a different kind of pipes than those in a human."

Yes, it's the public, not the doctors, that would suffer from politically appointed physicians. There would no longer be incentive for the better doctors to carry on. An independent pipe fitter would have more future than a socialized doctor. ---Riverhead (N. Y.) News.

Dr. Elder Heads Mental Hospital

Dr. Eugene E. Elder, former Youngstown physician, now assistant to Dr. Arthur G. Hyde, superintendent of Massillon State Hospital, is announced as the new head of the Youngstown State Mental Hospital.

Dr. Elder will succeed Dr. C. H. Cronick, who resigned recently. Frazier Reams, state welfare director, made the appointment.

In 1922 Dr. Elder graduated from the University of Budapest and was connected with Mt. Sinai Hospital in Cleveland and practiced in Pittsburgh, before his work here, leaving Youngstown to work at Massillon.

Dr. W. M. Skipp Named to Medical Committee

Dr. William M. Skipp has been named to the executive committee of Ohio Medical Indemnity, Inc., it was announced at Columbus.

The group is a company formed by the Ohio State Medical Association and the Blue Cross Hospital Service Associations of Ohio to provide cash indemnity against medical, surgical and obstetrical expenses.

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cal sterility. In infant feeding the physician protects the vitality and resistance of the organism in every way possible, by using pasteurized or boiled milk, boiled water, and sterilized bottles and nipples. He therefore naturally prefers to increase this margin of safety by specifying Dextri-Maltose which is bacteriological safe. Here where the life and health of the infant and the reputation of the physician are in the balance...VALUE, NOT PRICE, IS THE TRUE MEASURE OF ECONOMY.

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