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Youngstown, Ohio

DECEMBER • 1947

VOL XVII NO. 12



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DECEMBER

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MEDICAL CALENDAR

1st Tuesday 8:30 p. m.	Monthly Staff meeting, Youngstown Hospital Auditorium—Nurses' Home
Sunday following 1st Tuesday 11:00 a. m.	Monthly Staff meeting, St. Elizabeth's Hospital, St. Elizabeth's School of Nursing
2nd Monday 9:00 p. m.	Monthly Surgical Conference, St. Elizabeth's Hospital Library
2nd Tuesday 11:30 a. m. 8:30 p. m.	Council Meeting—Mahoning County Medical Society—Office of the Secretary
3rd Tuesday 8:30 p. m.	Monthly Medical Conference, Youngstown Hospital Auditorium—Nurses' Home Monthly Staff Meeting—Youngstown Receiving Hospital Auditorium
4th Tuesday 8:30 p. m.	Monthly Meeting—Mahoning County Medical Society—Youngstown Club
Every Tuesday 8:00 a. m.	Monthly Staff Meeting—Tuberculosis Sanitarium, Kirk Road
Every Tuesday 11:00 a. m.	Weekly Medical Conference, St. Elizabeth's Hospital Solarium
Every Thursday 12:30 p. m.	Orthopedic Conference, St. Elizabeth's Hospital Library
Every Friday 11:00 a. m.	Orthopedic Section, Library—South Side Unit, Youngstown Hospital
Every Friday 11:00 a. m.	Weekly Surgical Conference, Youngstown Hospital—Nurses' Home
Every Friday 11:00 a. m.	Urological Section, Library—S. Side Unit, Youngstown Hospital
Alt. Saturdays 11:00 a. m.	Clinic—St. Elizabeth's Hospital Library
	Clinico-Pathological Conference, St. Elizabeth's Hospital Library
	Obstetrical Section—North Side Unit of Youngstown Hospital

COMING MEETINGS

- Ohio State Medical Association, Cincinnati, March 30-April 1, 1948.
 American Medical Association Annual Meeting, Chicago, June 21-25, 1948.
 American Medical Association, Interim Meeting of House of Delegates and Scientific Session for General Practitioners, Cleveland, January 5-8, 1948.
 American Association for Study of Goiter, Toronto, Canada, May 6-8, 1948.
 American Urological Association, Boston, May 17-20, 1948.
 Northern Tri-State Medical Association, Findlay, April 13, 1948.

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of the
BULLETIN Mahoning County Medical Society

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101 Lincoln Avenue

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J. L. Fisher

S. W. Ondash

W. D. Coy

S. Klatman

H. J. Reese

REFLECTIONS ON THE NURSING PROBLEM

(An Editorial)

We have read and heard discussed much of late on the reasons for the "nursing problem." There undoubtedly are many sides to the question and we do not doubt that inadequate salaries, lack of economic security, faulty distribution, high entrance standards and perhaps a half-dozen other reasons all have their place in the discussion. With the exception of salaries most of these reasons border on the nebulous and tend to be the trees obstructing the view of the forest.

When nursing was first started it was with the idea of having sympathetic persons (generally females) aid in the care of the sick and wounded by bathing them, cleansing wounds and making the ill comfortable. That responsibility has been greatly elaborated upon since then and the number of duties has been increased many fold. Nurses at first recorded temperatures, pulse, and later respiration. In time it became necessary to make a written record of this. The administration of simple medicines was added, then use of the hypodermic. Narcotic laws eventually required that records be kept of all such medicines and so hypodermics were complicated by "book work."

In the second decade of this century the rise of the use of X-ray and the clinical laboratory spread to hospitals. Both required that the patient have special preparation for tests. This work was delegated to the nurse. As more and more procedures were added in both fields extensive records and requisitions were necessary for accuracy. These, too, were delegated to the nurse. The ward management of patients undergoing extensive tests became more involved as medical science progressed. The nurse was asked to supervise this. The anti-biotics were introduced and parenteral administration has been the method of choice. The only practical solution seemed to have nurses administer these drugs.



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Thus we now ask the nurse to bathe and feed patients, make them comfortable, to administer medicines by mouth and parenterally, to handle the drug orders for all such medicines, to take the patient's temperature, pulse, and respiration, to record his fluid intake and output, to see that he has the necessary utensils for the relief of his kidneys and bowels, to make out the requisitions for laboratory and X-ray procedures and see that the requisitions reached their destination, when the reports come back see that they get into the right chart before we make rounds, and—after all that write down in nursing notes all that she did so we will know that it has been done. (We might add, too, that charge nurses often have additional clerical labors in the form of time reports etc.).

Is it really any wonder that Mrs. "X" complains that while she was in the hospital she didn't always get her hands washed before meals and that when she had urgent need of the bed-pan she was most embarrassed from having to wait too long. If a nurse has all of the duties we have outlined could she not be harrassed to the point where she cannot give sympathetic care to sick persons?

Isn't it time someone re-evaluated the number of nursing procedures and determined whether all of them are necessary. Is all of the clerical work necessary? Should someone else be given the responsibility of making out laboratory and X-ray requisitions? Are nursing notes necessary in at least 50 percent of our patients?

If we could free nurses from some of these duties couldn't the reduced number of nurses give better nursing care? Wouldn't the public be better served? Shouldn't we take stock now?

F. S. C.

W. F. BARTZ MEMORIAL POST SECURES CHARTER

The W. F. Bartz American Legion Post composed of physicians in the Youngstown area, has received its charter.

Plans are under way for an organizational meeting at which time there will be an election of officers and policies of the organization will be discussed.

The Memorial Post is a tribute to the memory of a Youngstown physician, Dr. Walter F. Bartz, who lost his life in the service of his country.

Physicians desiring membership are asked to contact Dr. Ivan C. Smith, Home Savings and Loan Building, who is acting as temporary commander until organization plans are complete.

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COMMITTEE REPORTS—FOR 1947

REPORT OF LEGISLATIVE COMMITTEE

Your legislative committee has been active throughout the year. When the state Legislature was in session several conferences were held with the State Legislators through the Allied Professions Committee of which your organization is a member. The Allied Professions Committee has been a service both to its members and the members of our legislature in conjunction with the Ohio State Medical Association Legislative Committee. Advice was given these gentlemen which was very helpful in defeating bad legislation and passage of other of value to the entire allied professions.

The Legislative committee labored with your council in drafting and circulating initiative petitions to change the City Charter of Youngstown so that a trained full time health officer could be employed; with a Board of Health; both being entirely out of politics. The signatures on the petitions fell short so the Charter changes were not placed on the November ballot.

The Legislative Committee with your Council met the Mayor and City Council on several occasions in an attempt to have these charter changes placed on the November Ballot but were rejected by the City Governing Body.

Your Committee working with the Allied Professions contacted Mayorality and Council candidates getting their views toward the charter changes. Each Member of the Society has received a report of the reactions of the various candidates toward charter changes.

The Democratic candidates favored a full time health Commissioner, fully trained but a health Commission without authority; the Mayor having all power of the entire department.

The Republican candidates favored a full time Health Commissioner; fully trained with a Board of Health which would be responsible for all Health matters in Youngstown. The Mayor would have no authority over its actions.

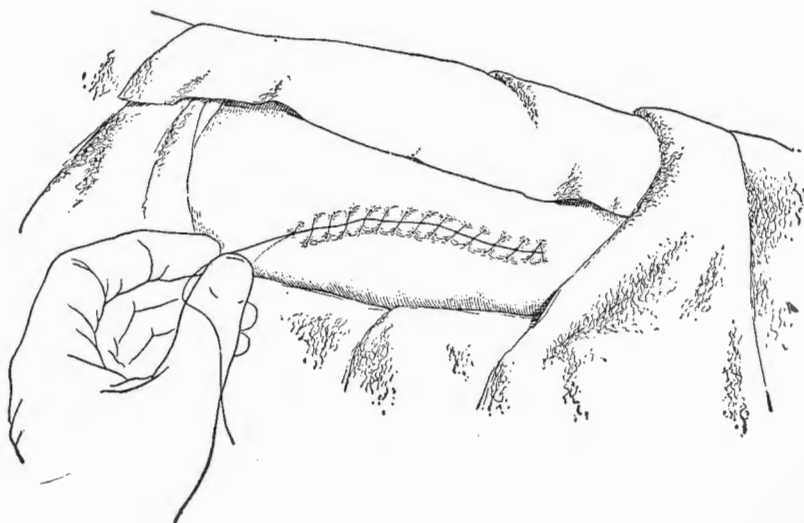
The Committee kept in contact with all political matters pertaining to the practice of medicine and public health.

The Committee thanks all members of the Society who gave their support and efforts when called upon to make its efforts effective.

Wm. M. Skipp, M. D., Chairman

REPORT OF THE PROGRAM COMMITTEE

With the assistance of a very co-operative committee and other interested members of the Society, the program for this season had been almost completely closed by September 1, 1947. All of



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the dates have been filled with exception of June 15, 1948 which is intentionally being held open with a number of possibilities in mind. The speakers thus far have been well received and generally quite popular, and it is believed that the remaining speakers will prove as stimulating.

The policy of personalizing the speakers' visit here has been and will be followed throughout the year; that is, members of the Society or of the committee who are personally acquainted with the speaker have been asked to take over the responsibility of acting as host during the speaker's visit. This plan has worked well so far and will be followed during the remainder of the season. It is interesting to note that in communications with prospective speakers, it has been found that there is a friendly feeling toward this Society because of the efforts which have been made in the past to make the speaker's visit here a mixture of business and pleasant recreation. I believe it is for this reason that we have had little or no difficulty in engaging some of the best talent in the country as our speakers for this year.

Lewis K. Reed, M. D., Chairman

REPORT OF THE PUBLIC HEALTH COMMITTEE

The Public Health Committee this past year continued the work which the committee for the preceding year had started, that is, to obtain the appointment of a full time Health Commissioner for the city of Youngstown. This appointment called for an amendment to the Home Rule Charter. This amendment was drawn up by the law firm of Carlyle & Carlyle and after much discussion, and a few changes, it was presented to the City Council for approval. This amendment was turned down for obvious political reasons and it was then necessary to circulate petitions to obtain signatures of ten percent of the registered voters of the city which attempt was also unsuccessful.

Another problem which the Public Health Committee had to work out, in conjunction with the Visiting Nurses' Association was that of the treatment of the indigent sick, who were not on relief and who were unable to obtain the services of a physician. A committee appeared before Mayor O'Neill, to attempt to get some aid for this type of patient and since there is no longer a city physician, it was agreed that if the Visiting nurses found any patients in need of medical care, that they would be able to call upon the Medical-Dental Bureau for assistance and the physician would be paid for his work, upon presenting his statement to Mr. Roy Mellon at the Board of Health.

Along with the chairman of the Hospital Relations Committee, the Lincoln Avenue Hospital was inspected and discussion was held with their officers and staff. It was their desire to obtain the endorsement of the Mahoning County Medical Society, which they did.

Barclay M. Brandmiller, M. D., Chairman

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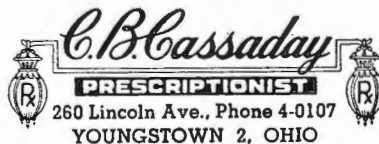
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OHIO MEDICAL CARE PROGRAM FOR VETERANS

During the past year, the State Committee for Medical Care for veterans has met at Columbus on several occasions, and the Chairman of the local committee has been present at most of these meetings, and at one meeting the Chairman and four other members of the local committee were present.

At the outset of this program for the Medical Care of the veterans in Ohio, there was considerable confusion and a great many physicians were pretty much in the dark as to procedure to be followed in the care of the veterans. As time has passed, however, the difficulties have been ironed out quite well, and the program for the Medical Care of the veterans has settled down to a fairly smooth running business.

The following comments are brought out to clarify many of the questions asked by physicians participating in the plan.

The Medical Care of the veterans of Ohio is a plan based on an agreement between the Veterans Administration and the Ohio State Medical Association which became effective on July 1, 1946. According to this plan, veterans entitled to medical examination and treatment at the expense of the Federal Government may receive such services from participating physicians in private practice on authorization of the Veterans Administration. A physician who is a member of the Ohio State Medical Association or who has an application for membership pending may become a participating physician by making known his desire to the Columbus office of the Ohio State Medical Association. When his name is certified by the Association to the Veterans Administration Branch Office in Columbus, he is then listed as a participating physician by the VA, whereupon he becomes eligible to examine or treat veterans on authorization and to receive payment from the government for such services. Such physicians may refuse to examine or treat a veteran, and he may request at any time that his name be removed from the list of fee-basis physicians.

The Sub-Regional Office in the Cleveland area is at 6 West Federal Street, Youngstown, Ohio, and is under the direction of Dr. Sidney Franklin, who has always co-operated very well with the local physicians.

There are two Regional Offices in Ohio. The Cleveland Regional Office is located at 216 Superior Avenue, which has jurisdiction over the northern half of Ohio. The Cincinnati Regional Office is located at 209 East 6th Street, and has jurisdiction over the southern half of Ohio. Any Regional or Sub-Regional Office can issue authorization for treatment.

It has been asked, "When is a veteran eligible for medical care and hospitalization at the expense of the government?" Federal laws authorize the Veterans Administration to provide medical care or hospitalization, or both, as follows:

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"(a) A veteran with a disability which has been adjudicated as of service-connected origin or aggravated by military service, may receive out-patient medical care or hospital care, if necessary, for his service-connected disability.

"(b) When a veteran who has a claim for compensation pending for adjudication, or who has not filed a claim, requests out-patient medical care or requires emergency hospitalization, he may obtain out-patient treatment or emergency hospitalization, if necessary, upon authorization of the Chief Medical Officer of a Regional or Sub-Regional Office if there is prima facie evidence that his claim for service-connected benefits will be approved by a VA rating board.

"(c) A veteran with a non-service connected disability is not entitled to out-patient care but he may be admitted to a Veterans Administration hospital, if necessary, providing he can not afford hospitalization in a civilian hospital and providing accommodations for non-service connected cases are available in a VA hospital."

A service-connected disability is one received by a veteran while in military service or aggravated by such service and which has been adjudicated as service-connected by a VA rating board, composed of a physician, layman and a lawyer.

How does an eligible veteran apply for out-patient or hospital care? "By filing a request with the nearest Regional or Sub-Regional Office, or by having a fee-basis physician in his home town file a request for him. Requests also may be filed in behalf of the veteran by a VA Contact Representative or by the Service Officer of a recognized service organization." The Chief Medical Officer of a Regional or Sub-Regional Office may authorize out-patient care or hospitalization.

It is important that authorization be obtained because the VA will not pay for services rendered by a physician or hospital unless prior authorization is granted except in certain types of emergencies.

The following defines emergency treatment or hospitalization:

"The Veterans Administration will pay for emergency medical care or emergency hospitalization by a physician or hospital without prior authorization in the case of a veteran with a service-connected disability who needs immediate and emergency treatment for his service-connected disability in event a medical facility of the VA is not readily available and delay would be hazardous. Authority to hospitalize and treat the veteran should be requested as soon as emergency services have been performed."

What procedure should the physician follow in emergency cases?

"The physician called should handle the case as in any emergency. If a VA medical facility is readily available and treatment

Annual Meeting

Election of Officers

TUESDAY, DECEMBER 16th, 1947

YOUNGSTOWN CLUB — 9:00 P. M.

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Secretary

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"There are now about 130,000 members of the American Medical Association, and if I say that 2,500 of them are active in protecting the interests of the public and medicine, I would probably exaggerate. These men are devoting a tremendous amount of time and thereby cutting their own incomes to protect the profession and the public. It is somewhat discouraging to them sneeringly to be referred to by their associates in medicine as "medical politicians." Were it not for the efforts of this group, all of us would now be practicing under a plan of bureaucratic regimentation. If the members of a county society do not like the way their affairs are being handled, then they should attend meetings and change the methods and their officers. If they do like them, then they should attend and give their officers support."—Louis H. Bauer, President, Medical Society of the State of New York.

can be delayed until the veteran can be taken there, the physician should arrange for him to be taken to the VA facility. If the physician believes immediate treatment necessary, he should render the necessary services. If the physician has reason to believe that the emergency is a result of a service-connected disability, he should get in touch with the Chief Medical Officer of the nearest Regional or Sub-Regional Office, report the case, obtain authorization for the emergency treatment, and receive instructions for subsequent handling of the case. Collect telephone calls to a VA office to obtain necessary approval are authorized. The Veterans Administration will pay the physician for his services if notification is received within 72 hours of the time of the first treatment, providing the facts show the emergency condition was the result of a service-connected disability or will probably be decided as service-connected in character. If the emergency happens on Sunday or a holiday, contact should be made with the appropriate VA office on the following day. The physician should be prepared to submit data such as the name and address of the veteran, his C-file number, if known, medical particulars and why, in his opinion, the emergency condition was service-connected. The Veterans Administration is not authorized to pay for out-patient treatment, even in an emergency, for conditions known to be due to inter-current disease or trauma or for treatment rendered after the condition has been adjudicated as non-service connected."

The procedure to be followed to hospitalize veterans in an emergency is as follows:

"If a veteran needs emergency hospitalization for a disability which is known to be or presumed to be service-connected, the attending physician or hospital authority, if the veteran is taken directly to the hospital, should telephone the nearest Regional or Sub-Regional Office to obtain authorization to have the veteran hospitalized in a Veterans Hospital or in a civilian hospital. If the emergency occurs on Sunday or a holiday, or the nearest VA office can not be reached by telephone, the nearest Veterans Administration Hospital should be contacted for authorization and instructions. If a Veterans Administration Hospital can not accommodate the veteran, or it would be hazardous to move him, even if accommodations are available, authorization for care in a civilian hospital may be granted. If authorization can not be obtained in advance, the case should be reported and authorization obtained the next day; in no event later than 72 hours."

To provide hospitalization for a veteran in other than emergencies, efforts are made to provide the veteran with a service-connected disability needing hospital care with immediate hospitalization in a Veterans Administration hospital. However, he may have to wait his turn, or in emergency cases, he may be sent to a civilian hospital under contract with the Veterans Administration. Application should be made by filing Form P-10 with a Regional or Sub-Regional Office.

Veterans with non-service-connected disabilities who can not

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afford hospital care in a civilian hospital may be admitted to a Veterans Hospital if accommodations not needed for service-connected cases are available. Application should be made on Form P-10.

A Contract Hospital is a civilian hospital which has entered into an agreement with the Veterans Administration to provide hospital services for veterans in authorized cases at a stipulated per diem charge.

The fees charged by the fee basis physician are no higher than those listed in the fee schedule which is part of the agreement between the VA and the Ohio State Medical Association. Copies of the fee schedule may be secured at VA offices as well as the Columbus Office of the Association.

The physician should submit his fee bill in duplicate to the VA office which gives him authorization immediately after the examination or treatment has been completed; in protracted cases, it should be submitted at the end of each month. The forms to be filled out and filed by a veteran and physician are as follows: For out-patient treatment, the veteran should complete Form 2827 and file it with a local Regional or Sub-Regional Office. He may request that he be permitted to go to a fee-basis physician of his choice if that is his desire. The Chief Medical Officer of the appropriate VA office may grant his request; may request him to report to a VA medical facility; or may reject his application if facts and conditions indicate his case is not service-connected or that treatment is unnecessary.

A physician requesting authority to treat a veteran should use Form 2690 and file it as indicated. Authorization for treatment is scheduled on a monthly basis.

Form 2690a, Report of Treatments Rendered, should be submitted by the attending physician to the Veterans Administration about the 25th or 26th day of the current month. This form is sent to the physician at the time the written authorization form is mailed (Form 2639). The physician should have the veteran sign his name and the date each time he receives treatment. Form 2545 should be used by a physician in making a report of physical examination of a veteran.

"WHAT DISCRETIONARY AUTHORITY RESTS WITH THE REGIONAL OFFICE, SUB-REGIONAL OFFICE, OR CONTACT OFFICE OF THE VETERANS ADMINISTRATION?"

"The Chief Medical Officer, or his designate, of a Regional, or Sub-Regional Office, Center or Hospital, may issue authority for the examination, treatment or hospitalization of a veteran, including unusual laboratory procedure, X-ray work, special nurses, etc. He may decide whether a veteran may receive services from a civilian fee-basis physician or civilian hospital, or whether the veteran shall report to a Veterans Administration facility for such

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services. He is governed by regulations of the Veterans Administration and federal statutes which provide that consideration will be given as to which procedure will be to the best interests of the veteran and the government.

"The administration officer of a contact office may give advice to a veteran or physician and aid them on administrative matters, but he may make no medical decisions."

The telephone can be used to obtain authorization for treatment in emergency cases. In these cases, the Chief Medical Officer will send a written authorization to the physician immediately.

A physician who wishes to continue treatment during the next calendar month should file a request for authorization with the Regional or Sub-Regional Office by the 23rd day of the current month. The maximum number of visits which the physician expects to make during the succeeding month should be specified.

When the physician requests special X-ray or other laboratory procedure, he should write or telephone the Regional or Sub-Regional Office of the VA for authority for the special examinations, giving C.file number of veteran, date of authority for the original examination, etc. Authorization must be obtained in advance.

In psychiatric cases, the procedure for out-patients is the same as in other cases. The chief medical officer may authorize examinations and treatment by a fee-basis physician or by the psychiatric staff of a VA out-patient facility.

Regarding prescriptions. The Veterans Administration will pay for drugs and medical requisites on a prescription issued by a fee-basis physician in an authorized case if the following conditions are met:

1. The prescription is written and signed by a fee-basis physician authorized to treat the veteran; (2) the prescription is dated and is filled within 10 days of date of prescription; (3) the veteran's name, address, and claim number, if known, appear on the prescription blank; (4) the blank carries a statement over the physician's signature reading, 'I am authorized to treat and prescribe for the above named Veterans Administration patient'; (5) the pharmacist acknowledges receipt of the prescription and certifies that the copy submitted to the VA is a true copy of the original on file with him."

The veteran may have his prescription filled by a pharmacist participating in a program established under an agreement between the Veterans Administration and the Ohio State Pharmaceutical Association.

The names of participating physicians and participating pharmacists can be obtained at the Branch Office of the Veterans Administration in Columbus, Ohio; Regional, Sub-Regional, and Contact offices of the VA; at the Ohio State Medical Association

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and at the Ohio State Pharmaceutical Association.

A special nurse can be hired for the veteran in a private hospital if the hospital and the physician have been authorized to render services and the physician obtains authorization for employment of the special nurse. Necessity for special nursing care must be shown.

In the foregoing, we have tried to outline some of the questions which face the physician in the medical care of the veterans in Ohio. In case of doubt, we believe it would be well to call Dr. Franklin whose office is at 6 West Federal Street, Youngstown, Ohio.

W. H. Evans
O. M. Lawton
R. H. Middleton
O. J. Walker
J. N. McCann
I. C. Smith
G. G. Nelson, Chairman

REPORT OF POST GRADUATE COMMITTEE

Post Graduate Day was held on April 16, 1947 at Hotel Pick-Ohio. The School of Medicine, Temple University of Philadelphia furnished the speakers. A surgical clinic conducted by Dr. W. Emory Burnett was held at St. Elizabeth's Hospital and a medical clinic conducted by Dr. John Lansbury was held at South Side Unit.

The following papers were presented:

"Treatment in Psycho-Somatic Conditions," by Dr. Eleanor Steele.

"The Latest Developments in Eclampsia and Treatment of Menorrhagia," by Dr. J. Robert Willson.

"Obesity," by Dr. John Lansbury.

After dinner the following paper was presented:

"The Widening Scope of Thoracic Surgery," by Dr. W. Emory Burnett.

In addition to a local meeting the Sixth Councilor District of the Ohio State Medical Association held a Post Graduate Day at the Hotel Onesto, Canton, on November 5, 1947. A group from the University of Chicago conducted the scientific sessions.

The following papers were presented:

"The Causes of Pre-Natal and Post-Natal Infant Mortality," by Dr. Edith Potter.

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"The R. H. Factor," by Dr. Edith Potter.

"Emotional Aspects of Organic Illness" and "Recognition of Mild Depressions," by Dr. Henry W. Brosin.

"Treatment of Disturbances of the Digestive Tract," "The Pathogenesis and Medical Management of Peptic Ulcer," and "Gastric Vagotomy and Intractable Ulcer Treatment," by Dr. Walter Palmer.

"Newer Knowledge of Protein Nutrition" and "Newer Methods of Protein Nutrition," by Dr. Paul R. Cannon.

I wish to thank the members of the Post Graduate Committee for the excellent co-operation and assistance in helping me with the Post Graduate Days.

G. E. DeCicco, M. D., Chairman

REPORT OF THE HOUSING COMMITTEE

No formal meetings of the Committee have been held this year. The need for a place in which we may have our meetings has become more apparent since the recent decision to avail ourselves again of the friendly atmosphere of the Youngstown Club.

In consultation with other members of the Committee, the consensus of opinion was that no effort be made to buy real estate to even consider building as long as the housing shortage exists.

W. H. Bunn, M. D., Chairman

REPORT OF HOSPITAL RELATIONS COMMITTEE

The Hospital Relations Committee reports splendid co-operation between Hospitals and Medical Society. This co-operation has been so good that the committee has had no function this year.

W. K. Allsop, M. D., Chairman

COMMITTEE ON LAY EDUCATION

When this committee was formed at the beginning of the year it was necessary to accumulate data on the availability of medical speakers and the amount of possible talent within the society. Questionnaires were mailed to all members of the Society asking them to indicate their choices from a list of 41 topics. The letter was simply arranged so that all it required were several check marks and the physician's signature. Sixty-seven members of the Society returned the questionnaires. This has formed a working nucleus of information for the committee. Other members of the Society with known interests have been called on from time to time as the occasion required.

The committee's greatest activity was during the American Cancer Society's drive for funds. During a two-week period this committee furnished speakers for 11 radio talks and eight physicians to address lay groups directly. In addition to this two speakers have been furnished to talk to Youngstown College classes on general health problems and two other speakers were sent to talk to civic groups on miscellaneous health subjects.

While most physicians favor lay education, they tremble at the thought of writing and delivering a talk. "Canned" speeches have many disadvantages. An informal talk by a physician carries a great deal of weight and our own members perhaps need to be educated on that one point alone.

F. S. Coombs, M. D., Chairman
Lay Education and Speaker Committee

SOCIAL COMMITTEE

Your Social Committee provided the following functions during the year 1947:

The Annual Banquet was held on March 20 at the Youngstown Country Club. All the boys being back from the service and the fact that we were fortunate in engaging Mr. George Bailey, Memorimusagian, is reason enough to believe we sure had a very enjoyable evening.

The Annual Golf Tournament was held at the Youngstown Country Club, on August 21, in conjunction with the Corydon Palmer Dental Society. A very good attendance was on hand and a fine time had by all. The enthusiastic pill-rollers and dinner guests had so much fun and there were so many wonderful prizes that we never have been able to figure out just who got what from whom.

R. E. Odom, M. D., Chairman

THE HARD OF HEARING COMMITTEE

The greater part of the committee's work has consisted of its work with the Youngstown Chapter of the Hearing Society. Drs. F. F. Piercy, R. E. Odom and R. A. Hall are members of the Board of Directors of the local chapter. The activities of the chapter have been greatly accelerated in the past year due to the chapter's recent tie-up with the Community Chest. Also because the chapter is in the process of buying a home and obtaining additional funds for same.

To aid in the observance of National Hearing Week, November 9 to 15, a short paper was read by Dr. Ray Hall on the radio, November 12. On November 13 a film entitled "A Clinic on Deafness" was shown to the Youngstown Chapter of the Hearing Society. The chairman of the committee attempted to explain the film and revive the fainting members after viewing the fenestration operation.

R. A. Hall, M. D., Chairman

COUNCIL MEETING

The regular monthly council meeting was held at the office of the secretary on November 10.

Correction

Dr. James Delmar Miller's classification should be Active Membership instead of Interne Membership as appears in the October issue of the Bulletin.

The following applications were acted upon favorably by Council.

FOR ACTIVE MEMBERSHIP	FOR ASSOCIATE MEMBERSHIP
Dr. Francis George Kravec 243 Lincoln Ave.	Dr. Albert James Fisher North Side Hospital
Dr. Alexander K. Phillips 250 Lincoln Ave.	Dr. Arthur E. Rappoport Yo. Hospital Ass'n S. S.
Dr. Sidney C. Keyes 1404 Elm St.	FOR INTERNE MEMBERSHIP
	Dr. Robert J. Heaver 7330 Market St.
	Dr. Vincent G. Herman Campbell, Ohio

Unless objection is filed in writing within 15 days, the above applicants become members of the society.

V. L. Goodwin, M. D., Secretary

RECEIVING HOSPITAL STAFF MEETING

The monthly Staff meeting of the Youngstown Receiving Hospital was held on Tuesday evening, November 11, 1947. Dr. R. B. Poling, Chief of Staff, presided.

Dr. Charles Waltner, associate physician of the resident staff, presented a paper on "Psychodynamic Aspects and Their Utilization in Psychiatric Cases." He emphasized the importance of the role of psychosomatic medicine in view of the fact that approximately 60 percent of patients presenting themselves to the physician are said to have emotional conflicts of one kind or another. He outlined the work of the social worker and the psychiatrist and pointed out their important role in making proper evaluation of cases being studied at the local hospital. He stated that it is becoming increasingly more apparent that proper evaluation of a case can only be effected by complete co-operation and joint study by the psychiatrist, the psychologist and the social worker. His commentary included an outline of the manner in which cases are studied at the hospital and he cited several case histories which illustrated the invaluable assistance rendered by the psychologist and social worker in diagnosis and subsequent management. The talk was well received and elicited a good deal of timely discussion.

S. W. O.

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T. B. SANATORIUM STAFF MEETING

Approximately 45 staff members and interested physicians attended the monthly staff meeting of the Mahoning County Tuberculosis Sanatorium held at St. Elizabeth's Hospital Oct. 27, 1947 to hear Dr. Raymond C. McKay, Associate Clinical Professor of Medicine at Western Reserve University, tell of the modern concepts of the use of B. C. G. (Bacille Calmette-Guerin) vaccine in the prevention of tuberculosis.

Dr. McKay traced the history of the development of B. C. G. vaccine, having been isolated in 1908 from cattle. It is thought to be an attenuated living culture. He told of the two black marks against the earlier uses of B. C. G. namely: the isolation of virulent bacilli from B. C. G. by Petroff in 1927, and the disaster in Lubeck, Germany, in 1940 when a number of children vaccinated with B. C. G. died because the cultures had become contaminated with virulent organisms.

The speaker went on to cite the need for some method of immunization against Tuberculosis, pointing out that persons with a positive Tuberculin test (indicating a previous infection) have five times the resistance to subsequent exposure as those persons with negative Tuberculin tests. Of various methods proposed to immunize Tuberculin-negative persons, B. C. G. vaccine is the most promising to date.

Dr. McKay thought that B. C. G. was safe if it were rigidly kept from contamination by virulent organisms. He suggested that its greatest usefulness was in Tuberculin-negative persons who work in Sanatoria or general hospitals, i.e. those persons who might be exposed to Tuberculosis.

He cited the figures obtained by Tice and Rosenthal in Chicago. In 1,200 cases vaccinated with B. C. G. there were three cases of Tuberculosis with one death. In a control group of 1,200 unvaccinated persons there were 23 cases of Tuberculosis and four deaths. Likewise he mentioned the work of Aaronson of the U. S. Public Health service where the vaccine was used in North American Indians. In this series 1,500 Indians were vaccinated, 40 subsequently developed Tuberculosis and four of these died. In a control group of 1,500 Indians there were 185 cases with 28 deaths.

As an added attraction Dr. McKay reviewed Beryllium disease of the lungs, pointing out that it apparently has two phases. The acute stage simulates virus pneumonia and seems to be a bronchopneumonic process, but is without fever and leukocytosis. It is now referred to as "Acute Pneumonitis in Beryllium Workers." The chronic stage is manifested by a minute nodular infiltration of the lungs, shortness of breath and weight loss. It simulates Sarcoid of the lung. It has been designated as "Pulmonary Granulomatosis in Beryllium Workers."

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Dr. McKay pointed out that Beryllium is now used in the manu-

facture of fluorescent lamps, neon lights, X-Ray tubes, and stainless steel. Occasionally the disease occurs in persons not employed in such a plant but living in the neighborhood of a plant using Beryllium. The finished product of the plant apparently is harmless, the pulmonary affliction apparently being the result of one of the manufacturing processes. He said that 45 cases have now been reported in Massachusetts. Acute and chronic cases have been discovered in the vicinity of Cleveland since there are plants in Painesville, Lorain, and northwestern Pennsylvania using Beryllium in manufacturing processes.

F. S. C.

ST. ELIZABETH'S HOSPITAL STAFF MEETING

The regular monthly meeting of the St. Elizabeth's Hospital Staff was held on Tuesday evening, November 4, 1947.

Drs. R. B. Poling and J. A. Renner presented a paper entitled "The Medical and Surgical Aspects of Hypertension." Dr. Poling presented the etiology of various hypertensive states and their treatment. His discussion included a careful appraisal of the type of hypertension and the medical management of those not in the surgical category. He emphasized that a considerable survey including an estimate of age, duration of the hypertensive state plus cardio-renal-vascular study, study of the oculi fundi and pyelography were necessary before indications for sympathectomy were evident. He opined that surgery had a definite place in the attack on hypertensive states and that it was particularly efficacious in the young middle age groups between 30-50 in whom there was a diastolic level of 120-140, a pulse pressure of between 50-60 with a good reaction to sedation and good cardio-renal function.

Dr. J. A. Renner presented the anatomical and surgical aspects of the approach to the hypertension problem. He indicated that sympathectomy had a definite role in that the proper candidate for surgery not only obtains symptomatic relief but demonstrates a decrease in systolic and diastolic pressure and a decrease in cardiac silhouette. He reviewed the work of Smithwick and et al and presented a good statistical analysis of the work to date. He advocated bilateral combined thoraco-lumbar sympathectomy involving segments from T7 to L2.

Dr. Bayuk of the Department of Anaesthesia discussed the physiological aspects involved and presented the role of anaesthesia in the attack on the problem.

S. W. O.

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THE MEDICAL CRIER

(A Column of Sidelights, News and Views in the Medical Field)

Comes now the joyous Christmas-tide, that strange celebration in which is mixed the Christian and the pagan, the altruistic and commercial; when families gather together and the lonely are more alone, when the selfish little thoughts are forgotten for the moment in the general abandonment to the generous impulse. The season when everyone pauses to wish his neighbor well, the time when race and creed, birth and breed are most nearly forgotten. A time for home and friends and children, when each child is made to feel that somehow he participates in the joyous celebration of the birth of the one Child who came to teach men to live in love and understanding.

Many of us can remember Christmases spent slogging through the mud of military camps, on ships far from sight of land or crouched in some fox hole dug in foreign soil. Compared to those days our present worries about taxes, housing and shortages seem trivial. Yes, it's nice to be home for Christmas in this pleasant land.

Last month's President's page should be required reading for the general public. I mean about getting a doctor at night. During the war the shortage of doctors was so acute that many times people with medical emergencies had to go to the hospital for treatment. Even now the doctors are overworked and there are not enough young men in town such as used to be called upon to help out at night. That is not the fault of the doctors. During the conscription period the doctors protested to no avail about so many of the students being taken. Now the young men are trying to finish their education and are not here to help out. Doctors are still making night calls and many of them, but there is a limit to endurance. Every doctor knows that most night calls are not true emergencies but simply made so by neglect, discomfort and fear. The patient who cannot get a doctor for a true emergency is lacking in resourcefulness. The telephone service of the Medical-Dental Bureau was organized with that thought in mind. They are on the job twenty-four hours a day to help the public in locating a doctor who will meet their needs.

The meeting at Canton was excellent. The faculty from the University of Chicago gave a splendid presentation of timely subjects. Here are some of the sidelights:

Dr. Cannon said that no other dietary essential shows its lack so quickly as does protein. Even the lack of one essential amino acid will throw the body into a negative nitrogen balance in one day and the human being will feel sick. We wonder if the Mahatma ever noticed that?

Dr. Palmer said that the patient on ulcer diet should have adequate protein but there is no necessity for feeding amino acids. He outlined the latest treatment of peptic ulcer: rest, Sippy diet,

Calcium carbonate and magnesium oxide to keep the stomach contents neutralized and belladonna for spasm. What's new about that?

Dr. Potter was an attractively dressed, ageless female obstetrician with a fluent vocabulary and more perfect diction than Irene Dunn. She spoke on the R-h factor and told more in thirty minutes than you will get by reading for hours.

Dr. Brosin talked about the recognition of mild depression in patients—the kind of a person who is born two drinks behind. That's me brother, that's me! Excuse me one moment while I catch up.

Here is Brosin's recommended reading for doctors: Carl Binger's "The Doctor's Job." Thoreau's Essays (most men lead lives of quiet desperation). John N. Rosen's "Chronic Hospitalized Schizophrenia."

J. L. F.

IMPRESSIONS OF A MEDICAL JUNKET

On November 5, 1947, a large group of doctors from the Sixth Councilor District of the Ohio State Medical Association assembled at the Hotel Onesto, Canton, Ohio, for the annual district Post Graduate Day. The trip from Youngstown to Canton was a dreary one. There is nothing like a constant drizzle and much mud splashed on the windshield to convince one that this is not the day for out of town meetings. With a start like this, it took little additional effort to bring up the thought that the day's speakers would probably be like the weather. Imagine my surprise when the meeting was called to order at 10:00 a. m. to find that there was no reason for any such pessimism. In the first place, the meeting was held in a very attractive, modern ballroom with excellent acoustics. The scientific program was composed of a series of excellent papers, the subjects of which had been previously announced. The speakers were Doctors Edith Potter, Henry W. Brosin, Walter L. Palmer and Paul R. Cannon, who covered aspects of the fields of Obstetrics, Neuro-Psychiatry, Peptic Ulcer and Protein Nutrition, respectively.

An unusual combination of personality was disclosed to the fortunate group assembled in the ballroom. It was a distinct privilege and pleasure for us to listen to the remarks of Doctor Brosin, who seemed to be a combination of physician, philosopher and entertainer. It is difficult to believe that a medical presentation can be made along with almost continuous gales of laughter, yet that is exactly what happened in Canton. This, in no way, detracted from the excellence of the discussions presented by the other members of the group from the University of Chicago, for they, too, pre-

sented papers of equal brilliance but their remarks were directed on a more serious plane.

Included in the group of physicians from Mahoning County, which made an excellent showing, were the following doctors:

Reilly	Getty	Patrick
Skipp	Parillo	Giffin
Elsaesser	Weltman	Gross Jr.
Ranz	Nagel	Anderson
Colley	Gustafson	Brown
Reese	DeCicco	Flynn
Bannister	Gross	Mackey
McGregor	Shorten	Schlecht
Monroe	Fisher	Loria
Bennett	W. P. Young	Willis
Hathorne	Welsh	Tornello
Ondash	Holtzman	Mayer
Clifford	Alexander	Poling
Vance	Detesco	

Harold J. Reese, M. D.

UNCLE DUDLEY

It wasn't any property peculiar to opium that enabled De Quincey to observe that your argument should not be so conclusive as to remove completely all thought to the contrary; but should leave some vestige of the error around which the imagination may at times play in discriminating delight. The ego shrinks unbearably if one is all wrong.

* * *

It is easy to accuse one of living in the past, an easy way of pronouncing adverse judgment without consideration. Only our realizations are in the present. Our hopes and imaginations are of the future; but the experiences that give these value, the foundations of our faiths, are all in the past.

* * *

It takes a lot of preparation to be able to do good. It takes a lot of doing good to be able to judge its worth. It takes wisdom to determine if it still be good; and more wisdom to judge when to do it and to whom. Whether your left hand knows what your right hand is doing, is not as important as that your cerebrum knows what they both are doing.

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LOYALTY GROUP INSURANCE PLAN

The Council
 Mahoning County Medical Society
 Youngstown, Ohio

Gentlemen:

The Mahoning County Medical Society Loyalty Group Disability Insurance Plan has functioned as follows during the eight-month period from its inception on February 25:

Number of Claimants.....	15
Number of Claims.....	16
Recurrent Conditions	1
Accident Causes	
Fractures and Dislocations.....	3
Lacerations	1
Contusions	1
	5
Sickness Causes	
Influenza	3
Pneumonia	3
Herniotomy	1
Skin Infection.....	1
Coronary	2
	10

The claim experience up to date has been very good. However, inclement weather during the next four months will cause a sharp increase in number of claims which will greatly change the experience for the first full year of operation.

There have been no withdrawals from the Group and six new policy-holders have been added since the Loyalty Group Plan became effective. To date 67 percent of the eligible members of The Mahoning County Medical Society are enrolled under this plan.

Very respectfully yours,

Lamar K. Donahay, Manager

MEDICAL BOWLING LEAGUE MAKES INAUGURAL

The Medical Bowling League got under way on Thursday, November 6, 1947. A fair representation saw the season off to a flying start. However, a final call is issued to those of you who need a little push to toss off sedentary inclinations.

Six alleys are reserved for the medical profession at the Champion Bowling Alley on Champion Street and bowling gets under way at 2:00 p. m. each Thursday.

Plans are being made to have four to six teams drawn up as

soon as handicaps are established so that team play will add to the interest of the sessions. All "maple mauling" physicians are urged to get a start so that they can be included on teams. Now that the brisk weather is on us what better recreation can you find so limber up and join us!

Individual standings as of November 13 are as follows:

Name	No. Games	Total	Average
J. Brown.....	1	175	175
R. Clifford.....	4	665	166
R. Piercy.....	6	972	162
N. Belinky.....	6	949	158
E. H. Young.....	9	1411	157
V. Herman.....	12	1859	155
S. W. Ondash.....	5	770	154
H. Reese.....	13	1984	153
F. F. Piercy.....	8	1224	153
M. Conti.....	3	424	141
J. Renner.....	2	281	141
H. Ipp.....	4	558	140
S. Goldberg.....	4	545	136
W. O. Tims.....	8	1065	133
I. C. Smith.....	7	896	128
J. Colla.....	8	981	123
B. J. Dreiling.....	5	616	123
A. Phillips.....	3	350	117

S. W. O.

YOUR DIRECTORY INFORMATION CARD

Preparations are now being made to publish the new, Eighteenth Edition of the AMERICAN MEDICAL DIRECTORY! The last edition of the Directory was issued late in 1942. Since that time, it has been impossible to publish a new edition because of wartime restrictions and the shortage of paper and labor.

About November 15, a directory card will be mailed to every physician in the United States, its dependencies, and Canada, requesting information to be used in compiling the new Directory. Physicians receiving an information card should fill it out and return it promptly whether or not any change has occurred in any of the points on which information is requested. It is urged that those physicians also fill out the right half of the card, which information will be used exclusively for statistical purposes. Even if a physician has sent in similar information recently, mail the card promptly to insure the accurate listing of his name and address. There is no charge for publishing the data nor are physicians obligated in any way.

NEWS ITEMS

Dr. Robert Piercy has returned from Chicago where he attended a meeting of the American Academy of Otolaryngology.

Dr. and Mrs. E. J. Wenaas, Dr. and Mrs. H. E. Mathay, Dr. and Mrs. J. C. Vance, Dr. and Mrs. J. L. Fisher and Dr. and Mrs. C. W. Stertzbach were recent visitors in Cleveland for the week-end.

Dr. and Mrs. Brack M. Bowman and daughter, Carol, have returned from the East where they motored for a week's visit.

Dr. and Mrs. J. L. Scarnecchia motored to Louisville, Ky., where Dr. Scarnecchia attended the 15th meeting of the Northern Association of Obstetricians and Gynecologists of which he is a member.

Those attending the Pitt-Ohio State game were Dr. and Mrs. O. J. Walker, Dr. and Mrs. E. J. Wenaas, Dr. and Mrs. James L. Fisher and Dr. and Mrs. H. E. Mathay.

Dr. and Mrs. L. G. Coe and daughter Jo-Anne motored to Granville and were guests at the Inn, while visiting their daughter and sister, Norma, who is attending Denison College.

Dr. and Mrs. L. Jay Goldblatt have returned from an extended visit in New York City.

Dr. R. S. Lypse discussed "The Minister and the Sick" at the monthly meeting of the Youngstown Ministerial Association in Helen Chapel of First Presbyterian Church.

Dr. O. W. Haulman is recovering from a recent gall-stone operation in North Side Unit of Youngstown Hospital.

Dr. Craig C. Wales spoke at the Kiwanis Club on "Lepers in the Isle of Molaki" at their directors meeting held at the Y. M. C. A.

Dr. Andrew A. Detesco has resumed practice after several weeks illness with pneumonia.

Dr. E. J. Wenaas discussed "Glaucoma and Its Complications" at a meeting of the Ohio State Optometric Association, at the Y. M. C. A. Dr. Wenaas said it is vital that glaucoma be discovered in its early stages to fight the disease successfully. The Youngstown Society for the Blind is conducting a publicity program on the disease and its dangers.

Dr. and Mrs. P. J. McOwen sailed from New York November 7 on the Grace Line's Santa Paula for a Caribbean and South American cruise.

Dr. F. G. Kravec attended a reunion of the Cook County Hospital Internes' Alumni Association on Friday, Nov. 7, 1947, in Chicago, at which time the Frederick Tice Memorial Library, presented to the Cook County Hospital by the Internes' Alumni Association, was dedicated in honor of Dr. Tice, who has just completed 50 years of medical practice.

Youngstown had a good sized delegation at the meeting of the American Academy of Ophthalmology and Otolaryngology in Chicago the third week of October.

Drs. William Evans, O. J. Walker, J. E. L. Keyes, Robert Piercy, John Goldcamp, Stanley Meyer, and Vernon Goodwin.

The weather was hot, the hotel service was lousey, and the meetings were good.

Dr. Robert Piercy

Dr. W. J. Tims, 19 Lincoln Avenue, has returned from New York where he took a six-month postgraduate course in Proctology, and is limiting his practice to rectal and anal diseases.

BIRTHS

Dr. and Mrs. John J. McDonough announce the birth of a daughter, their fourth child, in St. Elizabeth's Hospital.

Dr. and Mrs. A. K. Phillips announce the birth of a daughter named "Joan" at St. Elizabeth's Hospital.

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COURSE IN CLINICAL ALLERGY

The American Academy of Allergy offers an Orientation Course in Clinical Allergy under the sponsorship of University of Michigan Medical School from December 8 to 12. One of our good friends Dr. John M. Sheldon, Associate Professor of Medicine and Assistant in Postgraduate Medicine, University of Michigan will speak December 11, 3:30 to 4:30 on Prevention and Treatment of Systemic Reactions.

Space does not permit printing the full program which is sure an interesting one. Top speakers every one of them. The course is planned to acquaint physicians with basic principles of diagnosis and management of allergic diseases.

Inquiries should be addressed to H. H. Cummings, M. D., Dept. of Postgraduate Medicine, University Hospital, Ann Arbor, Mich.

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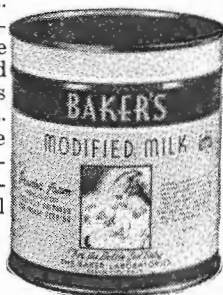
"Please pay your dues for 1948. The dues of all members expire at the end of the fiscal year of the state organization which is December 31, and any and all members whose dues have not been paid by that time are in arrears not only in their own organization but also automatically may lose their malpractice insurance coverage."

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